Absolute Total Care & Wellcare NEW PROVIDER ORIENTATION

5/15/2024

Meeting Overview

- Absolute Total Care Healthy Connections Medicaid
- Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)
- Ambetter from Absolute Total Care
  - Ambetter Virtual Access
  - No Surprises Act
- Wellcare Medicare Plans
- Annual Provider Training Requirements for Medicare
- Balance Billing
- No-cost interpreter services and oral translation services
- Website Features and Secure Provider Portal Features
- Access and Availability
- Claims 411 – Did You Know?
- Electronic Funds Transfer (EFT)
- Network Development and Participation
- Credentialing Rights
- Cultural Competency
- Quality Improvement
- Start Smart for Your Baby Q&A

Provider Relations Team

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Provider Relations Team

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Products and Services

Absolute Total Care Healthy Connections Medicaid

absolute total care™
Healthy Connections

myhealthpays™

Help your patients earn My Health Pays™ rewards by completing healthy activities!

Absolute Total Care is proud to be your partner in care. Your Absolute Total Care patients can earn My Health Pays™ rewards by completing healthy activities, such as routine checkups and screenings. When your patients stay focused on their ongoing and preventive care, you receive the benefit of improving the health of your patients, which results in greater quality scores.

Examples of Qualifying Healthy Activities

- Annual Flu Vaccination.
- Annual well-care visit with primary care provider.
- Infant and child well-care visits.
- Diabetes care.
  - HbA1c test
  - Retinopathy screening (dilated eye exam)
- Annual cervical cancer screening.
- Annual breast cancer screening.
- Annual chlamydia screening.
- Adolescent immunizations.
- Prenatal doctor visit.
- Postpartum doctor visit.

More rewards information can be found on the Member Rewards Program webpage.

absolute total care
Healthy Connections
absolutetotalcare.com

RXBIN: 003858
RXPCN: MA
RXGROUP: 2FCA

Member Name:	<Cardholder Name>
Member ID:	<Cardholder ID#>
Effective Date:	<Effective Date>
DOB:	<DOB>
PCP Name:	<PCP Name>
PCP Phone:	<PCP Phone>

If you have an emergency, call 911 or go to the nearest emergency room.

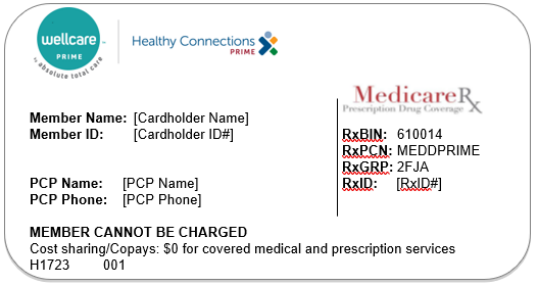
Member/Provider Services:	1-866-433-6041
24/7 Nurse Advice Line:	1-866-433-6041
Behavioral Health:	1-866-433-6041
Imaging, X-rays, Radiology:	1-866-433-6041
DME, Home Health, Infusion:	1-866-433-6041
Pharmacy Help Desk (Pharmacists Only):	1-833-750-4506

Billing Address: P.O. Box 3050, Farmington, MO 63640-3821

absolutetotalcare.com

https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell/Medicaid-Member-Rewards.html

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)


wellcare PRIME by absolute total care | Healthy Connections PRIME

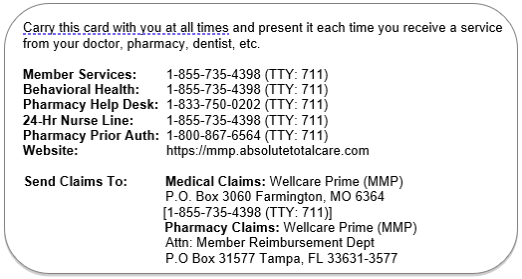
Member Name: [Cardholder Name]
Member ID: [Cardholder ID#]

PCP Name: [PCP Name]
PCP Phone: [PCP Phone]

MedicareRx Prescription Drug Coverage

RxBIN: 610014
RxPCN: MEDDPRIME
RxGRP: 2FJA
RxID: [RxID#]

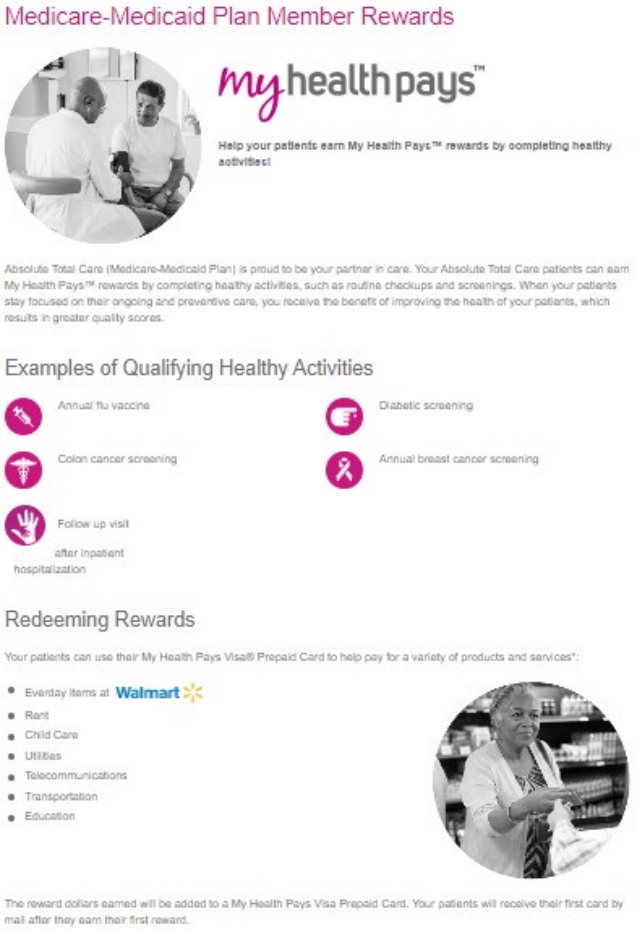
MEMBER CANNOT BE CHARGED
Cost sharing/Copays: $0 for covered medical and prescription services
H1723 001


Carry this card with you at all times and present it each time you receive a service from your doctor, pharmacy, dentist, etc.

Member Services:	1-855-735-4398 (TTY: 711)
Behavioral Health:	1-855-735-4398 (TTY: 711)
Pharmacy Help Desk:	1-833-750-0202 (TTY: 711)
24-Hr Nurse Line:	1-855-735-4398 (TTY: 711)
Pharmacy Prior Auth:	1-800-867-6564 (TTY: 711)
Website:	https://mmp.absolutetotalcare.com

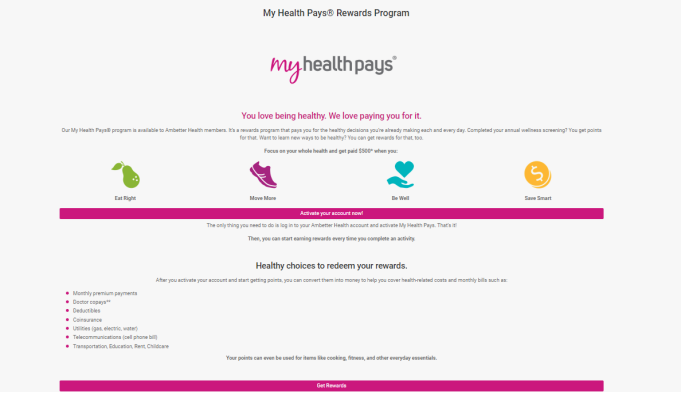
Send Claims To:
Medical Claims: Wellcare Prime (MMP)
P.O. Box 3060 Farmington, MO 6364
[1-855-735-4398 (TTY: 711)]
Pharmacy Claims: Wellcare Prime (MMP)
Attn: Member Reimbursement Dept
P.O Box 31577 Tampa, FL 33631-3577

https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell/Medicaid-Member-Rewards1.html



Ambetter from Absolute Total Care

- Health Insurance Marketplace
- 2024 benefit highlights:
  - $0 copay for telehealth services for medical care
  - Health Savings Accounts
  - Dental buy-up options
  - Routine vision buy-up options
  - Virtual plan option
  - Concierge services for disease management
- Balance billing protection via the “No Surprises Act”



My Health Pays Rewards Program

https://ambetter.absolutetotalcare.com/health-plans/my-health-pays.html

Ambetter Virtual Access

Ambetter Virtual Access was designed for members who desire a Virtual Primary Care experience.

- Members enrolled in Ambetter Virtual Access-Teladoc require a referral from their PCP in order to see a specialist.
  - Members cannot self-direct care outside of PCP care
  - Non-emergent, non-authorized, out-of-network is not covered
  - Emergent & Authorized Services OON are covered

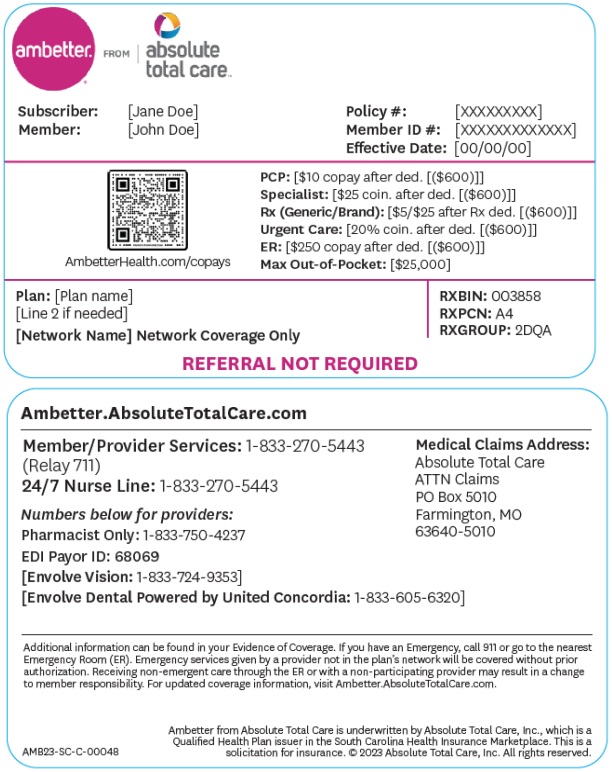
- Members 18 and above are assigned to a Teladoc PCP.
  - Minors are assigned to traditional brick and mortar PCPs.
  - Members can “opt-out” and choose an in-network brick and mortar PCP.
  - A member who opts out will lose the $0 PCP copay benefit and a copay will apply.

- Members assigned to Teladoc can see any Teladoc provider within their group

ID Cards
Ambetter 2024

ambetter. FROM | absolute total care.

CORE


ambetter. FROM | absolute total care.

Subscriber: [Jane Doe]
Member: [John Doe]

Policy #: [XXXXXXXXX]
Member ID #: [XXXXXXXXXXXX]
Effective Date: [00/00/00]

AmbetterHealth.com/copays

PCP: [$10 copay after ded. [($600)]]
Specialist: [$25 coin. after ded. [($600)]]
Rx (Generic/Brand): [$5/$25 after Rx ded. [($600)]]
Urgent Care: [20% coin. after ded. [($600)]]
ER: [$250 copay after ded. [($600)]]
Max Out-of-Pocket: [$25,000]

Plan: [Plan name]
[Line 2 if needed]
[Network Name] Network Coverage Only

RXBIN: 003858
RXPCN: A4
RXGROUP: 2DQA

REFERRAL NOT REQUIRED

Ambetter.AbsoluteTotalCare.com

Member/Provider Services: 1-833-270-5443 (Relay 711)
24/7 Nurse Line: 1-833-270-5443

Numbers below for providers:
Pharmacist Only: 1-833-750-4237
EDI Payor ID: 68069
[Envolve Vision: 1-833-724-9353]
[Envolve Dental Powered by United Concordia: 1-833-605-6320]

Medical Claims Address:
Absolute Total Care
ATTN Claims
PO Box 5010
Farmington, MO
63640-5010

Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.AbsoluteTotalCare.com.

AMB23-SC-C-00048

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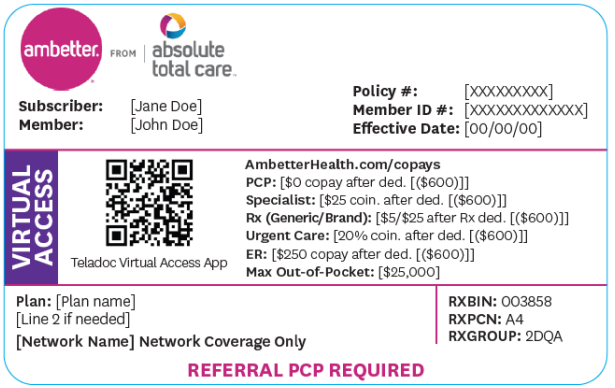
VIRTUAL


ambetter. FROM | absolute total care.

Subscriber: [Jane Doe]
Member: [John Doe]

Policy #: [XXXXXXXXX]
Member ID #: [XXXXXXXXXXXX]
Effective Date: [00/00/00]

VIRTUAL ACCESS

Teladoc Virtual Access App

AmbetterHealth.com/copays
PCP: [$0 copay after ded. [($600)]]
Specialist: [$25 coin. after ded. [($600)]]
Rx (Generic/Brand): [$5/$25 after Rx ded. [($600)]]
Urgent Care: [20% coin. after ded. [($600)]]
ER: [$250 copay after ded. [($600)]]
Max Out-of-Pocket: [$25,000]

Plan: [Plan name]
[Line 2 if needed]
[Network Name] Network Coverage Only

RXBIN: 003858
RXPCN: A4
RXGROUP: 2DQA

REFERRAL PCP REQUIRED

Ambetter.AbsoluteTotalCare.com

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AMB23-SC-C-00048

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No Surprises Act

The No Surprises Act is specific to the Ambetter (Marketplace) product.

Effective January 1, 2022, and applies to:

- Emergency care at out-of-network facilities
- Post stabilization care at out-of-network facilities
- Non-emergency services provided by out-of-network providers at in-network facilities, unless notice and consent is given
- Out-of-network air ambulance services

- No balance billing for out-of-network emergency services.
- No balance billing for non-emergency services rendered by nonparticipating providers at in-network hospitals and ambulatory surgical centers:
  - Emergency Medicine, Anesthesiology, Pathology, Radiology and Neonatology
  - Services provided by assistant surgeons, hospitalists, and intensivists
  - Items and services provided by a nonparticipating provider if there is no participating provider who can provide such item or service at the facility

Wellcare Medicare Advantage HMO

Health Maintenance Organization (HMO) –Traditional MA plan. All services must be provided within the Wellcare network unless an emergency or urgent need for care arises, or such service is not available in-network. Some services require prior authorization by Wellcare, or its designee.

Additional benefits may include:

- No or low monthly health plan premiums with predictable copays for in-network services
- Outpatient prescription drug coverage
- Routine dental, vision and hearing benefits
- Preventive care from participating Providers with no copayment

Wellcare Medicare Advantage PPO

As an eligible Medicare provider, Wellcare reimburses you at 100% of the Medicare allowable rate for all plan-covered, medically necessary services for our PPO members – whether you are contracted with us or not.

INCREASED FLEXIBILITY

- Referrals not required from primary care physician for specialist or hospital visits. However, using providers in Wellcare's network may cost less than choosing one that is out-of-network. Medicare providers who do not contract with Wellcare are under no obligation to treat our members, except in emergency situations.

In addition, the Wellcare Medicare Advantage PPO plan:

- Offers a simple copayment for doctor visits, hospital stays and many other healthcare services, making healthcare costs more predictable
- Gives members Medicare Parts A, B, and D coverage as well as vision, dental, and hearing benefits not covered by original Medicare
- Covers all original Medicare services and follows original Medicare's coverage rules
- Only covers medically necessary services rendered by providers who are eligible to participate in Medicare

Annual Provider Training Requirements

We partner with each of our contracted providers to ensure that you have received the necessary training to deliver quality care to our members and your patients and to be compliant with Centers for Medicare & Medicaid Services (CMS) and state requirements. All Medicare Advantage Organization (MAO) and Medicare-Medicaid Plan (MMP) contracted providers are required to complete the following trainings within 90 days of contracting and ***annually*** thereafter:

- General Compliance
- Fraud, Waste, and Abuse
- Model of Care (MOC)*
- Person-Centered Planning**
- Cultural Competency

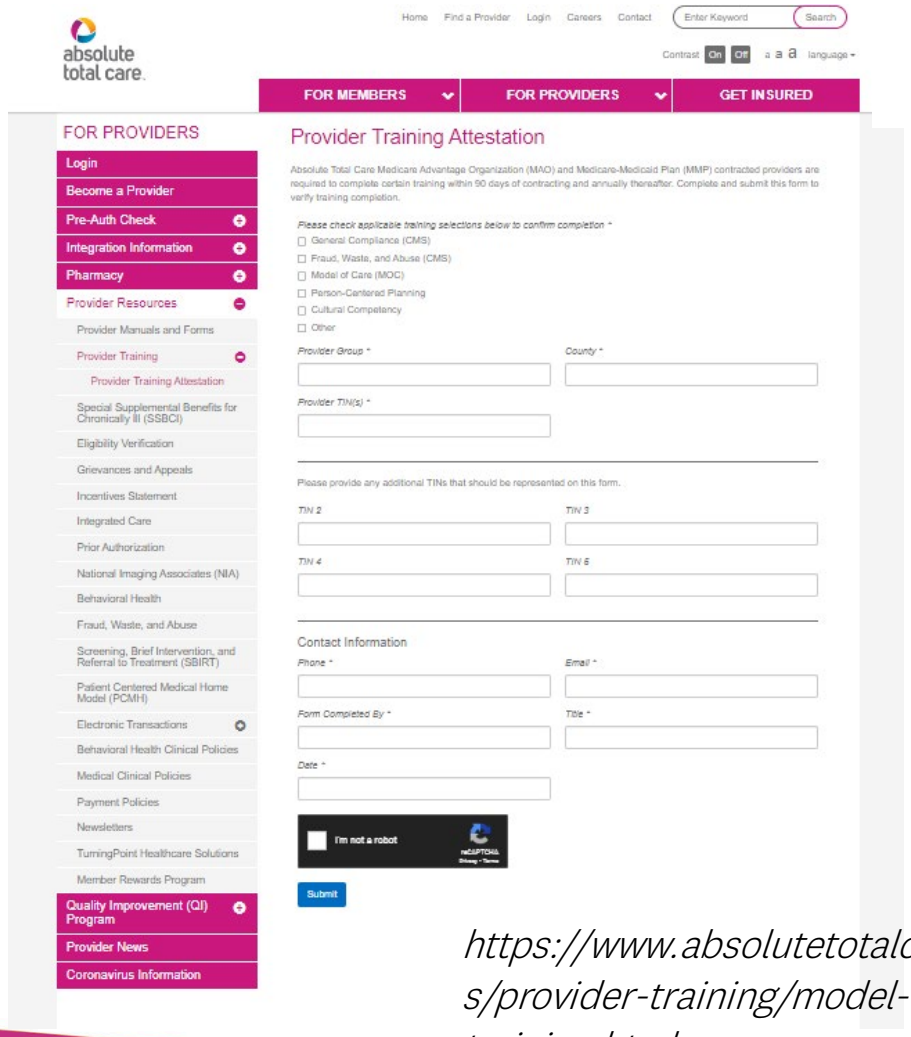
Annual Provider Training Requirements

Required Training	Training Location
General Compliance	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf
Fraud, Waste, and Abuse	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244-Print-Friendly.pdf
Model of Care (MOC)*	https://www.absolutetotalcare.com/providers/resources/provider-training.html
Person-Centered Planning**	https://www.absolutetotalcare.com/providers/resources/provider-training.html
Cultural Competency	https://www.absolutetotalcare.com/providers/resources/provider-training.html

**MOC training is required for providers who directly or indirectly facilitate and/or provide Medicare Part C or D benefits for any Wellcare HMO SNP Member. Please refer to the Quick Reference Guide for additional information on MOC training.*

***Person-Centered Planning training is required for providers who directly or indirectly provide services for our Wellcare Prime by Absolute Total Care MMP members.*

Provider Training Attestation



https://www.absolutetotalcare.com/providers/resources/provider-training/model-of-care-provider-training.html

Additional Provider Training Opportunities Behavioral Health

Absolute Total Care offers additional trainings for medical and behavioral health providers to recognize the intent of the Behavioral Health HEDIS measures and share strategies to impact quality care and outcomes for our members.

- Initiation and Engagement, Follow-Up After Emergency Department or High Intensity Care for Substance Use Disorders: Optimizing the IET, FUA, and FUI HEDIS® Measures (Absolute Total Care)

- Follow-Up Care After a Hospital or Emergency Department Visit for Mental Illness: Optimizing the FUH and FUM HEDIS® Measures (Absolute Total Care)

- Strategies to Improve Cardiovascular, Diabetes, and Metabolic Monitoring: APM, SSD, SMC, and SMD HEDIS® Measures (Absolute Total Care)

- Antidepressant Medication Management and Antipsychotic Medication Adherence: Optimizing the AMM and SAA HEDIS® Measures (Absolute Total Care)

Additional Provider Training Opportunities Behavioral Health

- (Ambetter) Antidepressant Medication Management, Follow-Up After Hospitalization for Mental Illness, and Initiation and Engagement of Substance Use Disorder Treatment: Optimizing the AMM, FUH, and IET HEDIS® Measures (Absolute Total Care)

- Enhancing Member Experience with Behavioral Health Care Services: Experience of Care and Health Outcomes (ECHO) Survey (Absolute Total Care)

- Strategies to Minimize the Risk of Opioid Overuse and Misuse: Optimizing the Impact of the POD, COU, UOP, and HDO HEDIS® Measures (Absolute Total Care)

- Optimizing the Impact of the ADD and APP HEDIS® Measures: Follow-Up Care for Children Prescribed Medication for ADHD and the Use of Psychosocial Care for Children and Adolescents Prescribed Antipsychotics (Absolute Total Care)

Balance Billing

- What is balance billing?
  - Seeking payment from members for the difference between the billed charges and the contracted rate paid by the plan
    - Payments less any copays, coinsurance, or deductibles are considered payment in full
- Prohibited by federal law
  - Federal law bars Medicare providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost-sharing under any circumstances
    - Original Medicare and Medicare Advantage providers and suppliers – not only those that accept Medicaid – must not charge individuals enrolled in the QMB program for Medicare cost-sharing

Balance Billing

- Steps to ensure compliance with QMB billing prohibitions:
  - Establish processes to routinely identify the QMB status of Medicare beneficiaries prior to billing for items and services
  - Ensure that a Member Acknowledgement Statement has been signed by both the provider and the Absolute Total Care member for non-covered services prior to rendering said service
  - If you have erroneously billed these members, recall the charges (including referrals to collection agencies) and refund the invalid payments
  - Healthy Connections prime link https://msp.scdhhs.gov/SCDue2/press-release/prohibition-balance-billing-healthy-connections-prime-members-0

No Cost Interpreter Services and Oral Translation Service

Absolute Total Care is committed to ensuring that staff and subcontractors are educated about, remain aware of, and are sensitive to the linguistic needs and cultural differences of its members. In order to meet this need, Absolute Total Care is committed to the following:

- Having trained professional interpreters for Spanish and American Sign Language, and who will be available on site or via telephone to assist providers with discussing technical, medical, or treatment information with members as needed.
- Providing Language Line services that will be available 24/7 in 140 languages to assist providers and members in communicating with each other when there are no other translators available for the language.
- In-person interpreter services are made available when Absolute Total Care is notified in advance of the member's scheduled appointment
- Providing TTY access for members who are hearing impaired through 711.
- Absolute Total Care medical/nurse advice line is available 24/7 for interpretation of Spanish or the coordination of non-English/Spanish needs via the Language Line.
- Providing or making available Member Services and health education materials in alternative formats as needed to meet the needs of the members, such as audio tapes or language translation; all alternative methods must be requested by the member or designee.

For an interpreter for a medical visit, contact Member Services at 1-866-433-6041 (TTY: 711)

ATC Website and Secure Portal

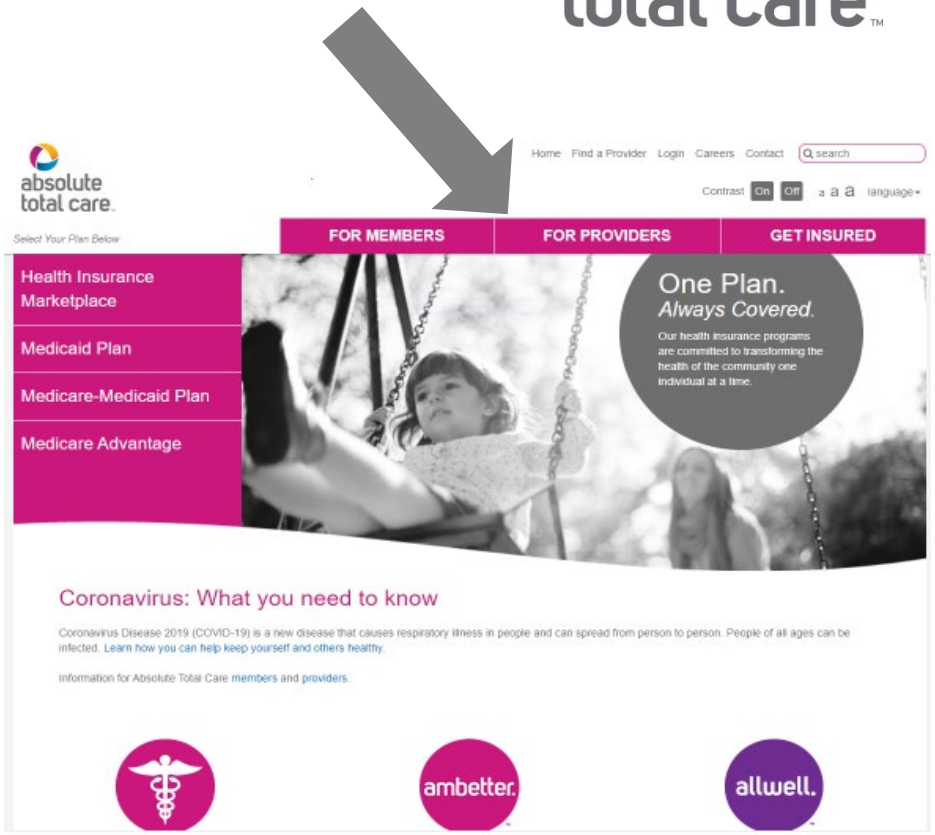
5/15/2024

Absolute Total Care Website

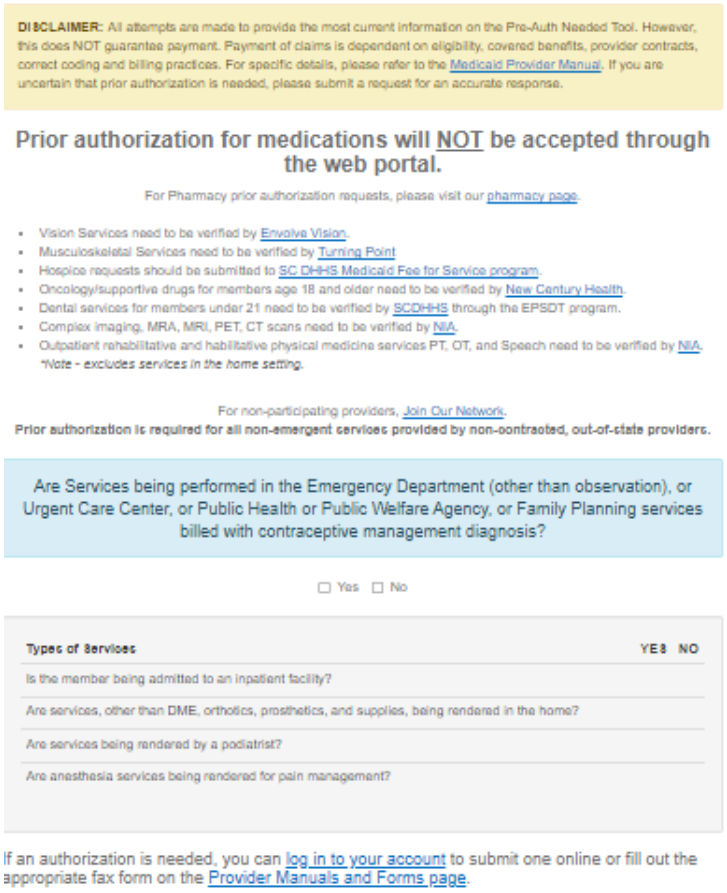
www.absolutetotalcare.com

For Providers section:

- Pre-Auth Check Tool
- Clinical and Payment Policies
- Forms- Medical and Pharmacy Auths



Pre-Auth Lookup Tool



DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the Medicaid Provider Manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Prior authorization for medications will NOT be accepted through the web portal.

For Pharmacy prior authorization requests, please visit our pharmacy page.

- Vision Services need to be verified by Envolve Vision.
- Musculoskeletal Services need to be verified by Turning Point
- Hospice requests should be submitted to SC DHHS Medicaid Fee for Service program.
- Oncology/supportive drugs for members age 18 and older need to be verified by New Century Health.
- Dental services for members under 21 need to be verified by SCDHHS through the EPSDT program.
- Complex imaging, MRA, MRI, PET, CT scans need to be verified by NIA.
- Outpatient rehabilitative and habilitative physical medicine services PT, OT, and Speech need to be verified by NIA.

**Note - excludes services in the home setting.*

For non-participating providers, Join Our Network.

Prior authorization is required for all non-emergent services provided by non-contracted, out-of-state providers.

Are Services being performed in the Emergency Department (other than observation), or Urgent Care Center, or Public Health or Public Welfare Agency, or Family Planning services billed with contraceptive management diagnosis?

☐ Yes ☐ No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?		
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?		
Are services being rendered by a podiatrist?		
Are anesthesia services being rendered for pain management?		

If an authorization is needed, you can log in to your account to submit one online or fill out the appropriate fax form on the Provider Manuals and Forms page.

absolute total care™

Are Services being performed in the Emergency Department (other than observation), or Urgent Care Center, or Public Health or Public Welfare Agency, or Family Planning services billed with contraceptive management diagnosis?

☐ Yes ☑ No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	○	◉
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	○	◉
Are services being rendered by a podiatrist?	○	◉
Are anesthesia services being rendered for pain management?	○	◉

Enter the code of the service you would like to check:

99213 Check

N No

99213 - OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

No Pre-authorization is required for all providers.

If an authorization is needed, you can log in to your account to submit one online or fill out the appropriate fax form on the Provider Manuals and Forms page.

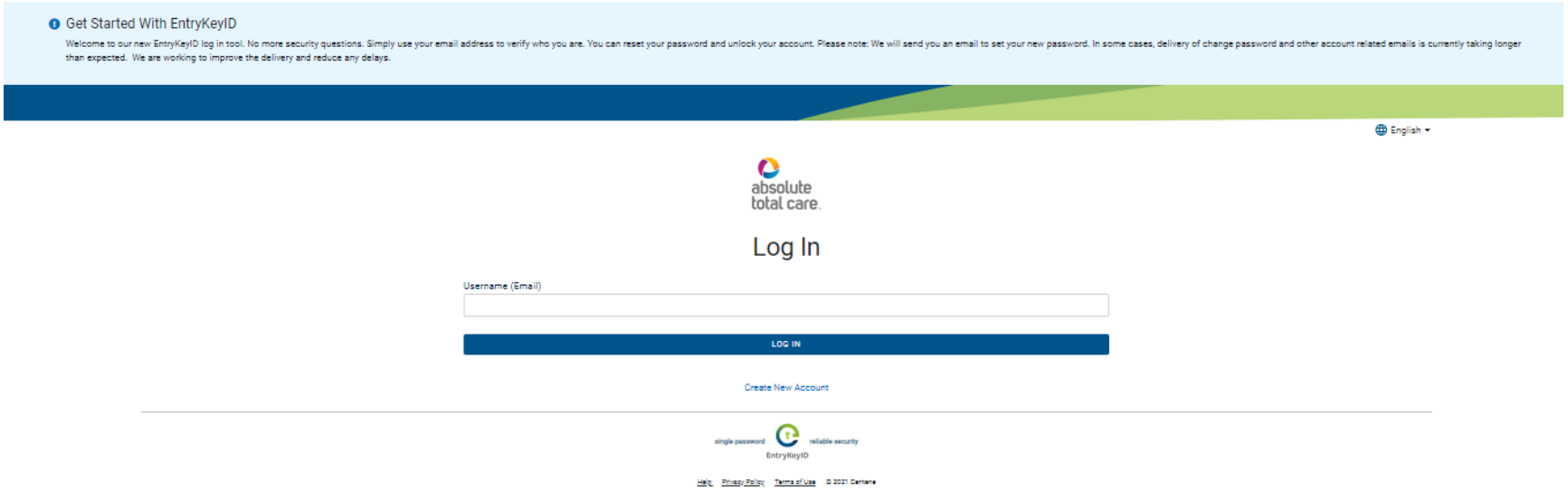
Authorization Vendors

- Vision Services need to be verified by Envolve Vision.
- Musculoskeletal Services need to be verified by NIA*
- Hospice requests should be submitted to SC DHHS Medicaid Fee for Service program.
- Oncology/supportive drugs for members age 18 and older need to be verified by New Century Health.
- Dental Services for members under 21 need to be verified by SCDHHS through the EPSDT program.
- Complex imaging, MRA, MRI, PET, CT scans need to be verified by National Imaging Associates (NIA).
- Outpatient rehabilitative and habilitative physical medicine services PT, OT, and Speech need to be verified by National Imaging Associates NIA.

Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."

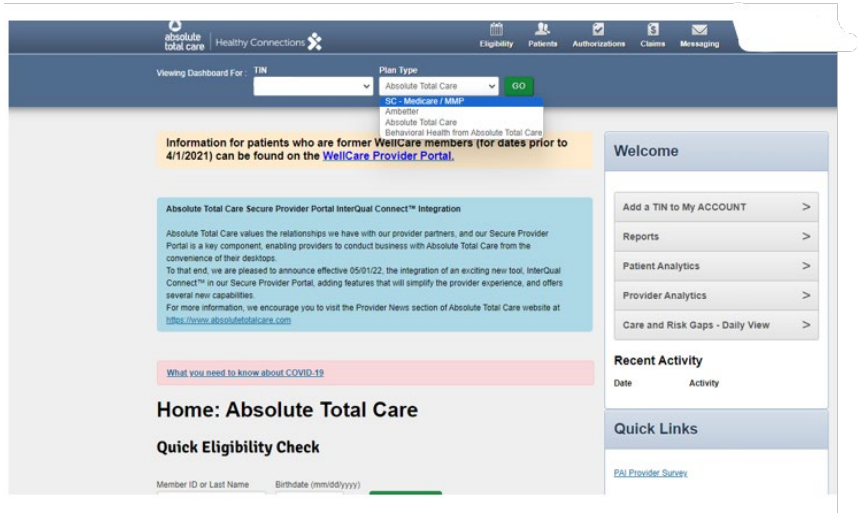
Absolute Total Care Secure Provider Portal

- Log in: https://www.absolutetotalcare.com/login.html

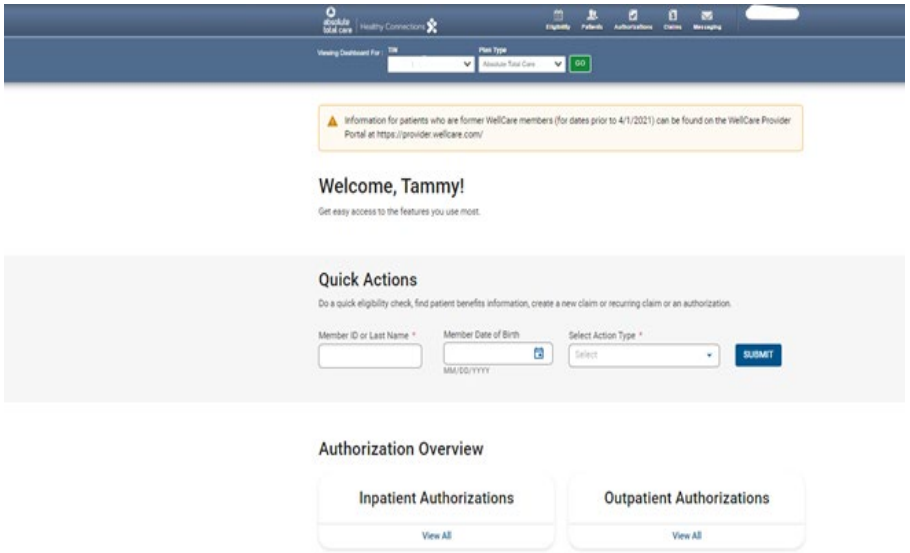


Absolute Total Care Secure Provider Portal Update

Legacy

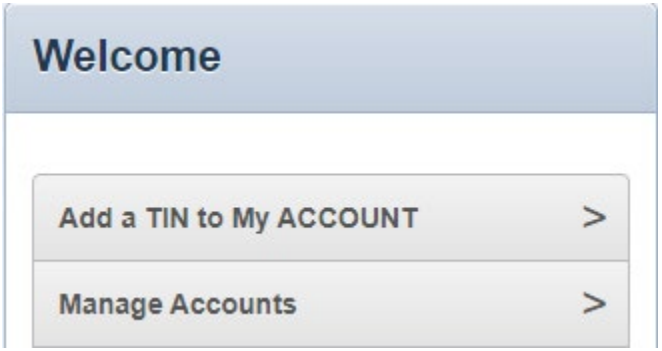


New Release



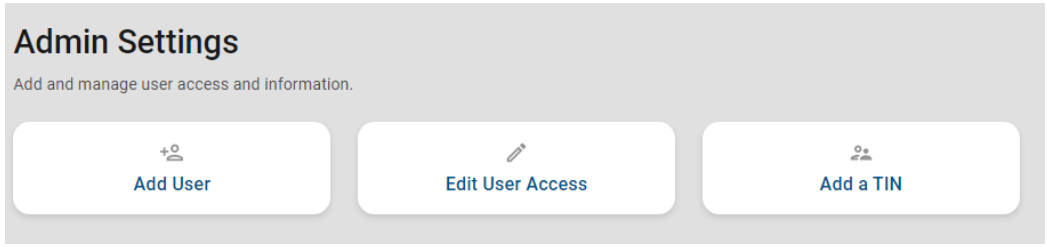
Admin Setting

Legacy



Admin functions are buried behind drop-down lists.

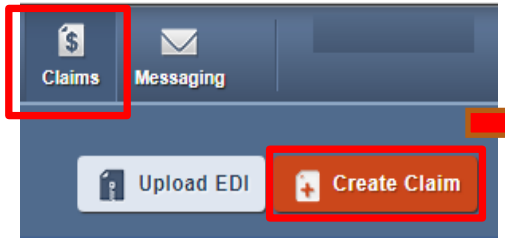
New Release

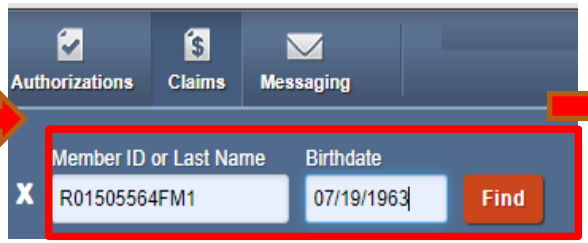


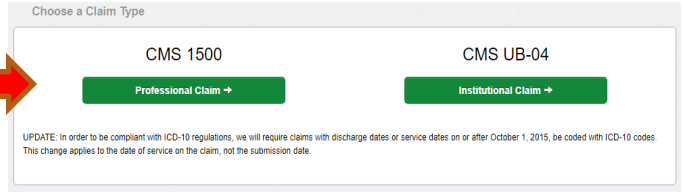
To address accessibility issues with drop-down lists, admin functions are now easily visible and clickable to the user.

View And Create – Create Claim

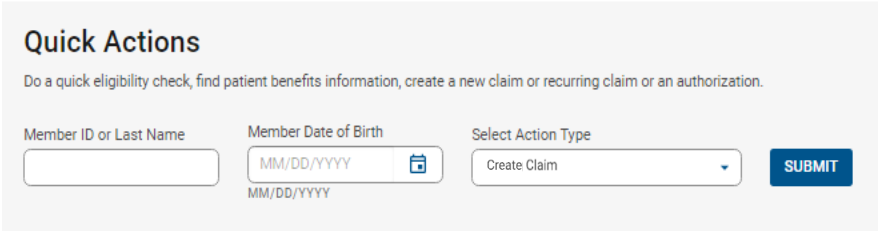
Legacy

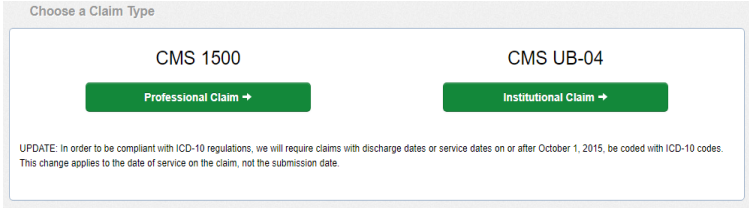






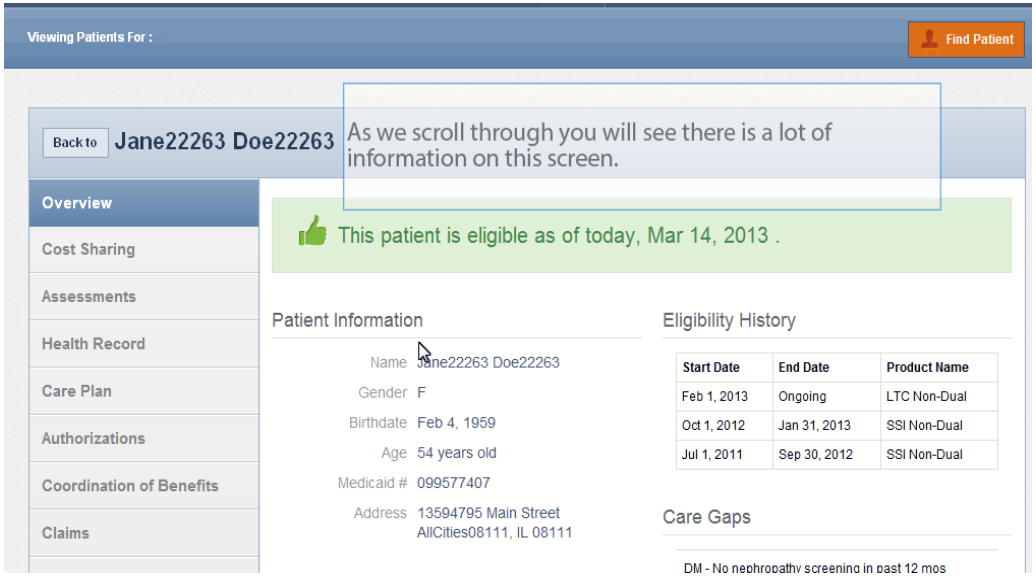
New Release





By providing the member information first, the system can direct the user directly to the claim type selection page, avoiding several unnecessary clicks and screen loads.

View And Create – View Eligibility

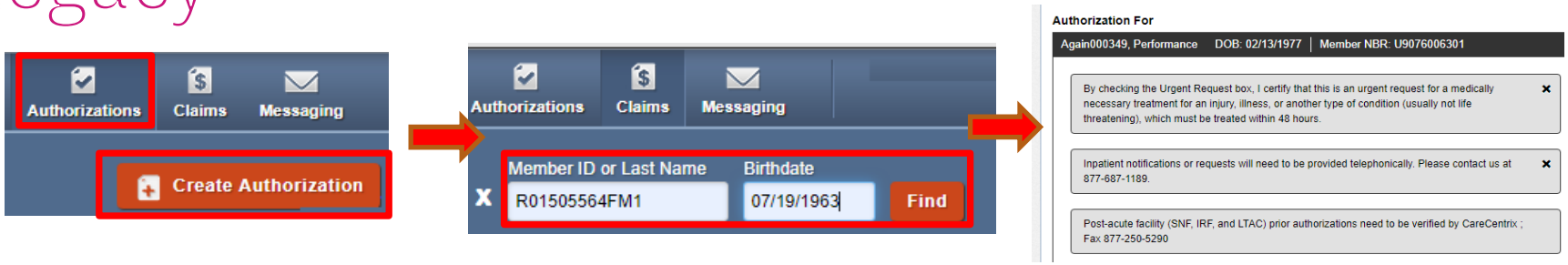


Legacy

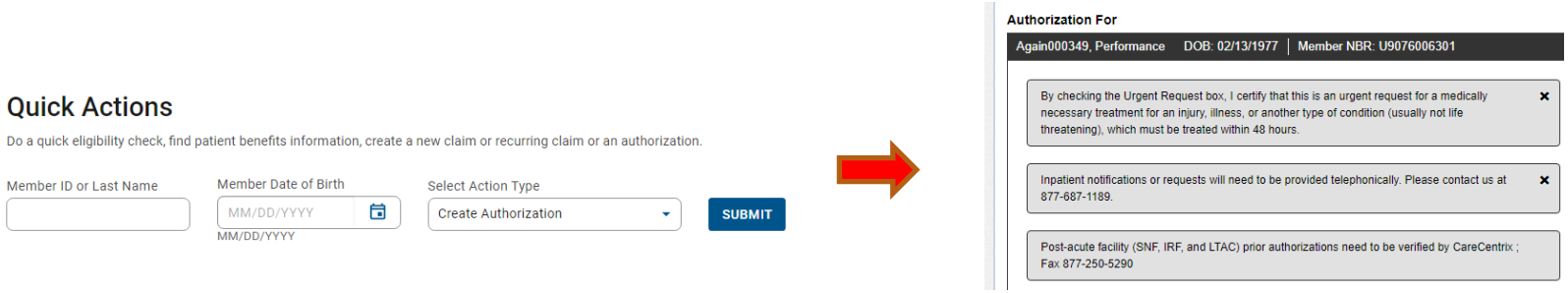
New Release

View And Create – Create Authorization

Legacy



New Release



By providing the member information first, the system can direct the user directly to the authorization creation page, avoiding several unnecessary clicks and screen loads.

Authorizations

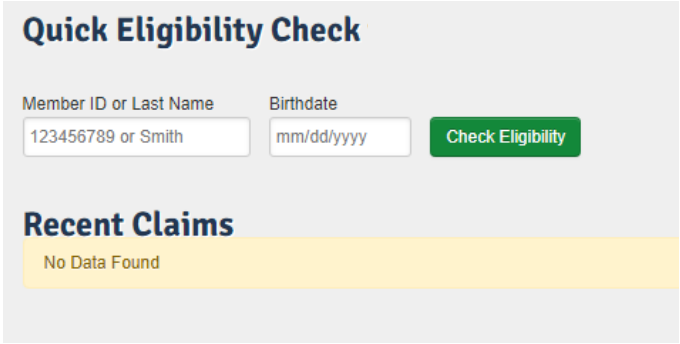
Legacy

New Release

The user is directed to the authorization page with pre-defined filters already applied.

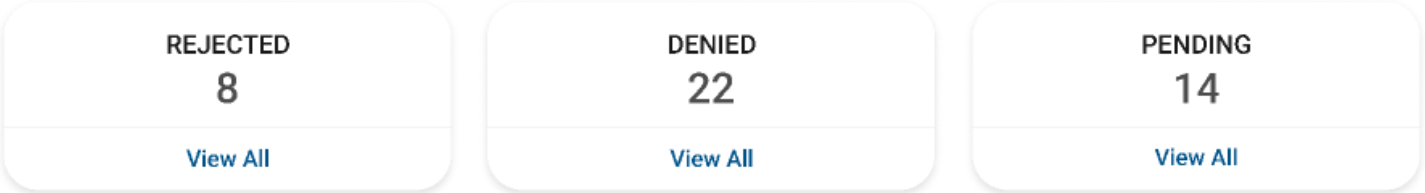
Recent Claims

Legacy



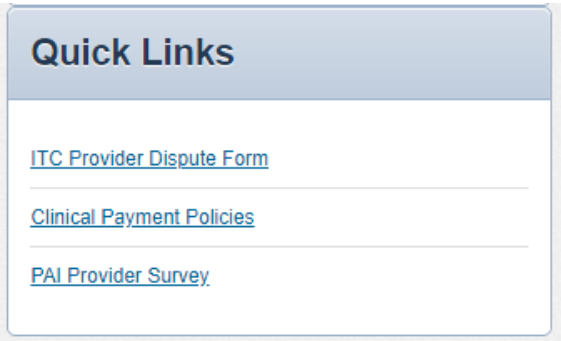
A random list of claims are shown on the page.

New Release



Recreates the look and feel of the recent claims rewrite project.
Clicking a box takes the user to specific claims groups (Rejected, Denied, Pending).

Legacy



Stagnant links are grouped together.

New Release

Useful Links

PAI Provider Survey

This survey enables providers to update their accessibility information.

High Risk Medications

List of medications identified as having the potential to cause adverse drug events in older adults, and their alternatives.

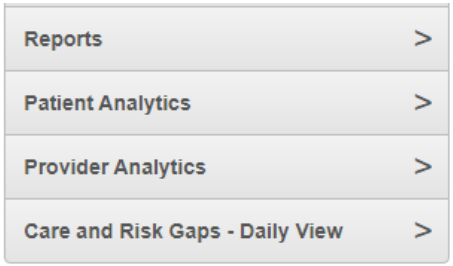
Vendor Affiliates

This link provides information for our vendor affiliates that manage additional health plan benefits.

New descriptions of links provide context to the user.

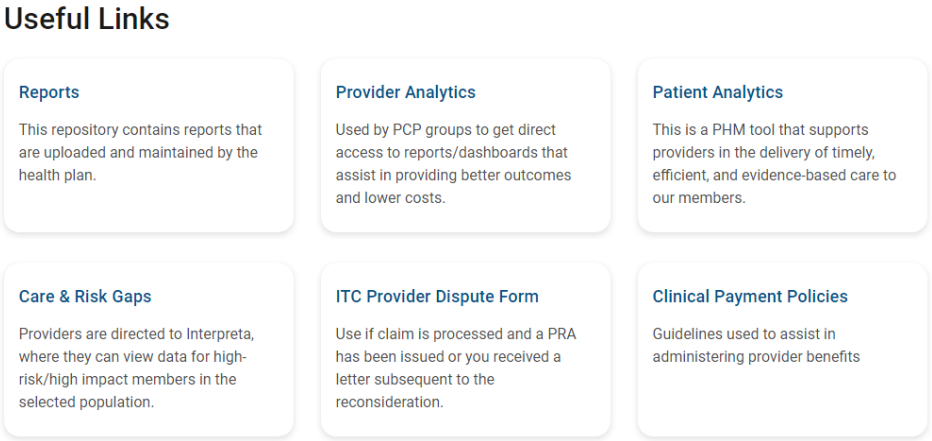
Reports and Analytics

Legacy



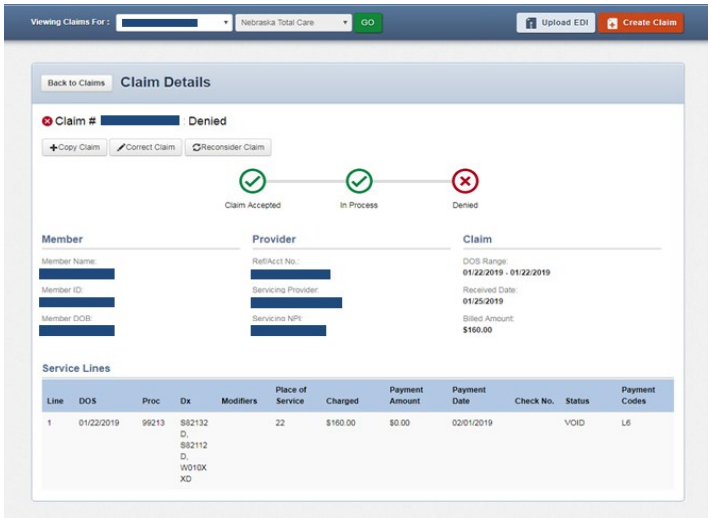
Links to some third-party affiliated sites.

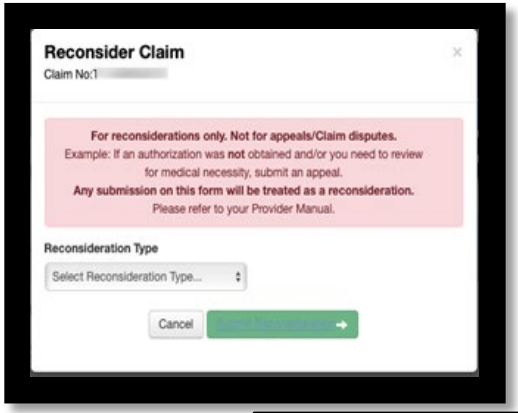
New Release

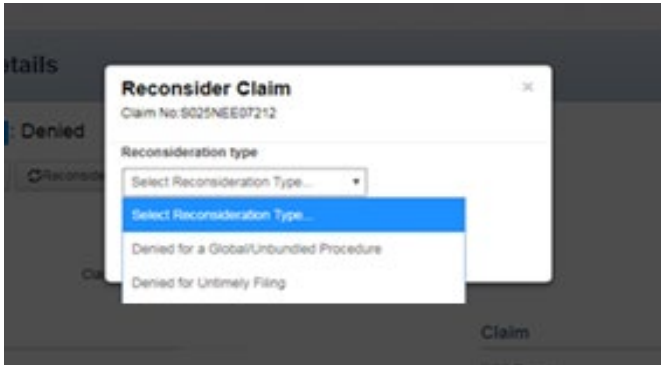


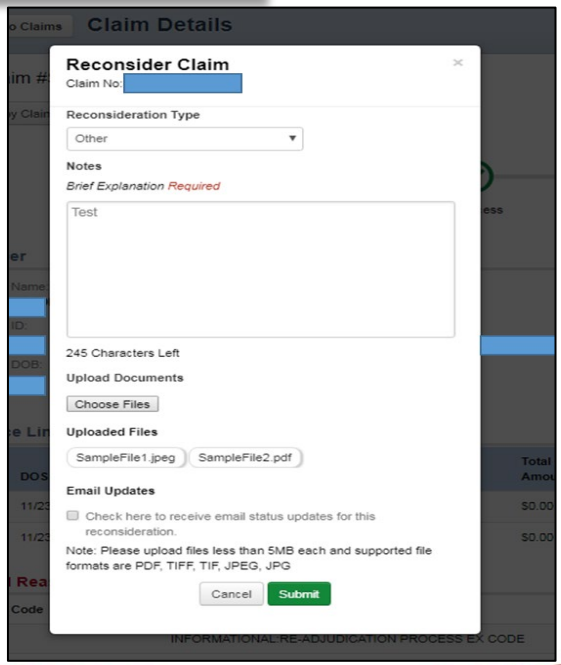
Moved together with legacy Quick Links. Each link in the new Useful Links section has detailed information about the link's purpose. All links still perform the same legacy functions when clicked.

Absolute Total Care Secure Provider Portal
Provider Reconsideration



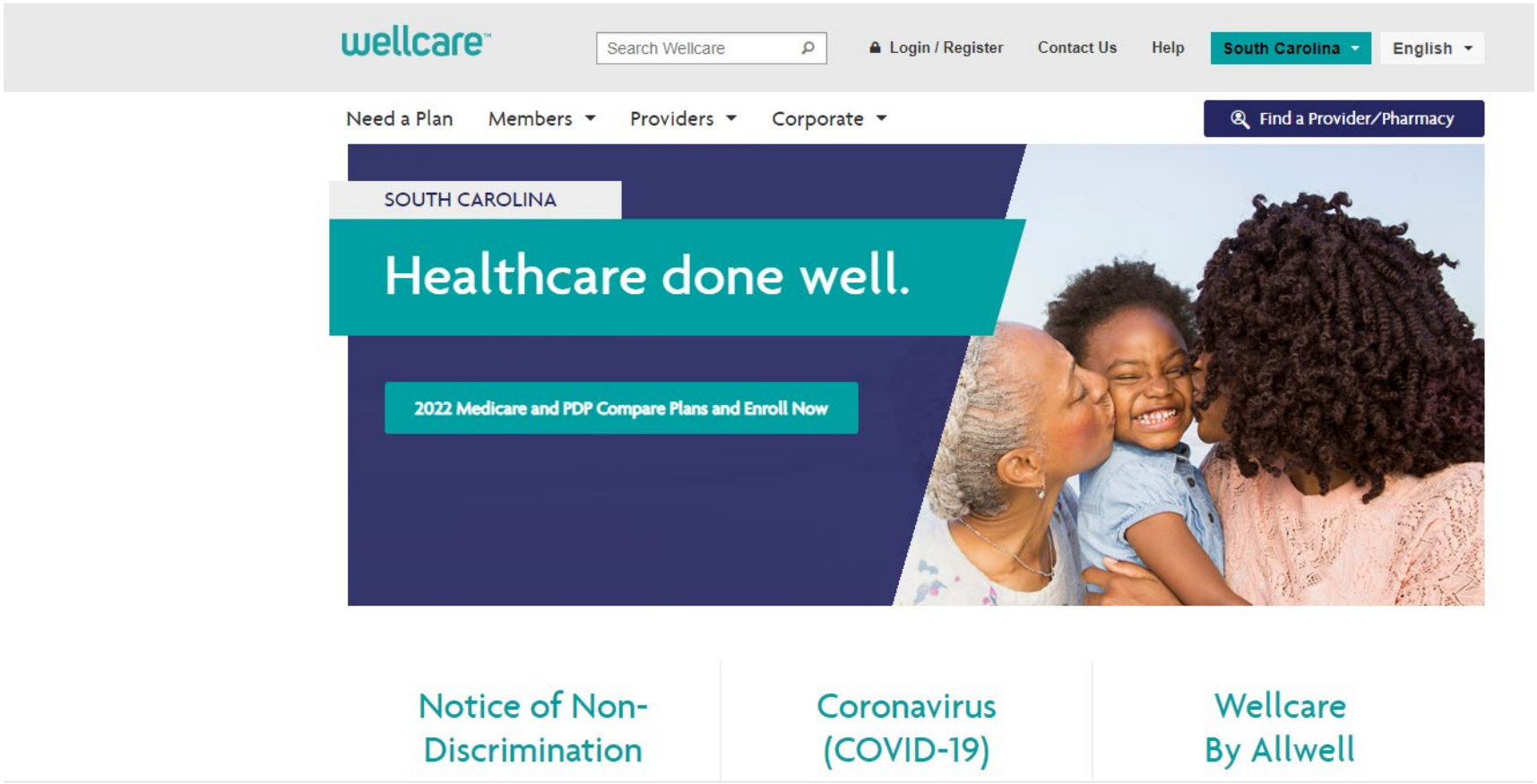






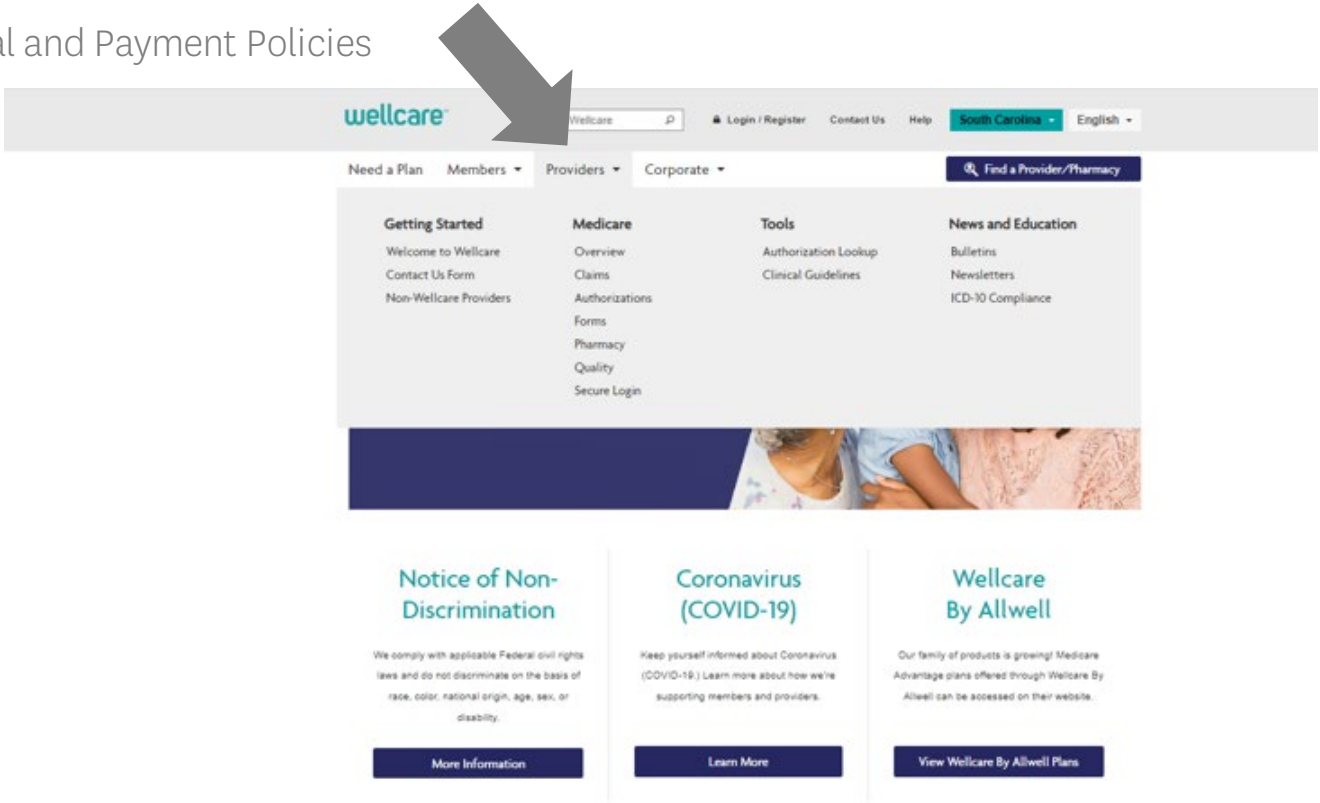
Wellcare Website and Secure Portal

Wellcare Website

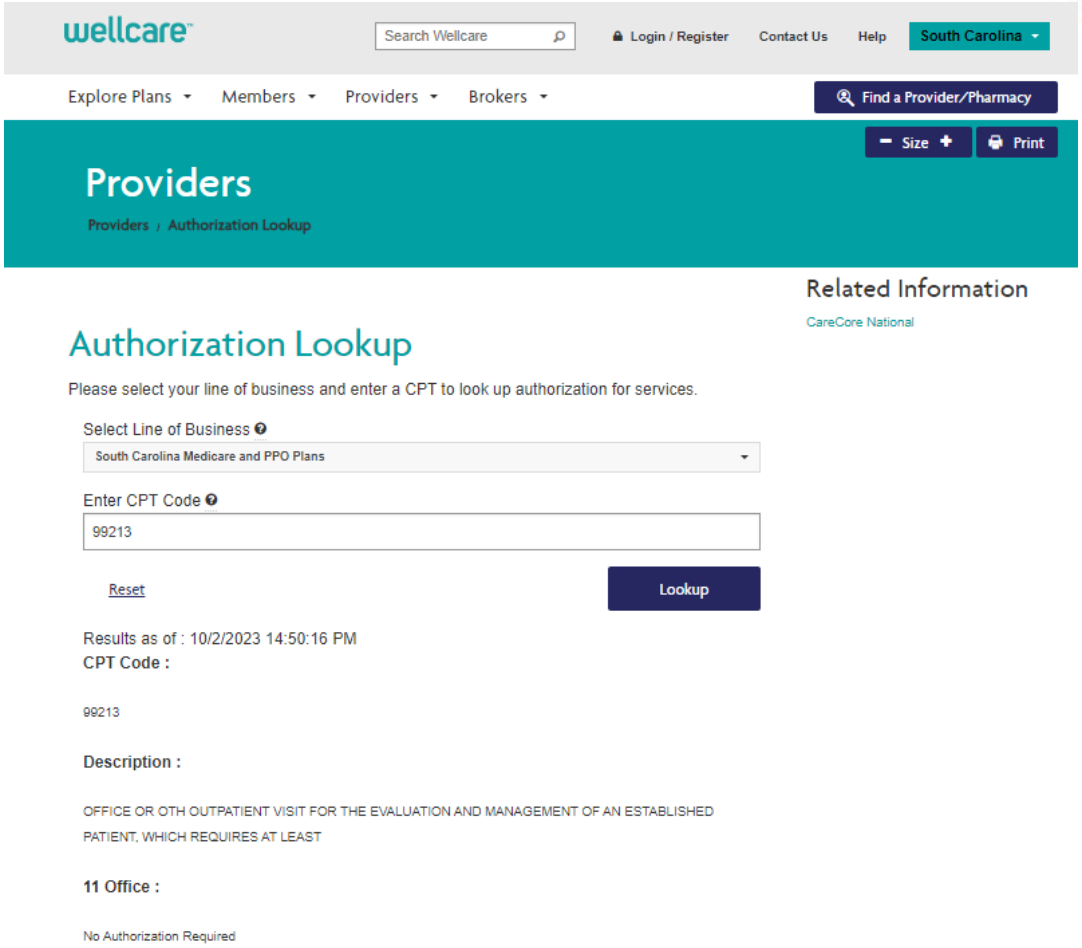


Wellcare Website

- For Providers section
- Pre-Auth Check Tool
- Forms
- Clinical and Payment Policies



Pre-Auth Lookup Tool



Authorization Vendors and Partners

- eviCore is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: Lab Management and Sleep Diagnostics.
- NIA (National Imaging Associates) is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: Advanced Radiology, Advanced Cardiology, Pain Management, Physical, Occupational and Speech Therapy.
- CareCentrix is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: Skilled Nursing Facility, Long Term Acute Care and Inpatient Rehab.
- TurningPoint is our in-network Surgical Quality & Safety Management Program vendor for the following programs Orthopedic Surgery and Spinal Surgery.
- **New Century Health** is our in-network vendor for Oncology Pathways Solutions: Medical and Radiation Oncology, as well as Cardiology Management Program as of October 1, 2023.

Vendor Update

NCH Oncology Pathway Solutions / Cardiology Management Program

Wellcare has partnered with New Century Health (NCH) to implement a new oncology prior authorization program, Oncology Pathway Solutions. Effective October 1, 2023, NCH will manage prior authorization requests for Medical Oncology and Radiation Oncology treatments provided in an outpatient setting. This includes all oncology-related chemotherapeutic drugs and supportive agents and radiation oncology treatments.

Wellcare has also partnered with New Century Health (NCH) to implement a new cardiology prior authorization program, the Cardiology Management Program. This program is intended to help providers easily and effectively deliver quality patient care. Effective October 1, 2023, cardiology services rendered in a physician's office, in an outpatient hospital ambulatory setting, or in an inpatient setting (planned professional services only) must be submitted to NCH for prior authorization. Approvals issued by Wellcare before October 1, 2023, are effective until the authorization end date, but all prior authorization requests needed after October 1, 2023, must be submitted to NCH.

Prior authorization can be requested by:
Visiting NCH's Web portal at my.newcenturyhealth.com, or
Calling 1-888-999-7713, Option 1 (Monday–Friday, 8 a.m.–8 p.m. EST)

National Imaging Associates, Inc (NIA) expanded partnership

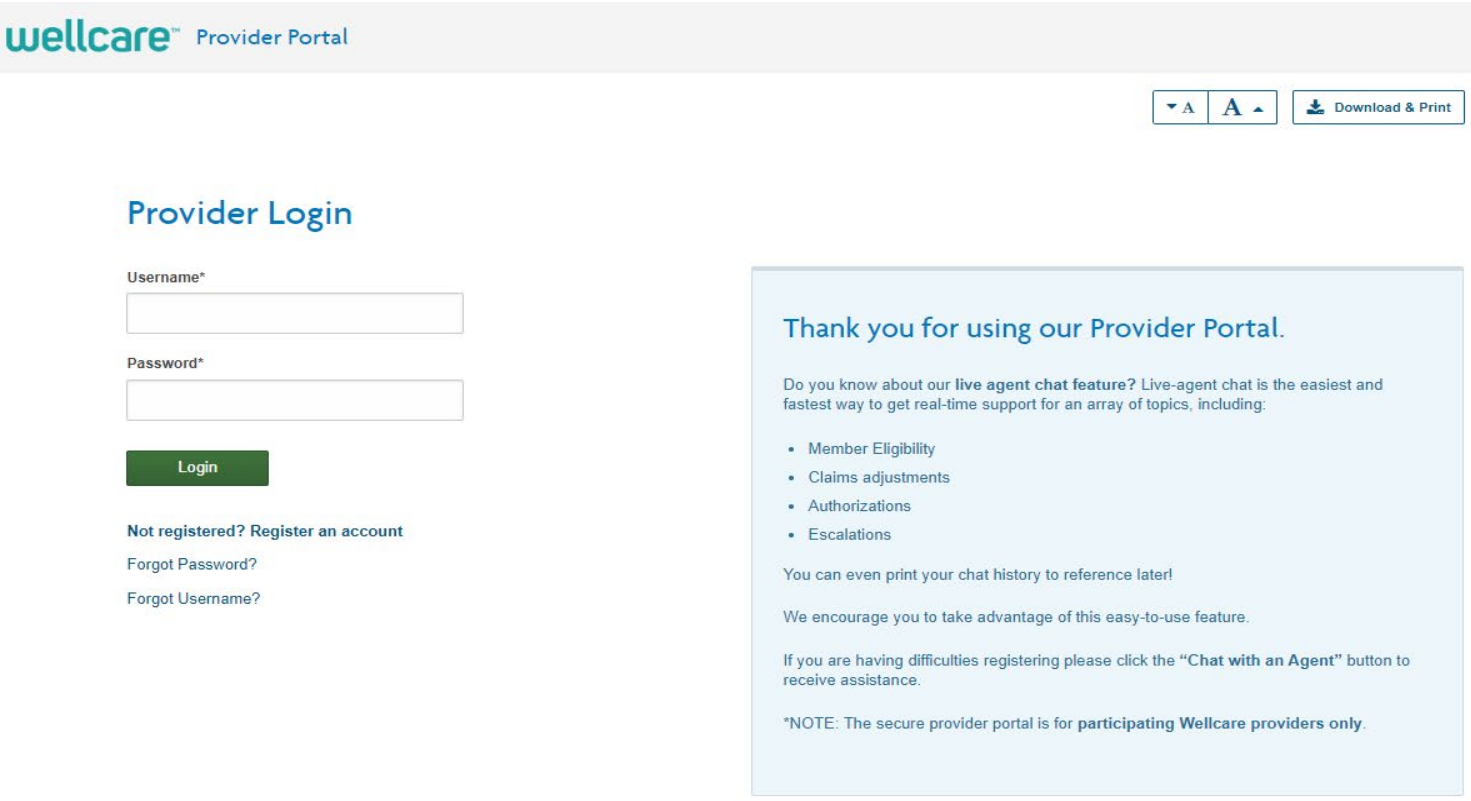
We are pleased to announce our expanded partnership with National Imaging Associates, Inc. (NIA)* to implement a new Musculoskeletal (MSK) Management program.

New Program Starts February 1, 2024
The MSK program includes prior authorization for non-emergent outpatient interventional spine pain management services (IPM), and inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries for Absolute Total Care Marketplace and Medicaid members, Wellcare Medicare of South Carolina members, and Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) members.

Please contact your Provider Engagement Administrator for more information.

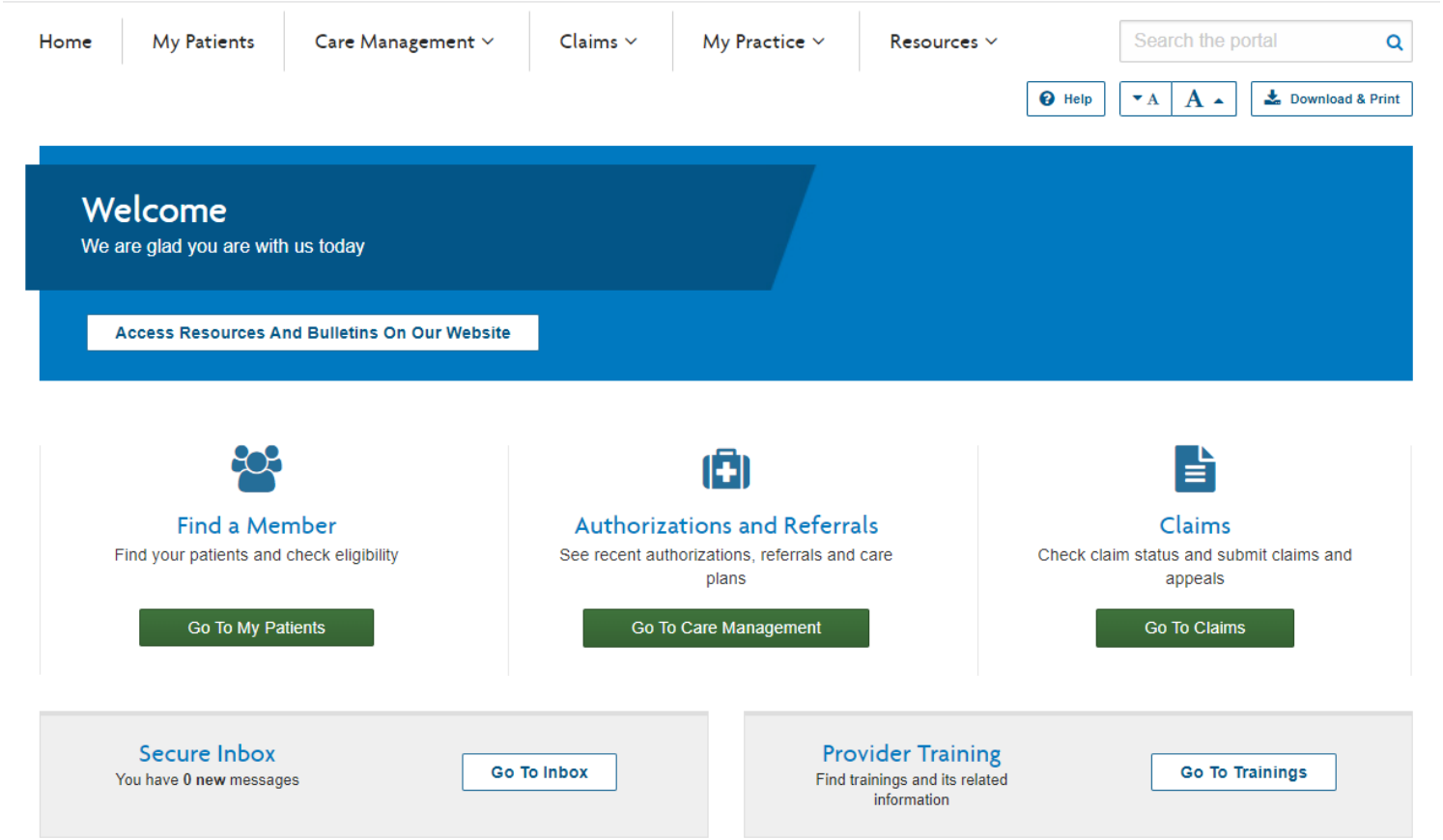
Wellcare Secure Provider Portal

Log in: https://provider.wellcare.com/



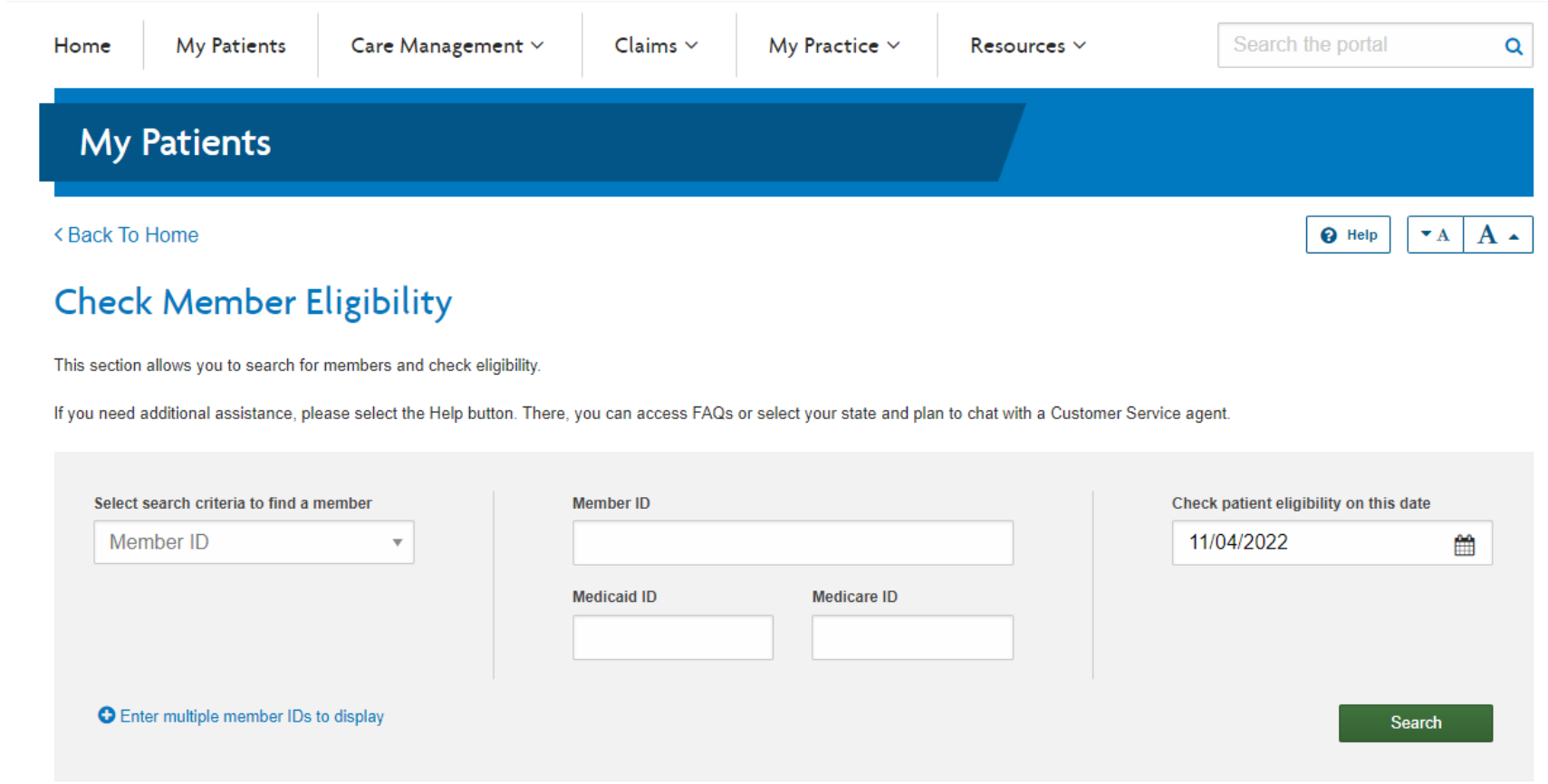
Wellcare Secure Portal

Home Screen



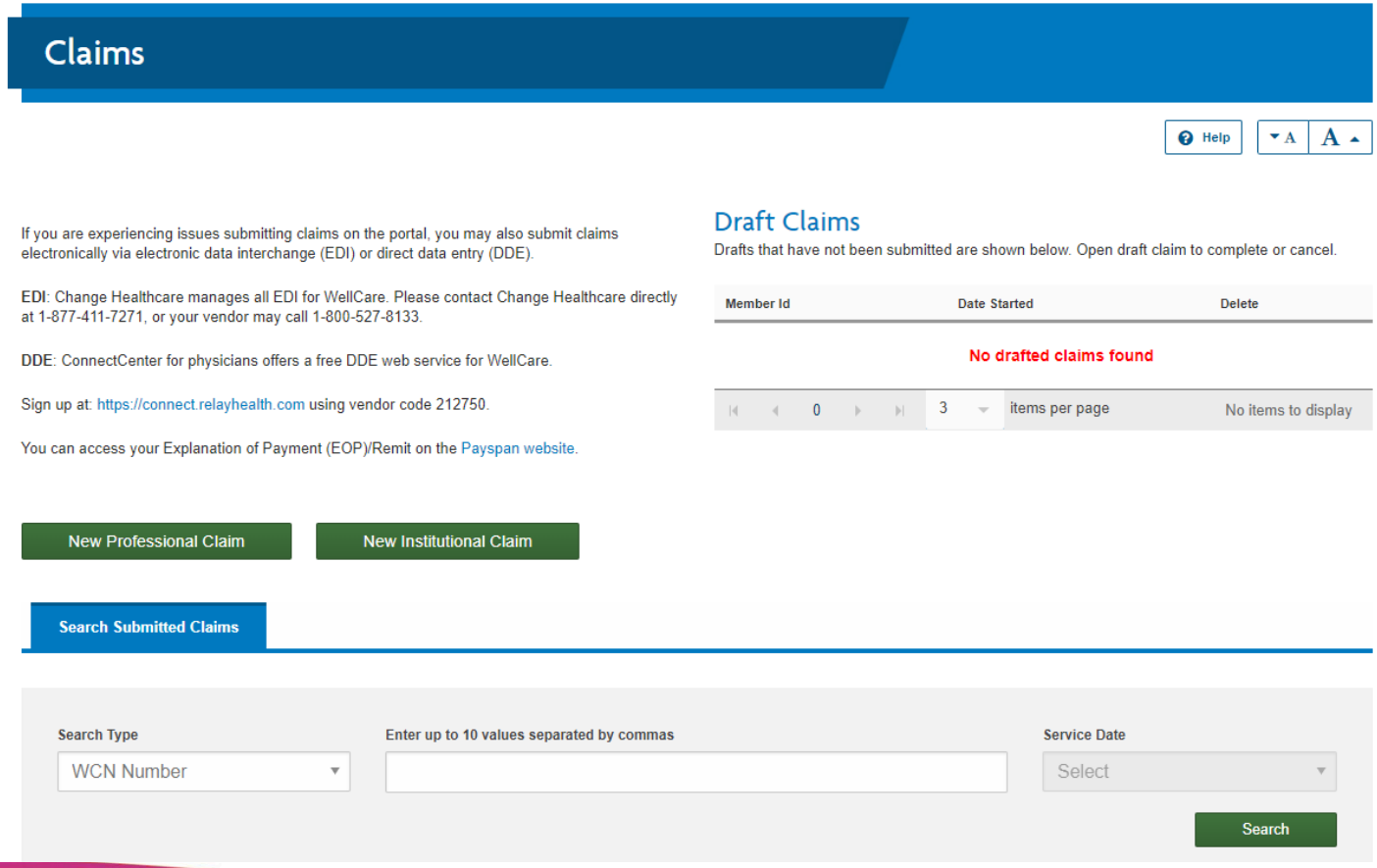
Wellcare Secure Portal

Eligibility and Member Information



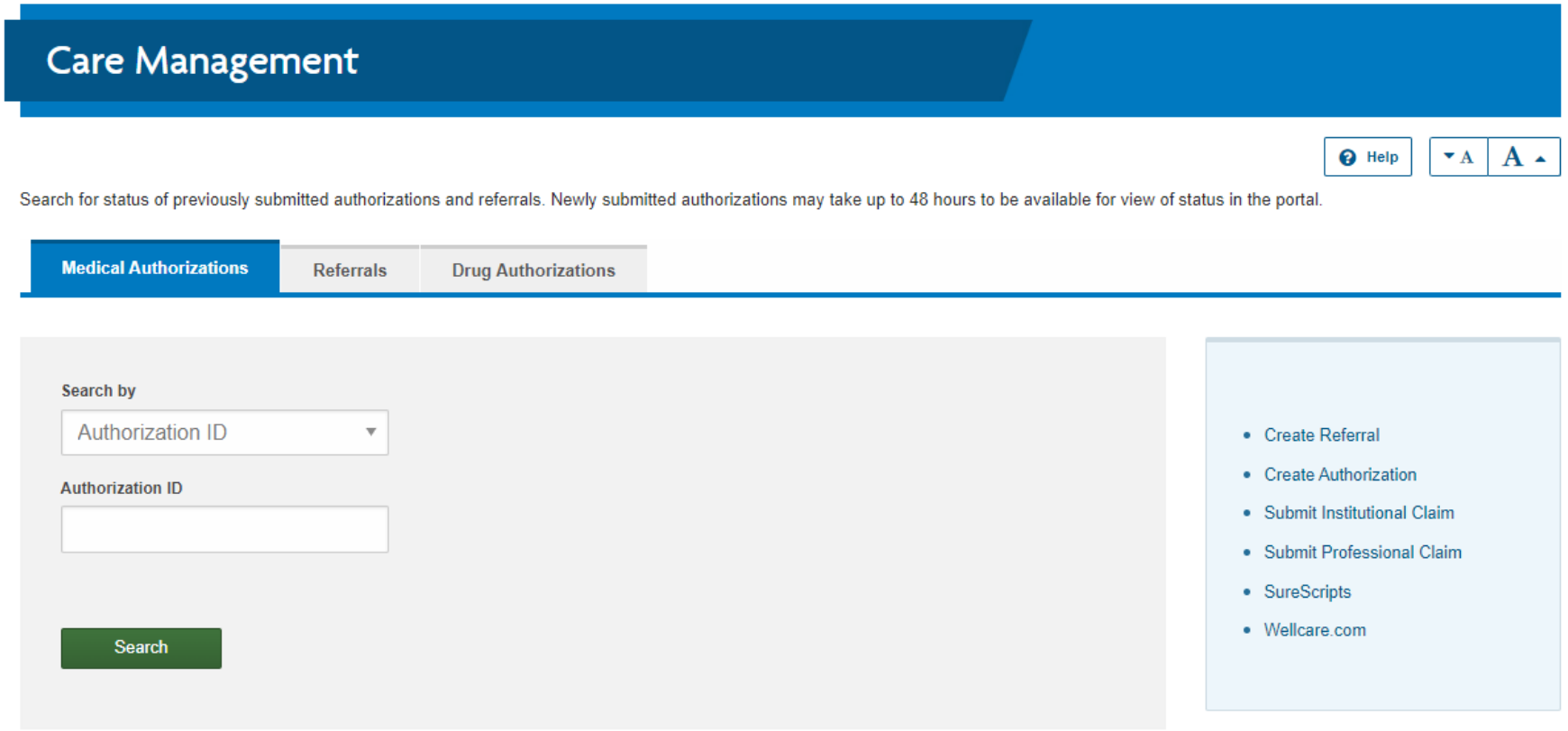
Wellcare Secure Portal

Claims



Wellcare Secure Portal

Authorizations



Wellcare Secure Portal

Self-Service Secure Web Portal Offering and Benefit

Service	Web Portal
Appeal Requests/Status (Rx)	☑ Fastest Results
Appeals & Disputes	☑ Fastest Results
Authorization Requests	☑ Fastest Results
Authorization Requirements	☑ Fastest Results
Authorization Status	☑ Fastest Results
Benefits & Eligibility	☑ Fastest Results
Claim Status	☑ Fastest Results
Claim Submission (and Corrections)	☑ Fastest Results
Co-payment Information	☑ Fastest Results
Coverage Determination Requests/Status (Rx)	☑ Fastest Results
Form Requests	☑ Fastest Results
Provider Resources	☑ Fastest Results

Note: For contract-related questions and/or web portal training, providers should continue to contact their Provider Relations representative.

Wellcare Secure Portal

Chat

Faster than email and easier than phone calls, Chat is a convenient way to ask simple questions and receive real-time support. Providers now have the ability to use our Chat application instead of calling and speaking with agents. Here are some ways our Chat support can help you and your staff:

- Web support assistance
- Real-time claim adjustments

Explore the benefits you will experience by using live Chat!

Convenience – Live Chat offers the convenience of getting help and answers without needing to have a phone call.

Increase Efficiency – If you ever have to wait for a Chat agent to respond, it's easy to carry on with your other tasks and responsibilities.

Documentation of Interaction – Chat logs provide transparency and proof of contact. When customers engage with customer support via phone, they don't typically receive a recording of the verbal conversation. Live Chat software gives you the option of printing a transcription of the conversation afterward.

Eligibility

- Member eligibility should be checked each month and each time prior to rendering services
- The Absolute Total Care Secure Provider Portal or the Interactive Voice Response (IVR) system are available 24 hours a day, seven days a week

    - Absolute Total Care 1-866-433-6041 (Medicaid)
    - Ambetter by Absolute Total Care 1-833-270-5443 (Marketplace)
    - Wellcare Prime by Absolute Total Care 1-855-735-4398 (Medicare-Medicaid Plan)
    - Wellcare Medicare 1-866-270-5223 (Medicare)

Availability and Accessibility

Accessibility

Accessibility is defined as the extent to which a member can obtain available services as needed. Such services refer to both telephone access and ease of scheduling an appointment, if applicable.

Absolute Total Care monitors access to services by *performing access audits*, tracking applicable results of the Healthcare Effectiveness Data and Information Set (HEDIS)/Consumer Assessment of Health Plans Survey (CAHPS), analyzing member complaints regarding access, and reviewing telephone access.

Please educate your staff to answer auditor's questions to the best of their ability instead of transferring to voicemail or directing elsewhere.

Availability

Availability is defined as the extent to which Absolute Total Care contracts with the appropriate type and number of practitioners and providers necessary to meet the needs of its members within defined geographical areas. Absolute Total Care has implemented several processes to monitor its network for sufficient numbers and types of practitioners who provide primary care, behavioral healthcare, and specialty care.

PCP availability is measured annually by Absolute Total Care. Member data regarding satisfaction with physician availability is collected annually by the Member Services Department. Results are reported and reviewed by the Quality Improvement Committee (QIC). The QIC, or designated subcommittee, will analyze the data and make recommendations to address deficiencies in the number, distribution, or type of practitioners available to the membership.

Access Standards

All Providers must adhere to standards of timeliness for appointments and in-office waiting times. These standards take into consideration the immediacy of the Member's needs. Absolute Total Care and Wellcare will monitor Providers against the standards for each line of business to help Members obtain needed health services within acceptable appointment times, in-office waiting times, and after-hours standards. Providers not in compliance with these standards will be required to implement corrective actions.

Claims 411 – Did You Know?

Claims 411 – Did You Know?

- Most common claim rejections:
  - Member Not Valid at Date of Service (DOS)
  - Invalid Member
  - Invalid Member DOS
- Most common claim denials:
  - Services Not on the Fee Schedule are Not Separately Reimbursable
  - This Service is Not Covered
  - Duplicate Claim Service
  - CMS Medicaid NCCI Unbundling
  - No Authorization on File that Matches Service(s) Billed
- Pre-authorization
  - All inpatient services require an authorization
    - Professional services being performed per inpatient stay require a separate authorization and must be obtained to avoid claims denying for no authorization on file

Claims 411 – Did You Know?

Clinical Policies

Clinical policies are one set of guidelines used to assist in administering health plan benefits, either by prior authorization or payment rules. They include, but are not limited to, policies relating to evolving medical technologies and procedures, as well as pharmacy policies.

Payment Policies

Healthcare claims payment policies are guidelines used to assist in administering payment rules based on generally accepted principles of correct coding. They are used to help identify whether healthcare services are correctly coded for reimbursement. Each payment rule is sourced by a generally accepted coding principle.

All policies found in the Absolute Total Care Payment/Clinical Policy Manual apply with respect to Absolute Total Care members. Policies in the Absolute Total Care Payment/Clinical Policy Manual may have either an Absolute Total Care or a "Centene" heading.

https://www.absolutetotalcare.com/providers/resources/clinical-payment-policies.html

Claims Submission

Claims must be filed electronically or sent directly to our claims processing center. Claims mailed to the physical office address will be returned and will not be able to be processed.

For claims processing efficiency, Absolute Total Care encourages providers to submit claims electronically.

Claims Submission

Submit following one of the procedures below, according to line of business:

Line of Business	Electronic Claim Submission	Paper Claim Submission
Medicaid	**Secure Provider Portal** **www.Absolutetotalcare.com/login** or **EDI Payer Numbers:** 68069 - Emdeon/WebMD/Envoy/Payerpath 42772 - Relay Health/McKesson 68068 – Behavioral Health	**Absolute Total Care** **P.O Box 3050** **Farmington, MO 63640-3821** **Behavioral Health:** **Absolute Total Care** **P.O. Box 7001** **Farmington, MO 63640-3811**
Marketplace	**Secure Provider Portal** **www.Absolutetotalcare.com/login** or **EDI Payer Number** 68069	**Ambetter from Absolute Total Care** **P.O. Box 5010** **Farmington, MO 63640-5010**
MMP		**Wellcare Prime by Absolute Total Care** **P.O. Box 3060** **Farmington, MO 63640-3822**
Medicare Advantage		**Wellcare By Allwell** **P.O. Box 3060** **Farmington, MO 63640-3822**

Claims Submission - Wellcare

- Claims are not accepted at local office
- Submit following one of the procedures below, according to line of business:

<table>
<tr><th>Line of Business</th><th>Electronic Claim Submission</th><th>Paper Claim Submission</th></tr>
<tr><td>Medicare Advantage</td><td>Register online using the simplified, enhanced provider registration process at PaySpan.com or call 1-877-331-7154
Or
Change Healthcare EDI Clearinghouse
1-877-411-7271.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)
<table><tr><th>Claim Type</th><th>Fee-for-Service (CH - Chargeable) Submissions</th><th>Encounter (RF - Reporting only) Submissions</th></tr><tr><td>Professional</td><td>1844</td><td>3211</td></tr><tr><td>Institutional</td><td>8551</td><td>4949</td></tr></table>
If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to Fee-for-Service or Encounters file type:
• Fee-for-Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.
• Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication.
<table><tr><th>Claim Type</th><th>FFS (CH - Chargeable) Submissions</th><th>Encounter (RF - Reporting only) Submissions</th></tr><tr><td>Professional or Institutional</td><td>14163</td><td>59354</td></tr></table></td><td>Wellcare
Attn: Claims Department
P.O. Box 31372
Tampa, FL 33631-3372</td></tr>
</table>

Claim Adjustments, Reconsiderations and Disputes

To Be Followed Prior to PR Outreach

Claim Adjustments: Requests to change the initial claim

- To correct a billing error (invalid or incorrect information) in the initial claim submission
- To reprocess a previous partially paid claim

Reconsiderations: Submitted within 365 days from DOS when a provider disagrees with how a clean or adjusted claim was processed.

- Denials related to code edit or authorization. Requests related to code edit or authorization denial require medical records and must accompany the request for reconsideration
- Payment amount which does not align with expected payment

Disputes: Submitted within 60 calendar days from receipt of notice of an adverse action when a provider has received an unsatisfactory response to a previous reconsideration request

- Any adverse action, including the denial or reduction of claims for services included on a clean claim.
- In-network providers may also dispute Absolute Total Care's policies, procedures, rates, contract disputes, and any aspects of Absolute Total Care's administrative functions

More Information Found Here: https://www.absolutetotalcare.com/providers/resources/grievance-process.html

Provider Timeframes Claim Adjustments, Reconsiderations and Disputes

(May Differ Based on Contract)

absolute total care™

MEDICAID		
Submission Timeframes	**Par**	**Non-Par**
Claim Initial/Resubmission	365	365
Claim Adjustment	365	365
Claim Dispute	60	60
Decision Timeframes	**Par**	**Non-Par**
Dispute Decision	30	30
Mailing Address		
P.O. Box 3050 Farmington, MO 63640-3821		

MARKETPLACE		
Submission Timeframes	**Par**	**Non-Par**
Claim Initial/Resubmission	120	120
Claim Adjustment	60	60
Claim Reconsideration	60	60
Claim Dispute	60	60
Decision Timeframes	**Par**	**Non-Par**
Appeal Decision	30	30
Dispute Decision	30	30
Mailing Address		
P.O. Box 5010 Farmington, MO 63640-5010		

Provider Timeframes Claim Adjustments, Reconsiderations and Disputes

(May Differ Based on Contract)

	MMP	
Submission Timeframes	**Par**	**Non-Par**
Claim Initial/Resubmission	365	365
Claim Adjustment	365*	365*
Claim Reconsideration	365*	365*
Claim Appeal	60	60**
Claim Dispute	60	60
Decision Timeframes	**Par**	**Non-Par**
Appeal Decision	30	60
Dispute Decision	30	30

*from date of service
**Waiver of Liability required
***from date of last processed claim

Mailing Address

P.O. Box 3060
Farmington, MO 63640-3822

Wellcare Provider Timeframes Claim Adjustments, Reconsiderations and Disputes

(May Differ Based on Contract)

	PAR	NON-PAR
Claim initial/resubmission	180*	180*
Claim Payment Dispute	90*	90*
Claim Payment Policy Dispute	30***	30***
Appeal (Medical)	90	60**

*from date of service
**Waiver of Liability required
***from date of last processed claim

Electronic Funds Transfer

Absolute Total Care, Wellcare and PaySpan are in partnership to provide an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment.

PaySpan Benefits

- Elimination of paper checks
- Convenient payments and retrieval of remittance information.
- Electronic Remittance Advice (ERAs) presented online.
- HIPAA 835 electronic remittance files for download directly to a HIPAA-Compliant Practice Management for Patient Accounting System.
- Reduce accounting expenses: Electronic remittance advices can be imported directly into practice management or patient accounting systems

Electronic Funds Transfer

PaySpan Benefits [CON'T]

- Improve cash flow: Electronic payments can mean faster payments, leading to improvements in cash flow.
- Maintain control over bank accounts: You keep total control over the destination of claim payment funds. Multiple practices and accounts are supported.
- Match payments to advices quickly: You can associate electronic payments with ERAs quickly and easily.
- Manage multiple payers: Reuse enrollment information to connect with multiple payers. Assign different payers to different bank accounts, as desired.

Electronic Funds Transfer

- Providers can register using PaySpan's enhanced provider registration process at http://www.payspanhealth.com/
- Providers can access additional resources by clicking Need More Help on the PaySpan homepage or link directly to https://www.payspanhealth.com/nps/Support/Index.
- PaySpan Health Support can be reached via email at providersupport@payspanhealth.com, by phone at 1-877-331-7154 or on the web at payspanhealth.com.

Network Development and Participation

- Network Participation
  - The enrollment, credentialing and recredentialing processes exist to ensure that participating providers meet and remain compliant to the criteria established by Absolute Total Care, as well as government regulations and standards of accrediting bodies

- Network Development
  - To request a new agreement, send an email to ATC_Contracting@centene.com
  - For contract updates and questions (i.e., change of ownership, TIN changes, amendments, etc.), send an email to ATC_Contracting@centene.com

Network Development and Participation

To add a new practitioner to ATC, providers must submit a Provider Data (Add) Form and Current W-9 to SouthCarolinaPDM@centene.com to begin the credentialing process

- This process takes approximately 60 days to complete (follow ups prior to receiving the Welcome Letter can be done so by emailing SouthCarolinaPDM@centene.com)
- Recredentialing is performed at least every 36 months
- Provider updating existing participating providers and locations may do so by emailing the Provider Data Form (Update) to SouthCarolinaPDM@centene.com

To add a new practitioner to Wellcare, providers must submit a Provider Profile Sheet and Current W-9 to atcnetworkrelations@centene.com or their PR Rep to begin the credentialing process

- This process takes approximately 60 days to complete
- Recredentialing is performed at least every 36 months
- Provider updating existing participating providers and locations may do so by emailing their assigned reps or atcnetworkrelations@centene.com

Credentialing Rights

All practitioners requesting participation with ATC have the right to review information obtained by ATC to evaluate their credentialing and/or recredentialing application. This includes information obtained from any outside primary source. This does not allow a practitioner to review references, personal recommendations or other information that is peer review protected.

Should a practitioner believe any of the information used in the credentialing/recredentialing process to be erroneous, or should any information gathered as part of the primary source verification process differ from that submitted by a practitioner, they have the right to correct any erroneous information submitted by another party.

To request release of such information, a written request must be submitted to the ATC Credentialing Department. Upon receipt of this information, the practitioner will have 14 days to provide a written explanation detailing the error or the difference in information to ATC. ATC's Credentialing Committee will then include this information as part of the credentialing/recredentialing process.

Cultural Competency Overview

Cultural competency within Absolute Total Care's network is defined as, "A set of interpersonal skills that allow individuals to increase their understanding, appreciation; acceptance and respect for cultural differences; similarities within, among and between groups; and the sensitivity to know how these differences influence relationships with members."

Absolute Total Care is committed to developing, strengthening and sustaining healthy PCP/member relationships. Members are entitled to dignified, appropriate and quality care. When healthcare services are delivered without regard for cultural differences, members are at risk for sub-optimal care. Members may be unable or unwilling to communicate their healthcare needs in an insensitive environment, reducing effectiveness of the entire healthcare process.

Cultural Competency Overview

Network providers must ensure that:

- Members understand that they have access to medical interpreters, signers and teletypewriter (TTY) services to facilitate communication without cost to the member.
- Care is provided with consideration of the members' race/ethnicity and language and its impact/influence on the members' health or illness.
- Office staff that routinely comes in contact with members have access to and participate in cultural competency training and development.
- Office staff responsible for data collection make reasonable attempts to collect race and language specific member information. Staff also must explain race/ethnicity categories to a member so that the member is able to identify the race/ethnicity of themselves and/or their children.
- Treatment plans are developed, and clinical guidelines are followed with consideration of the members' race, country of origin, native language, social class, religion, mental or physical abilities, heritage, acculturation, age, gender, sexual orientation and other characteristics that may result in a different perspective or decision-making process
- Office sites have posted and printed materials in English, Spanish and all other prevalent non- English languages if required by SCDHHS.

Absolute Total Care is committed to helping providers develop a culturally competent practice. For information on Absolute Total Care's Cultural Competency Plan, please visit our website at absolutetotalcare.com. You can also request a hard copy by calling Provider Services at 1-866-433-6041.

Key Quality Improvement Activities

- Path to Successful Member Care
  - Member Visits
  - Preventive Care
  - Annual Screenings
  - Required Immunizations

Electronic Medical Record (EMR) System

Remote Access to EMR:

Allows designated health plan representatives access to your medical records directly through remote access.

- Reduce provider office staff activities regarding HEDIS Hybrid chart chase requests
- Decrease and avoid duplication of over utilization of retrieval efforts
- Lead to improved HEDIS performance reporting

- Contact Jane Brown via email at jane.f.brown@centene.com

Supplemental Data Feeds

absolute total care™

Monthly Supplemental Data Feed

This type of file transfer utilizes specific data extracts from the Electronic Medical Record (EMR). Data is transmitted securely via SFTP.

- Close care gaps
- Improve our HEDIS scores
- Potential incentives
- Reduces request for medical records

- Contact Jane Brown via email at jane.f.brown@centene.com

RISK ADJUSTMENT

5/15/2024

Risk Adjustment

Continuity of Care Incentive Program

Designed to support your outreach to members for annual visits and condition management, which will help us better identify members who are eligible for case management. The program achieves this goal by increasing visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn bonus payments for proactively coordinating preventive medicine and for thoroughly addressing patients' current conditions to improve health and clinical quality of care.

Clinical Documentation Improvement Program

- Help providers understand and apply risk adjustment concepts
- Assist in the application of documentation and coding best practices to workflows
- Trainings are scheduled throughout the year and are available to providers

Please reach out to your Provider Engagement Administrator for more information regarding these programs.

Start Smart for Your Baby

- Program goals
  - Early identification of pregnant members and their risk factors
  - Reducing the risk of pregnancy complications
  - Better birth outcomes
- Strategy
  - Submission of Notification of Pregnancy (NOP) Form
  - High-risk members are prioritized for Care Management Program
  - OB Nurse Care Managers collaborate with members and providers to improve maternal and infant health

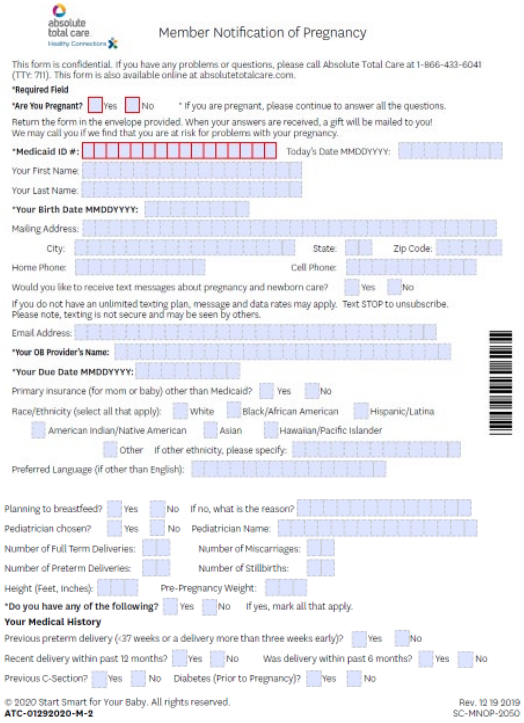
Start Smart for Your Baby

- OB Office Staff NOP Incentive Reimbursements:
  - Provider office staff can be reimbursed up to $25 for each NOP Form, up to a total of $500 for the year
    - $25 check per form submitted during first and second month
    - $20 check per form submitted during third and fourth month
    - $15 check per form submitted during fifth and sixth month

If an NOP Form has already been received from another source, subsequent NOP Forms would not be eligible for incentive reimbursement. Provider office staff must submit a copy of the NOP Form along with the Pregnancy Incentive Reimbursement Form to receive the incentive

Start Smart for Your Baby

- Notification of Pregnancy (NOP) Form sample



absolute total care Healthy Connections

Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Absolute Total Care at 1-866-433-6041 (TTY: 711). This form is also available online at absolutetotalcare.com.

***Required Field**

***Are You Pregnant?** Yes No * If you are pregnant, please continue to answer all the questions.

Return the form in the envelope provided. When your answers are received, a gift will be mailed to you! We may call you if we find that you are at risk for problems with your pregnancy.

***Medicaid ID #:** Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Mailing Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Would you like to receive text messages about pregnancy and newborn care? Yes No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address:

***Your OB Provider's Name:**

***Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? Yes No

Race/Ethnicity (select all that apply): White Black/African American Hispanic/Latina American Indian/Native American Asian Hawaiian/Pacific Islander Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed? Yes No If no, what is the reason?

Pediatrician chosen? Yes No Pediatrician Name:

Number of Full Term Deliveries: Number of Miscarriages:

Number of Preterm Deliveries: Number of Stillbirths:

Height (Feet, Inches): Pre-Pregnancy Weight:

***Do you have any of the following?** Yes No If yes, mark all that apply.

Your Medical History

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? Yes No

Recent delivery within past 12 months? Yes No Was delivery within past 6 months? Yes No

Previous C-Section? Yes No Diabetes (Prior to Pregnancy)? Yes No

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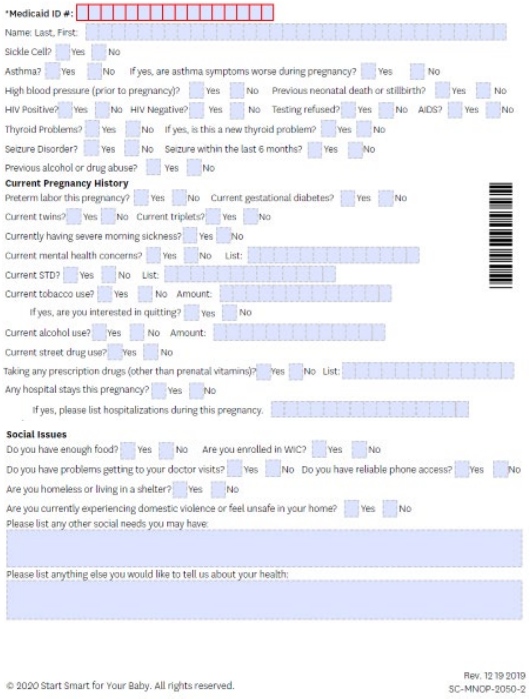
ATC-01292020-M-2

Rev. 12 19 2019
SC-MNOP-2050



***Medicaid ID #:**

Name: Last, First:

Sickle Cell? Yes No

Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No

High blood pressure (prior to pregnancy)? Yes No Previous neonatal death or stillbirth? Yes No

HIV Positive? Yes No HIV Negative? Yes No Testing refused? Yes No AIDS? Yes No

Thyroid Problems? Yes No If yes, is this a new thyroid problem? Yes No

Seizure Disorder? Yes No Seizure within the last 6 months? Yes No

Previous alcohol or drug abuse? Yes No

Current Pregnancy History

Preterm labor this pregnancy? Yes No Current gestational diabetes? Yes No

Current twins? Yes No Current triplets? Yes No

Currently having severe morning sickness? Yes No

Current mental health concerns? Yes No List:

Current STD? Yes No List:

Current tobacco use? Yes No Amount:

If yes, are you interested in quitting? Yes No

Current alcohol use? Yes No Amount:

Current street drug use? Yes No

Taking any prescription drugs (other than prenatal vitamins)? Yes No List:

Any hospital stays this pregnancy? Yes No

If yes, please list hospitalizations during this pregnancy.

Social Issues

Do you have enough food? Yes No Are you enrolled in WIC? Yes No

Do you have problems getting to your doctor visits? Yes No Do you have reliable phone access? Yes No

Are you homeless or living in a shelter? Yes No

Are you currently experiencing domestic violence or feel unsafe in your home? Yes No

Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:

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Rev. 12 19 2019
SC-MNOP-2050-2

Questions

APPENDIX

- ATC/Wellcare Resources
- Member ID Cards Images
- CMS Notification of Balance Billing Regulations
- ATC Provider Annual Training Requirements
- Cultural Competence and Linguistics Mandatory Training Guidelines

ATC Provider Resources

https://www.absolutetotalcare.com/providers/resources/forms-resources.html

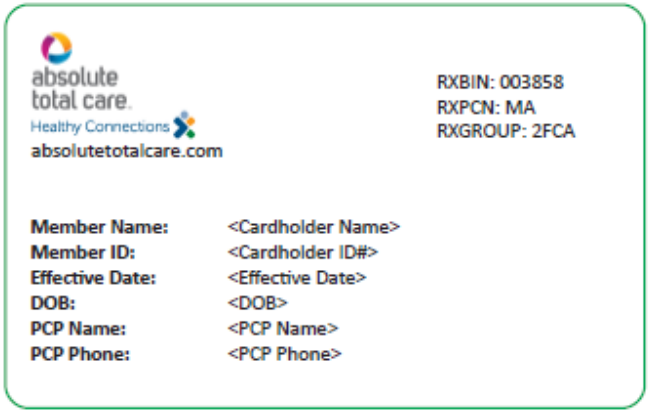
https://ambetter.absolutetotalcare.com/provider-resources/manuals-and-forms.html

Wellcare Provider Resources

https://www.wellcare.com/South-Carolina/Providers/Medicare/Training/New-Provider-Portal-Overview-Training

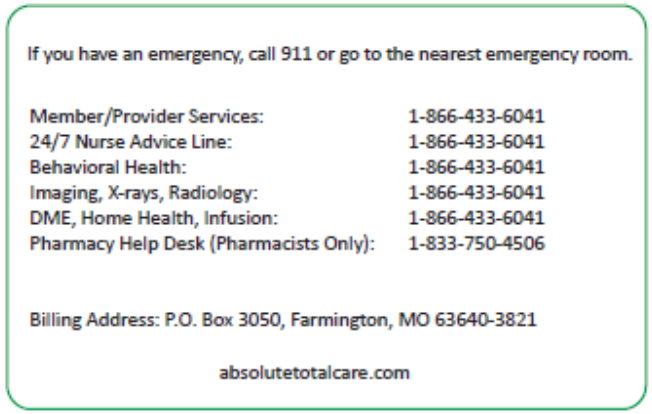
https://www.wellcare.com/Global-Content/Trainings/AcctRegandAffil

Medicaid 2024


absolute total care
Healthy Connections
absolutetotalcare.com

RXBIN: 003858
RXPCN: MA
RXGROUP: 2FCA

Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>
Effective Date: <Effective Date>
DOB: <DOB>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

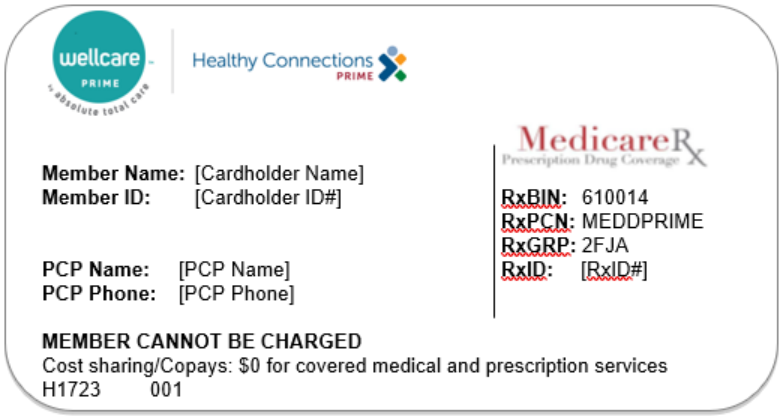

If you have an emergency, call 911 or go to the nearest emergency room.

Member/Provider Services:	1-866-433-6041
24/7 Nurse Advice Line:	1-866-433-6041
Behavioral Health:	1-866-433-6041
Imaging, X-rays, Radiology:	1-866-433-6041
DME, Home Health, Infusion:	1-866-433-6041
Pharmacy Help Desk (Pharmacists Only):	1-833-750-4506

Billing Address: P.O. Box 3050, Farmington, MO 63640-3821

absolutetotalcare.com

Wellcare Prime by Absolute Total Care (MMP)



wellcare PRIME by absolute total care | Healthy Connections PRIME

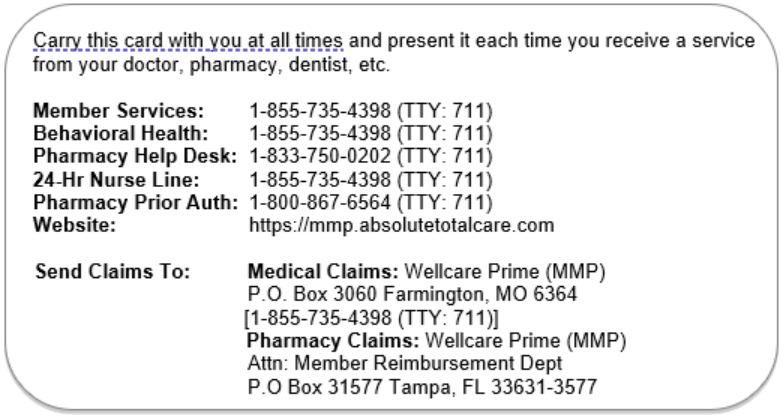
Member Name: [Cardholder Name]
Member ID: [Cardholder ID#]

PCP Name: [PCP Name]
PCP Phone: [PCP Phone]

MedicareRx Prescription Drug Coverage

RxBIN: 610014
RxPCN: MEDDPRIME
RxGRP: 2FJA
RxID: [RxID#]

MEMBER CANNOT BE CHARGED
Cost sharing/Copays: $0 for covered medical and prescription services
H1723 001

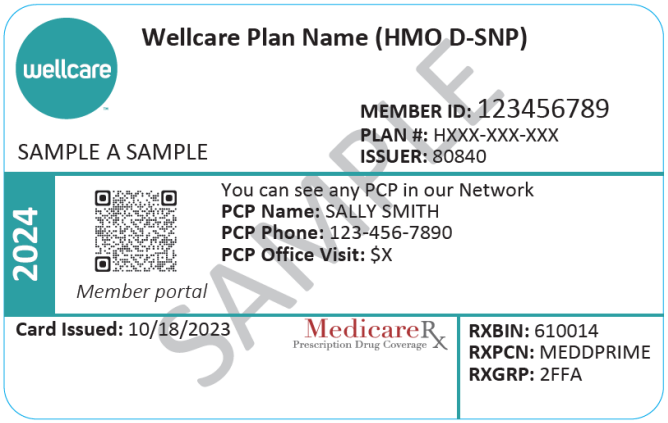


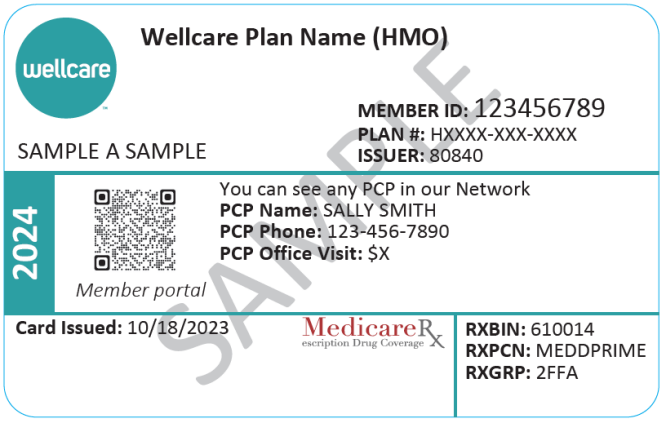
Carry this card with you at all times and present it each time you receive a service from your doctor, pharmacy, dentist, etc.

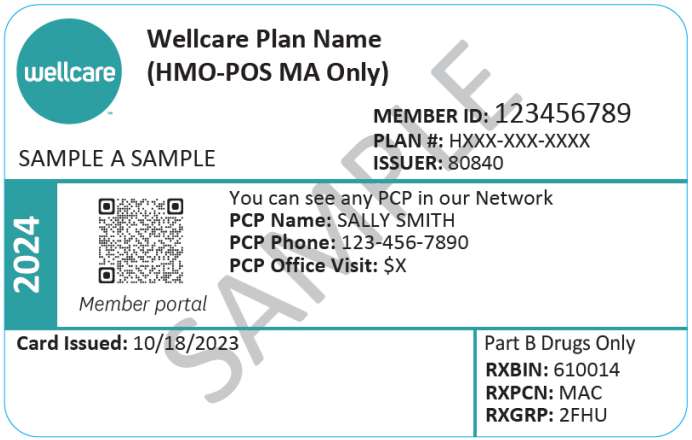
Member Services:	1-855-735-4398 (TTY: 711)
Behavioral Health:	1-855-735-4398 (TTY: 711)
Pharmacy Help Desk:	1-833-750-0202 (TTY: 711)
24-Hr Nurse Line:	1-855-735-4398 (TTY: 711)
Pharmacy Prior Auth:	1-800-867-6564 (TTY: 711)
Website:	https://mmp.absolutetotalcare.com

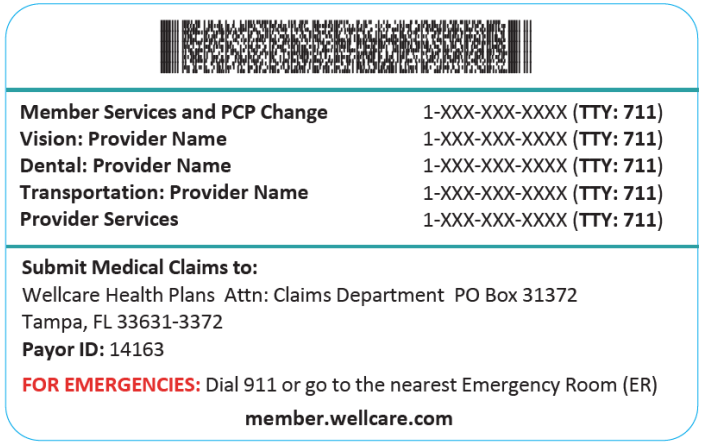
Send Claims To:
Medical Claims: Wellcare Prime (MMP)
P.O. Box 3060 Farmington, MO 6364
[1-855-735-4398 (TTY: 711)]
Pharmacy Claims: Wellcare Prime (MMP)
Attn: Member Reimbursement Dept
P.O Box 31577 Tampa, FL 33631-3577

Medicare – HMO/DSNP/MA Only 2024







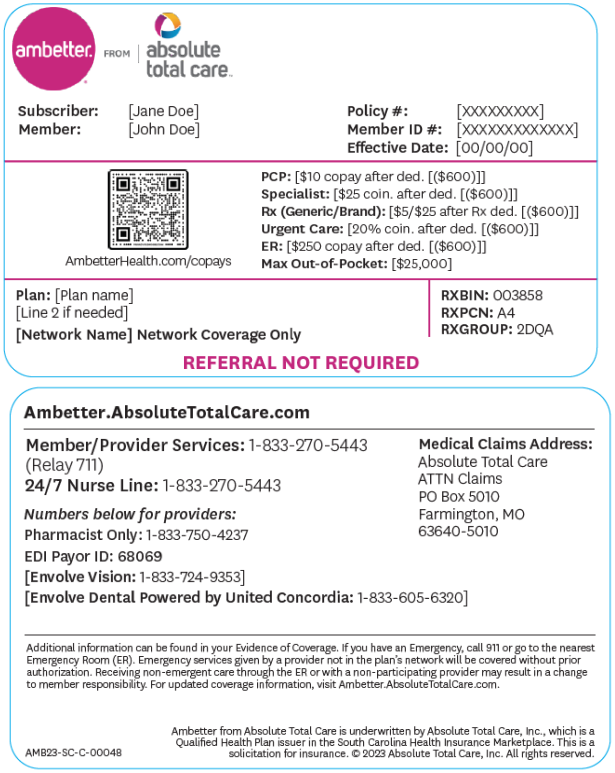


ID Cards

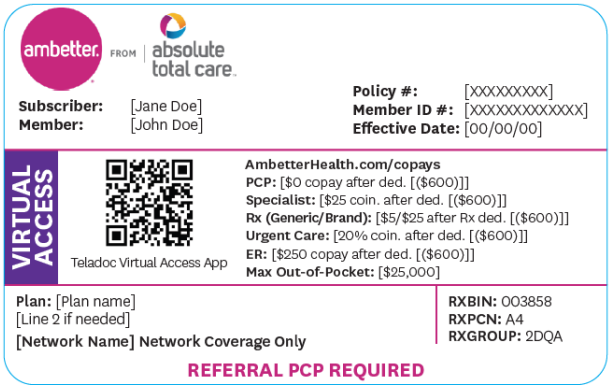
Ambetter 2024

ambetter. FROM absolute total care.

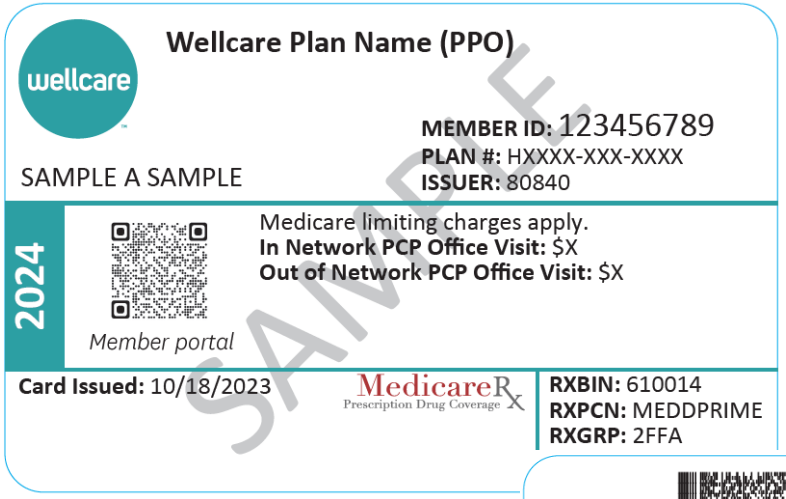
CORE

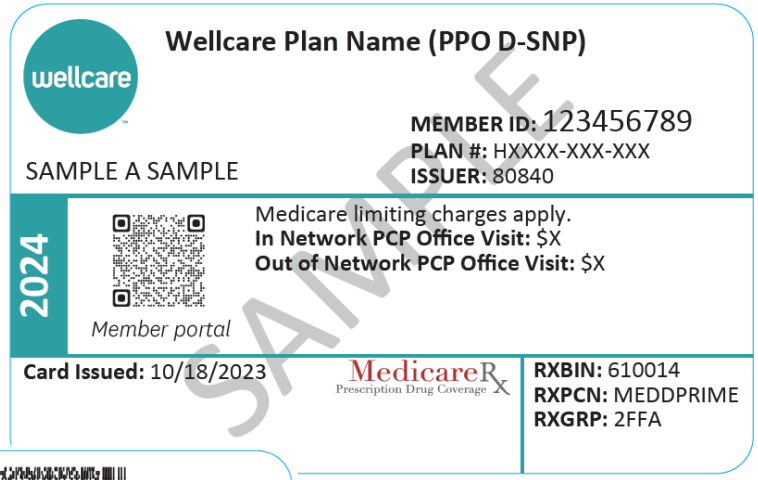


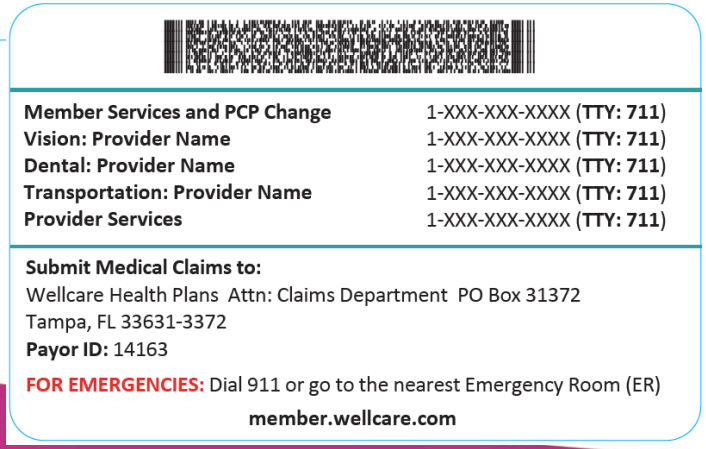
VIRTUAL



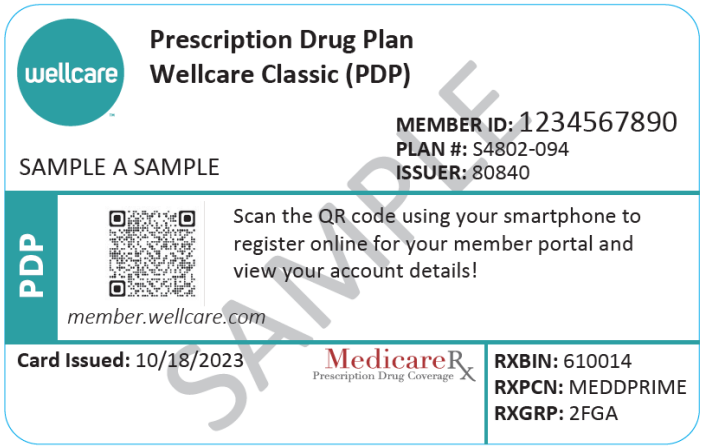
Medicare – PPO (HMO) and PPO HMO D-SNP 2024

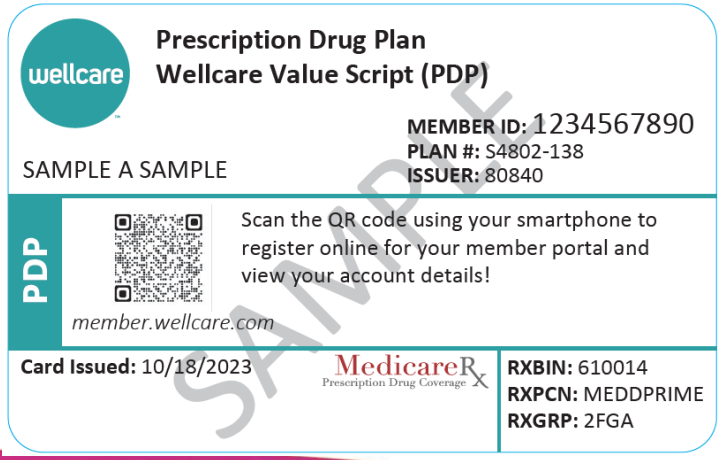


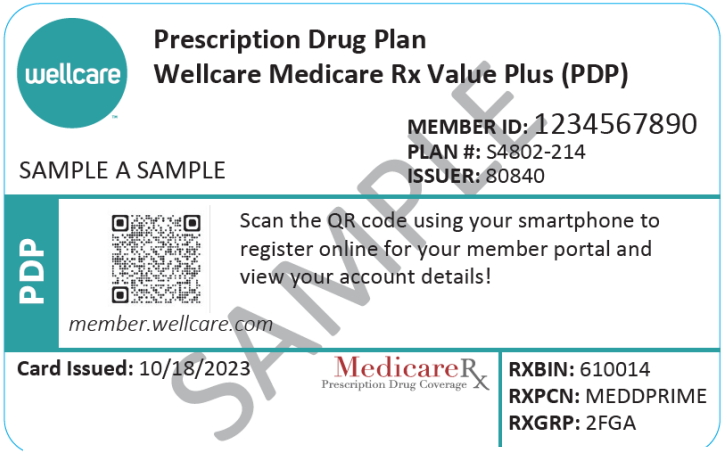




PDP 2024


wellcare
Prescription Drug Plan
Wellcare Classic (PDP)
MEMBER ID: 1234567890
PLAN #: S4802-094
ISSUER: 80840
SAMPLE A SAMPLE
PDP
Scan the QR code using your smartphone to register online for your member portal and view your account details!
member.wellcare.com
Card Issued: 10/18/2023
MedicareRx Prescription Drug Coverage
RXBIN: 610014
RXPCN: MEDDPRIME
RXGRP: 2FGA
SAMPLE


wellcare
Prescription Drug Plan
Wellcare Value Script (PDP)
MEMBER ID: 1234567890
PLAN #: S4802-138
ISSUER: 80840
SAMPLE A SAMPLE
PDP
Scan the QR code using your smartphone to register online for your member portal and view your account details!
member.wellcare.com
Card Issued: 10/18/2023
MedicareRx Prescription Drug Coverage
RXBIN: 610014
RXPCN: MEDDPRIME
RXGRP: 2FGA
SAMPLE


wellcare
Prescription Drug Plan
Wellcare Medicare Rx Value Plus (PDP)
MEMBER ID: 1234567890
PLAN #: S4802-214
ISSUER: 80840
SAMPLE A SAMPLE
PDP
Scan the QR code using your smartphone to register online for your member portal and view your account details!
member.wellcare.com
Card Issued: 10/18/2023
MedicareRx Prescription Drug Coverage
RXBIN: 610014
RXPCN: MEDDPRIME
RXGRP: 2FGA
SAMPLE

Member Services 1-888-550-5252 (TTY: 711)
Mail Order Pharmacy 1-833-750-0201 (TTY: 711)
Provider Services 1-855-538-0453 (TTY: 711)
Pharmacists Only 1-833-750-0408 (TTY: 711)
Submit Part D Claims To:
Attn: Member Reimbursement Department
P.O. Box 31577 Tampa, FL 33631-3577
FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room (ER)
member.wellcare.com

Access Standards Medicaid

Primary Care Provider Appointment Type	Access Standard
Routine Visits	Within 4-6 weeks
Urgent or non-emergency visits	Within 48 hours
Emergent or emergency visits	Immediately upon presentation at a service delivery site
24-hour coverage	24 hours a day, 7 days a week, or triage system approved by Absolute Total Care
Office Wait time for scheduled routine appointments	Not to exceed 45 minutes
Walk-in appointments/non-urgent	Should be seen if possible or scheduled for an appointment

Specialty Care Provider Appointment Type	Access Standard
Routine Visits	Within 4-12 weeks for unique specialists
Urgent or non-emergency visits	Within 48 hours
Emergent or emergency visits	Immediately upon presentation at a service delivery site

Access Standards Medicaid

Behavioral Healthcare Specialist Appointment Type	Access Standard
Initial visit for routine care	Within 10 business days
Follow-up routine care	Within calendar days of initial care
Care for a non-life-threatening emergency	Within 6 hours or referred to the emergency room or behavioral health crisis unit
Urgent or non-emergency visits	Within 48 hours

Access Standards
Medicare-Medicaid Plan

Primary Care and Specialist Appointment Type	Access Standard
Routine appointment and physicals	Within 4 weeks
Primary care urgent (non-life threatening) visits	Within 1 week of the request
Urgent specialty care	Should be available within 24 hours of referral
Referrals to specialists	Should be made within 4 weeks of the request
Emergency Care	Should be received immediately and be available 24 hours a day
Persistent symptoms	Must be treated no later than the end of the following working day after initial contact with the PCP
Non-urgent appointment for sick visit	Should be available within 72 hours of the request
Behavioral healthcare	

Behavioral Healthcare Specialist Appointment Type	Access Standard
Initial visit for routine care	Within 10 days
Urgent or non-emergency visits	Within 24 hours
Emergency	Immediately

Access Standards
Ambetter

Appointment Type	Access Standard
PCPs-Routine visits	30 calendar days
PCPs-Adult Sick Visit	48 hours
PCPs-Pediatric Sick Visit	24 hours
Behavioral Health-Non-life-Threatening Emergency	6 hours, or direct member to crisis center or emergency room (ER)
Specialist	Within 30 calendar days
Urgent Care Providers	24 hours
Behavioral Health Urgent Care	48 hours
After Hours Care	Office number answered 24 hours/seven days a week by answering service or instructions on how to reach a physician
Emergency	24 hours a day, seven days a week

Access Standards Medicare

Appointment Type	Access Standard
PCP-Urgent	≤ 24 hours
PCP- Non-urgent	≤ 1 week
PCP-Regular and Routine	≤ 30 calendar days
All Specialists (including High Volume and High Impact) – Urgent	≤ 24 hours
All Specialists (including High Volume and High Impact) – Regular Routine	≤ 30 calendar days
Behavioral Health Provider-Urgent Care	≤ 48 hours
Behavioral Health Provider - Initial Routine Care	≤ 10 business days
Behavioral Health Provider- Non-Life-Threatening Emergency	≤ 6 hours
Behavioral Health Provider - Initial Routine Care follow up	≤ 10 business days

Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St., SW; Suite 4T20
Atlanta, GA 30303

absolute total care™

May 19, 2016

TO: **Providers**
SUBJECT: **Prohibition on Balance Billing of Healthy Connections Prime Members**

BALANCE BILLING IS PROHIBITED

Balance billing is the practice in which providers bill dually eligible beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) program for Medicare cost-sharing. This population is exempt from paying any cost-sharing for deductibles, coinsurance and co-payments related to Medicare services and prescription drugs. Healthy Connections Prime Members are considered QMBs. Please be advised that it is **unlawful for providers to "balance bill" any patient who is a member of Healthy Connections Prime** for any covered services. Balance billing for Healthy Connections Prime members is billing the patients for the difference between what the Medicare-Medicaid plan (MMP) pays and the retail price you charge for your services. The provider must accept payment in full from the Medicare-Medicaid plan (MMP) and should not deny any services to members for non-payment. Providers who inappropriately balance bill Healthy Connections Prime members are subject to sanctions and/or termination of their MMP provider agreement.

WHAT CAN BE BILLED TO MEMBERS?

1. For non-covered items and services, providers must give members advance notice that such items or services will be non-covered and have a written agreement with the members for these non-covered items or services. If such notice is not given and the agreement is not in place, providers may not bill members for such items or services.
2. For certain Medicaid-only items and services (such as durable medical equipment and home health agency care), members can be billed the allowable Medicaid co-pays.

ABOUT HEALTHY CONNECTIONS PRIME

Healthy Connections Prime is a new option for South Carolina seniors 65 and older with Medicare and Healthy Connections Medicaid. It is part of a national initiative designed to integrate all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits fully managed by an MMP. Visit the Provider page on the Healthy Connections Prime website (http://www.scdhhs.gov/prime) to learn more details about the program or email PrimeProviders@scdhhs.gov with any questions.

1-855-735-4398
mmp.absolutetotalcare.com

Prohibition on Billing Medicare-Medicaid Plan (MMP) Enrollees for Medicare Cost-Sharing

This communication serves as a reminder that for Wellcare Prime by Absolute Total Care Healthy Connections Prime members, providers **may not bill and/or collect** any Medicare cost-sharing amounts, including deductibles, coinsurance, and copayments that may be represented on the Explanation of Payment (EOP), as they are not the member's responsibility.

This practice, known as "balance billing", is prohibited by Federal Law and as stipulated under your Wellcare Prime/Healthy Connections Prime Provider Services Agreement. **Please be advised that it is unlawful for providers to "balance bill" any patient who is a member of Healthy Connections Prime for any covered services.**

If your patient presented the following Member ID Card, you provided services to Wellcare Prime (Healthy Connections Prime) MMP member:

Wellcare Prime members can be billed for:

- Medicaid participation in cost of care amounts for long-term services and supports as determined by SCDHHS.
- Medicaid copay for Medicaid only covered Durable Medical Equipment (DME) items.

How Wellcare Prime resolves balance billing issues with the provider:

- Wellcare Prime informs the provider that the member has been inappropriately balance billed and educates the provider on balance billing.
- If Wellcare Prime reimbursed the member for an inappropriately balance billed amount, the plan will notify the provider and request reimbursement be made to the plan.
- If after outreach and education efforts to the provider, Wellcare Prime identifies ongoing inappropriate balance billing activities, Wellcare Prime may take disciplinary action up to and including termination of the Provider Agreement.

For more information regarding balance billing please refer to the Wellcare Prime Provider Manual at **absolutetotalcare.com**. You can also refer to CMS' Balance Billing Prohibition Notice at this link (**https://msp.scdhhs.gov/SCDue2/press-release/prohibition-balance-billing-healthy-connections-prime-members-0**) on the Healthy Connections Prime website. If you have any questions, please contact Member Services at 1-855-735-4398.

MMP Example EOP- Medicare

Balance Billing

Run Date: 8/9/2022

wellcare PRIME by Absolute Total Care | Healthy Connections PRIME

PAY TO:
[redacted]

EXPLANATION OF PAYMENT
Wellcare Prime by Absolute Total Care
Medicare-Medicaid Plan
100 Center Point Circle, Suite 100
Columbia, SC 29210
1-855-735-4398

Payment Date:	8/9/2022
Payment #:	0900158619
Payment Amt:	$116.00

Payee ID: UDEF
IRS#: [redacted]

Insured Name: [redacted] **Mbr No:** [redacted] **MRN:** [redacted] **Claim/Ctrl No:** [redacted]
Patient Name: [redacted] **SvcProv No:** **PatCtrl No:** [redacted]
Servicing Provider: [redacted] **NPI:** [redacted] **Group:** MMP SC ATC
Please note: Medicare crossover claim forwarded to Medicaid for secondary payment. Please do not bill the patient.

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged/ Allowed	WrapPaymt	Deduct/ CoPay	Coinsur/ Penalty	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	7/20/2022	99214		1.00	$310.00 $145.00	0.00	$0.00 $0.00	$29.00 $0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	10 21	$116.00 $0.00
			Sub-total		$310.00 $145.00	$0.00	$0.00 $0.00	$29.00 $0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00		$116.00 $0.00
			Total		$310.00 $145.00	$0.00	$0.00 $0.00	$29.00 $0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00		$116.00 $0.00

Explanation Code	Description
10	PAY - PAID PER CONTRACTUAL AGREEMENT
21	PAID-COINSURANCE APPLIED

MMP Example EOP- Medicaid

Balance Billing

Run Date: 8/17/2022

EXPLANATION OF PAYMENT
Wellcare Prime by Absolute Total Care
Medicare-Medicaid Plan
100 Center Point Circle, Suite 100
Columbia, SC 29210
1-855-735-4398

Payment Date:	8/17/2022
Payment #:	
Payment Amt:	$0.00

PAY TO: [redacted]

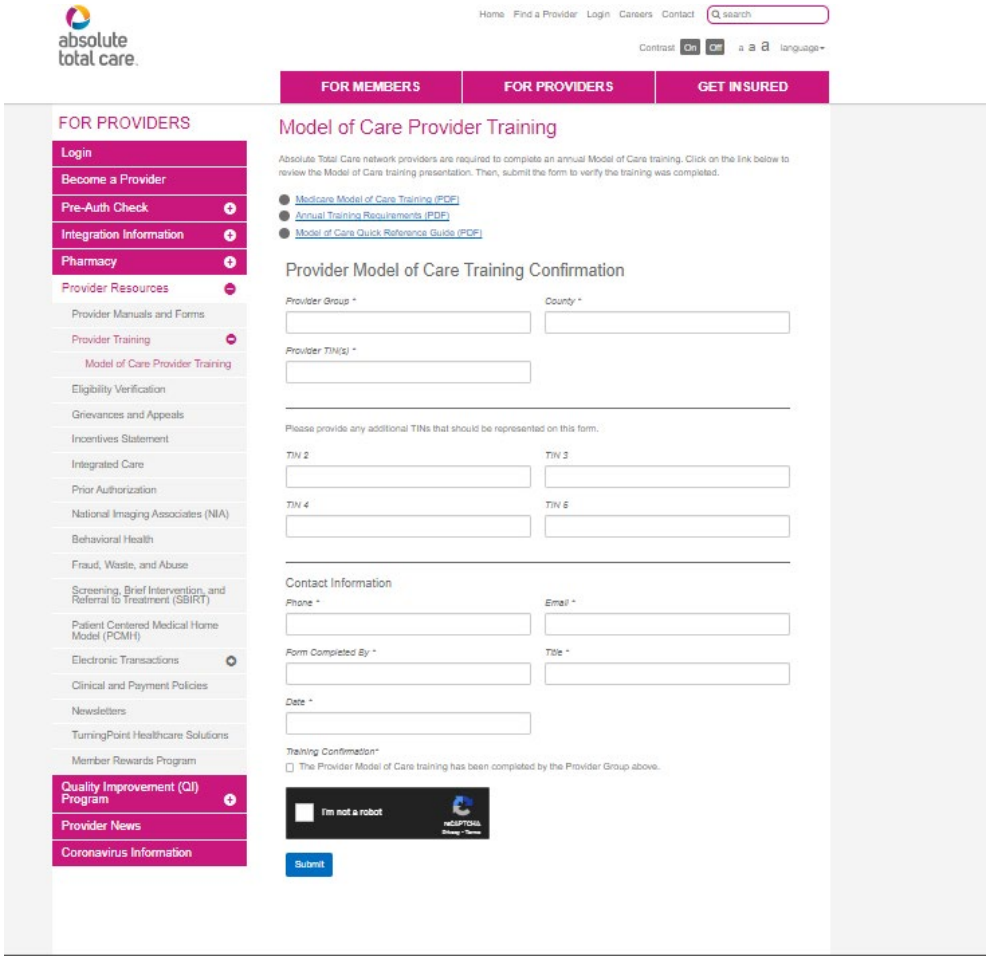
Payee ID: [redacted]
IRS#: [redacted]

Insured Name: [redacted] **Mbr No:** [redacted] **MRN:** [redacted] **Claim/Ctrl No:** [redacted]
Patient Name: [redacted] **SvcProv No:** **Carrier:** MM **PatCtrl No:** [redacted]
Servicing Provider: [redacted] **NPI:** [redacted] **Group:** SCTCC - BERKELEY
Please note: This bill has crossed over from Medicare to Medicaid. Payment is now complete.

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur/ Penalty	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	7/20/2022	99214		1.00	$310.00 $66.87	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$145.00 $116.00	$0.00	$0.00	MX PM Aa	$0.00 $0.00
			Sub-total		$310.00 $66.87	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$145.00 $116.00	$0.00	$0.00		$0.00 $0.00
			Total		$310.00 $66.87	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$145.00 $116.00	$0.00	$0.00		$0.00 $0.00

Explanation Code	Description
Aa	INFORMATIONAL: CLAIM PROCESSED THROUGH COORDINATION OF BENEFITS
MX	PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS
PM	PAY: PCP IS NOT EFFECTIVE AT THE TIME OF SERVICE

Model of Care Training



absolute total care™

https://www.absolutetotalcare.com/providers/resources/provider-training/model-of-care-provider-training.html

Annual Provider Training Requirements

Absolute Total Care partners with all of our contracted providers to ensure that you have received the necessary training to deliver quality care to our members and your patients and to be compliant with Centers for Medicare & Medicaid Services (CMS) and state requirements. All Medicare Advantage Organization (MAO) and Medicare-Medicaid Plan (MMP) contracted providers are required to complete the following trainings within 90 days of contracting and **annually** thereafter:

- General Compliance (Compliance)
- Fraud, Waste, and Abuse
- Model of Care (MOC)*
- Person-Centered Planning**

General Compliance and Fraud, Waste, and Abuse trainings are posted on the CMS Medicare Learning Network (MLN) website at http://go.cms.gov/mln, and links to the specific trainings can be found in the table below. The MOC training* and Person-Centered Planning training** can be found on the Absolute Total Care website as indicated in the table below. Once practitioners have taken the required trainings, we ask that you attest to their completion by filling out an Attestation Form or submitting CMS certificates of completion. While the training itself must be completed by every participating practitioner, attestation can be completed one time for all practitioners within a given provider group.

Required Training Resources

Required Training	Training Location
General Compliance	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf
Fraud, Waste, and Abuse	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244-Print-Friendly.pdf
Model of Care (MOC)*	https://www.absolutetotalcare.com/providers/resources/provider-training/model-of-care-provider-training.html
Person-Centered Planning**	https://www.absolutetotalcare.com/providers/resources/provider-training.html

*MOC training is required for providers who directly or indirectly facilitate and/or provide Medicare Part C or D benefits for any Allwell from Absolute Total Care HMO SNP Member. Please refer to the Quick Reference Guide for additional information on MOC training.

**Person-Centered Planning training is required for providers who directly or indirectly provide services for our Absolute Total Care MMP members.

ATC-06072021-AP-2 Approved 06072021
SC1PROLTR75289E_0000

Cultural and Linguistically Appropriate Services (CLAS) Program

https://www.absolutetotalcare.com/content/dam/centene/absolute-total-care/test/2023%20CLAS%20Program%20Description%20(1).pdf

1-855-735-4398
mmp.absolutetotalcare.com

Cultural Competency Quick Reference Guide

What is cultural competency?

- A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among, and between groups, and the sensitivity to know how these differences influence relationships with members
- It is a set of complimentary behaviors, attitudes, and policies that help professionals work effectively with people of different cultures

Purpose of cultural competency

- Learn about, understand and provide excellent customer service to all members across all segments of the population
- Promote sensitivity to the needs of patients who are members of various racial, religious, age, gender, or ethnic groups
- Accommodate the patient's culturally-based attitudes, beliefs, and needs

You will learn:

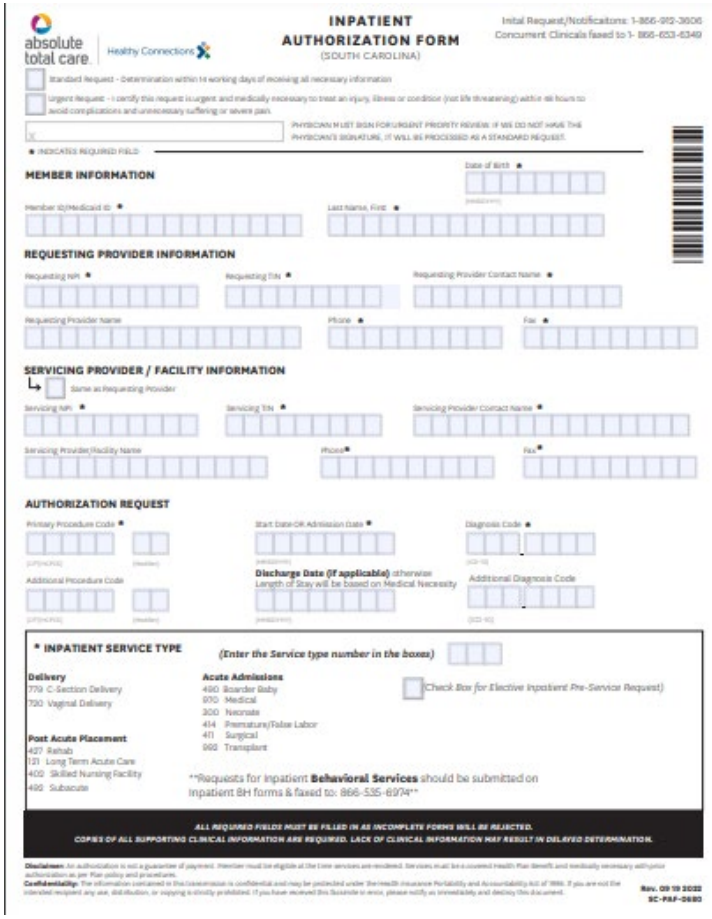
- What is cultural competency
- Sources of diversity
- Steps for becoming culturally competent
- Communicating across cultures
- Tips for successful cross-cultural communications

Resources

Resources for Cultural Competency training can be found on Wellcare Prime by Absolute Total Care's website on the Provider Manuals and Forms page (https://www.absolutetotalcare.com/providers/resources/forms-resources.html).

- Medicare-Medicaid Plan (MMP) Provider Manual
- Cultural Competency PDF

Authorization Forms



absolute total care Healthy Connections

INPATIENT AUTHORIZATION FORM
(SOUTH CAROLINA)

Inital Request/Notifications: 1-866-912-3606
Concurrent Clinicals faxed to 1- 866-653-6349

Standard Request - Determination within 14 working days of receiving all necessary information

Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

X _____ PHYSICIAN MUST SIGN FOR URGENT PRIORITY REVIEW. IF WE DO NOT HAVE THE PHYSICIAN'S SIGNATURE, IT WILL BE PROCESSED AS A STANDARD REQUEST.

★ INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID/Medicaid ID ★ | Last Name, First ★ | Date of Birth ★ (MM/DD/YYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI ★ | Requesting TIN ★ | Requesting Provider Contact Name ★
Requesting Provider Name | Phone ★ | Fax ★

SERVICING PROVIDER / FACILITY INFORMATION

☐ Same as Requesting Provider
Servicing NPI ★ | Servicing TIN ★ | Servicing Provider Contact Name ★
Servicing Provider/Facility Name | Phone★ | Fax★

AUTHORIZATION REQUEST

Primary Procedure Code ★ (CPT/HCPCS) (Modifier) | Start Date OR Admission Date ★ (MM/DD/YYYY) | Diagnosis Code ★ (ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier) | **Discharge Date (if applicable)** otherwise Length of Stay will be based on Medical Necessity (MM/DD/YYYY) | Additional Diagnosis Code (ICD-10)

*** INPATIENT SERVICE TYPE** *(Enter the Service type number in the boxes)*

Delivery
779 C-Section Delivery
780 Vaginal Delivery

Post Acute Placement
407 Rehab
101 Long Term Acute Care
402 Skilled Nursing Facility
466 Subacute

Acute Admissions
480 Boarder Baby
970 Medical
300 Neonate
414 Premature/False Labor
411 Surgical
992 Transplant

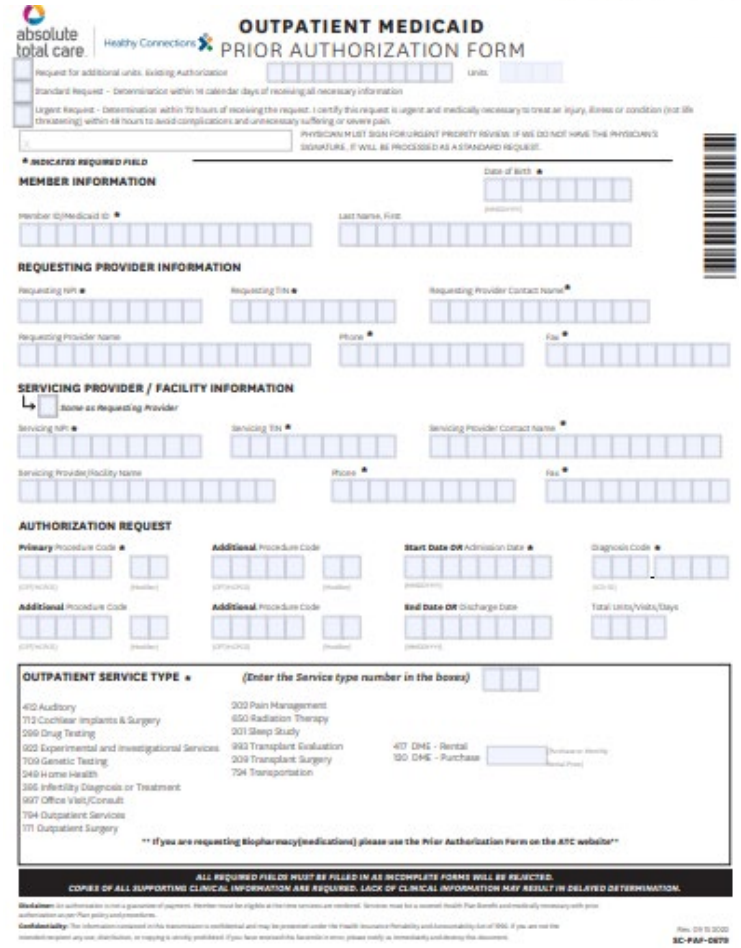
☐ *Check Box for Elective Inpatient Pre-Service Request)*

Requests for inpatient **Behavioral Services should be submitted on inpatient BH forms & faxed to: 866-535-6974**

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.
Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev. 09 19 2022
SC-PAF-0680



absolute total care Healthy Connections

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

☐ Request for additional units: Existing Authorization _____ Units: _____

☐ Standard Request - Determination within 14 calendar days of receiving all necessary information

☐ Urgent Request - Determination within 72 hours of receiving the request. I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

X _____ PHYSICIAN MUST SIGN FOR URGENT PRIORITY REVIEW. IF WE DO NOT HAVE THE PHYSICIAN'S SIGNATURE, IT WILL BE PROCESSED AS A STANDARD REQUEST.

★ INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID/Medicaid ID ★ | Last Name, First | Date of Birth ★ (MM/DD/YYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI ★ | Requesting TIN ★ | Requesting Provider Contact Name ★
Requesting Provider Name | Phone ★ | Fax ★

SERVICING PROVIDER / FACILITY INFORMATION

☐ Same as Requesting Provider
Servicing NPI ★ | Servicing TIN ★ | Servicing Provider Contact Name ★
Servicing Provider/Facility Name | Phone ★ | Fax ★

AUTHORIZATION REQUEST

Primary Procedure Code ★ (CPT/HCPCS) (Modifier) | **Additional** Procedure Code (CPT/HCPCS) (Modifier) | **Start Date OR** Admission Date ★ (MM/DD/YYYY) | Diagnosis Code ★ (ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier) | **Additional** Procedure Code (CPT/HCPCS) (Modifier) | **End Date OR** Discharge Date (MM/DD/YYYY) | Total Units/Visits/Days

OUTPATIENT SERVICE TYPE ★ *(Enter the Service type number in the boxes)*

412 Auditory
713 Cochlear Implants & Surgery
099 Drug Testing
923 Experimental and Investigational Services
709 Genetic Testing
249 Home Health
266 Infertility Diagnosis or Treatment
997 Office Visit/Consult
704 Outpatient Services
171 Outpatient Surgery
909 Pain Management
650 Radiation Therapy
901 Sleep Study
993 Transplant Evaluation
209 Transplant Surgery
794 Transportation
417 DME - Rental
130 DME - Purchase (Purchase or Monthly Rental Price)

**** If you are requesting Biopharmacy(medications) please use the Prior Authorization Form on the ATC website****

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.
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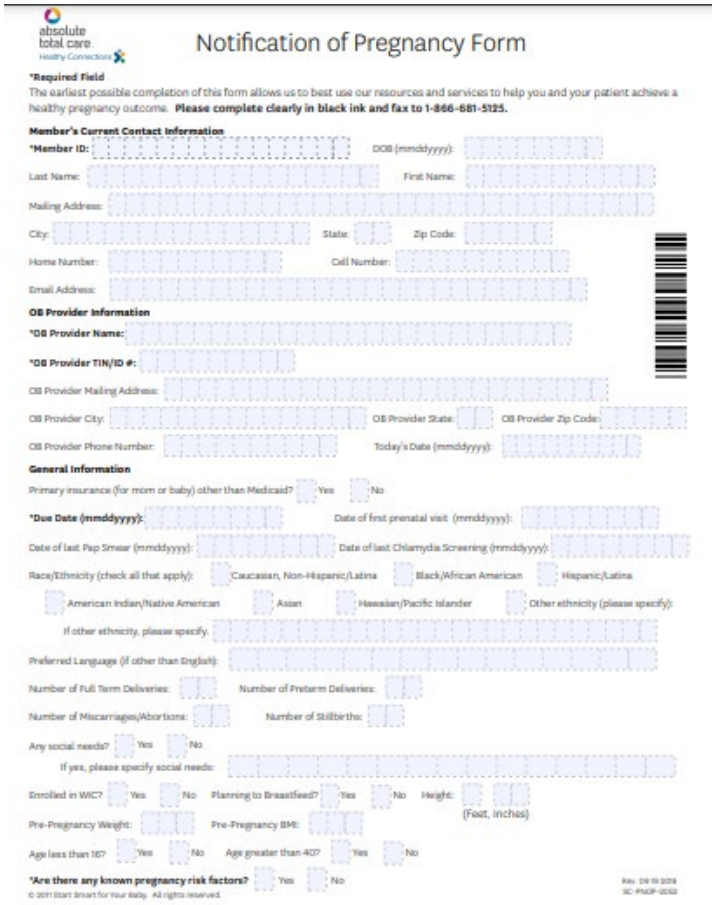
Rev. 09 19 2022
SC-PAF-0679

Pregnancy Notification Form



absolute total care Healthy Connections

Notification of Pregnancy Form

***Required Field**

The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. **Please complete clearly in black ink and fax to 1-866-681-5125.**

Member's Current Contact Information

*Member ID: DOB (mmddyyyy):

Last Name: First Name:

Mailing Address:

City: State: Zip Code:

Home Number: Cell Number:

Email Address:

OB Provider Information

*OB Provider Name:

*OB Provider TIN/ID #:

OB Provider Mailing Address:

OB Provider City: OB Provider State: OB Provider Zip Code:

OB Provider Phone Number: Today's Date (mmddyyyy):

General Information

Primary insurance (for mom or baby) other than Medicaid? Yes No

*Due Date (mmddyyyy): Date of first prenatal visit (mmddyyyy):

Date of last Pap Smear (mmddyyyy): Date of last Chlamydia Screening (mmddyyyy):

Race/Ethnicity (check all that apply): Caucasian, Non-Hispanic/Latina Black/African American Hispanic/Latina

American Indian/Native American Asian Hawaiian/Pacific Islander Other ethnicity (please specify):

If other ethnicity, please specify.

Preferred Language (if other than English):

Number of Full Term Deliveries: Number of Preterm Deliveries:

Number of Miscarriages/Abortions: Number of Stillbirths:

Any social needs? Yes No

If yes, please specify social needs:

Enrolled in WIC? Yes No Planning to Breastfeed? Yes No Height: (Feet, Inches)

Pre-Pregnancy Weight: Pre-Pregnancy BMI:

Age less than 16? Yes No Age greater than 40? Yes No

***Are there any known pregnancy risk factors?** Yes No

Rev. 09 19 2018
SC-PNOP-2052

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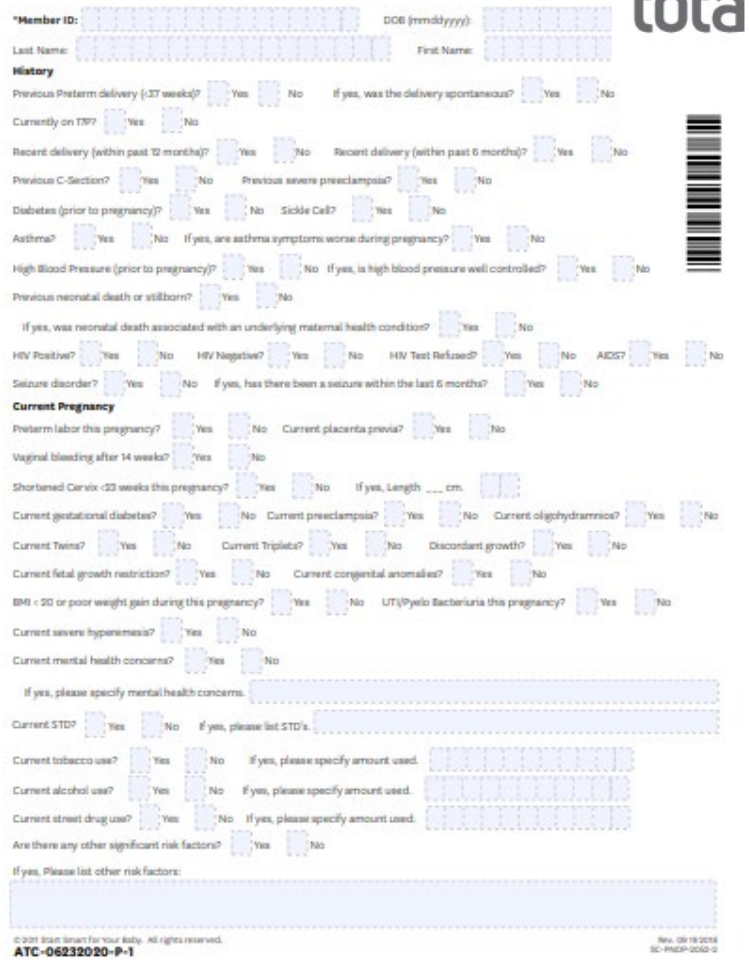

*Member ID: DOB (mmddyyyy):

Last Name: First Name:

History

Previous Preterm delivery (<37 weeks)? Yes No If yes, was the delivery spontaneous? Yes No

Currently on TIP? Yes No

Recent delivery (within past 12 months)? Yes No Recent delivery (within past 6 months)? Yes No

Previous C-Section? Yes No Previous severe preeclampsia? Yes No

Diabetes (prior to pregnancy)? Yes No Sickle Cell? Yes No

Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No

High Blood Pressure (prior to pregnancy)? Yes No If yes, is high blood pressure well controlled? Yes No

Previous neonatal death or stillborn? Yes No

If yes, was neonatal death associated with an underlying maternal health condition? Yes No

HIV Positive? Yes No HIV Negative? Yes No HIV Test Refused? Yes No AIDS? Yes No

Seizure disorder? Yes No If yes, has there been a seizure within the last 6 months? Yes No

Current Pregnancy

Preterm labor this pregnancy? Yes No Current placenta previa? Yes No

Vaginal bleeding after 14 weeks? Yes No

Shortened Cervix <23 weeks this pregnancy? Yes No If yes, Length ___ cm.

Current gestational diabetes? Yes No Current preeclampsia? Yes No Current oligohydramnios? Yes No

Current Twins? Yes No Current Triplets? Yes No Discordant growth? Yes No

Current fetal growth restriction? Yes No Current congenital anomalies? Yes No

BMI < 20 or poor weight gain during this pregnancy? Yes No UTI/Pyelo Bacteriuria this pregnancy? Yes No

Current severe hyperemesis? Yes No

Current mental health concerns? Yes No

If yes, please specify mental health concerns.

Current STD? Yes No If yes, please list STD's.

Current tobacco use? Yes No If yes, please specify amount used.

Current alcohol use? Yes No If yes, please specify amount used.

Current street drug use? Yes No If yes, please specify amount used.

Are there any other significant risk factors? Yes No

If yes, Please list other risk factors:

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ATC-06232020-P-1

Rev. 09 19 2018
SC-PNOP-2052-O

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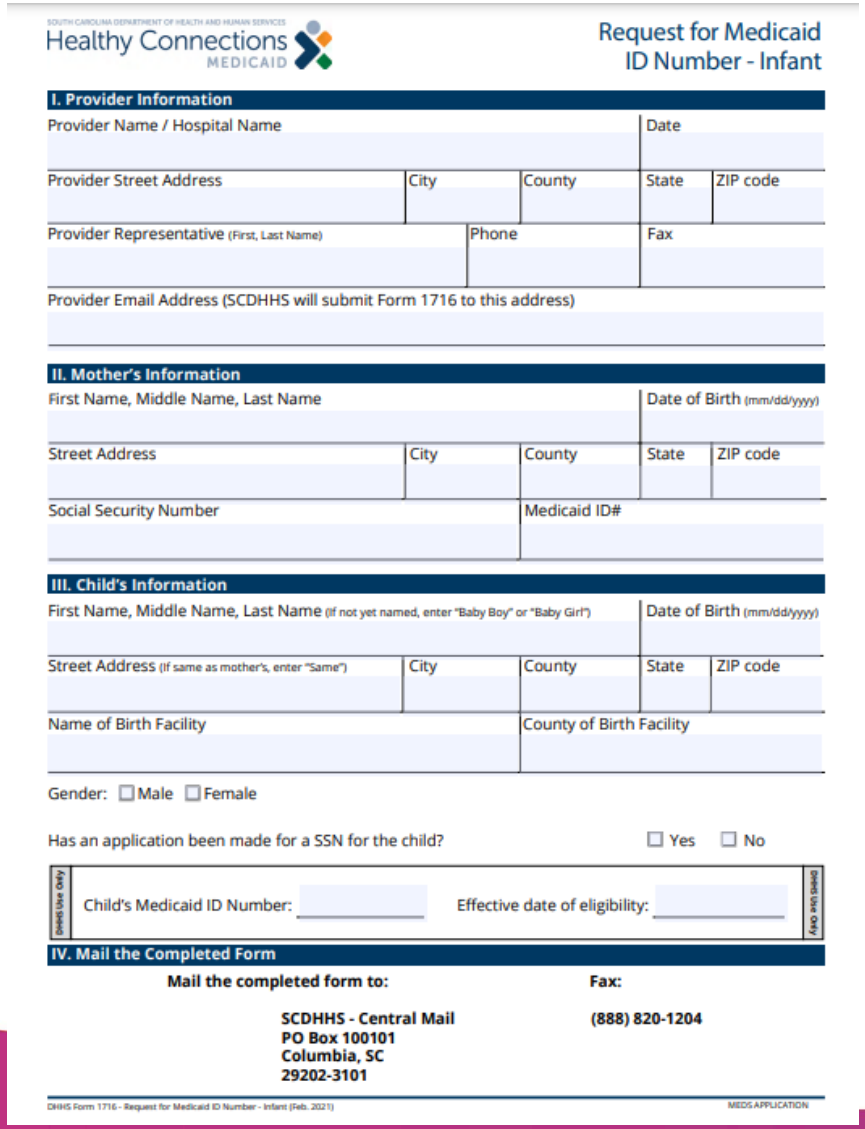
SC DHHS 1716 Form for Newborns



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Request for Medicaid ID Number - Infant

I. Provider Information

Provider Name / Hospital Name | Date

Provider Street Address | City | County | State | ZIP code

Provider Representative (First, Last Name) | Phone | Fax

Provider Email Address (SCDHHS will submit Form 1716 to this address)

II. Mother's Information

First Name, Middle Name, Last Name | Date of Birth (mm/dd/yyyy)

Street Address | City | County | State | ZIP code

Social Security Number | Medicaid ID#

III. Child's Information

First Name, Middle Name, Last Name (If not yet named, enter "Baby Boy" or "Baby Girl") | Date of Birth (mm/dd/yyyy)

Street Address (If same as mother's, enter "Same") | City | County | State | ZIP code

Name of Birth Facility | County of Birth Facility

Gender: ☐ Male ☐ Female

Has an application been made for a SSN for the child? ☐ Yes ☐ No

DHHS Use Only — Child's Medicaid ID Number: _____ Effective date of eligibility: _____ — DHHS Use ONLY

IV. Mail the Completed Form

Mail the completed form to:

SCDHHS - Central Mail
PO Box 100101
Columbia, SC
29202-3101

Fax:

(888) 820-1204

DHHS Form 1716 - Request for Medicaid ID Number - Infant (Feb. 2021) MEDS APPLICATION

ATC Provider Network Territory Assignment

Brandi Crosby, Provider Engagement Administrator II
(843) 518-3918, shunta.crosby@centene.com
Counties: Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper, Border GA-Savannah and MUSC

Camille Gray, Provider Engagement Administrator II
(803) 213-1661, Camille.L.Gray@centene.com
Counties: Aiken, Allendale, Bamberg, Barnwell, Calhoun, Edgefield, Lexington, Newberry, Saluda, Orangeburg and Border GA Counties (Augusta)

LaToya Jones, Provider Engagement Administrator II
(803) 553-7324, Latoya.Jones3@Centene.com
Counties: Cherokee, Greenville, Lancaster, Laurens, Spartanburg, Union, York and Border-NC

Porsha Lewis, Provider Engagement Administrator II
(803) 873-8691, Porsha.Lewis@centene.com
Counties: Chester, Fairfield, Kershaw, Lee, Richland, Sumter and Tenet Health

Regina Meade, Provider Engagement Administrator II
Regina.Meade@centene.com
Counties: Abbeville, Anderson, Greenwood, McCormick, Oconee, Pickens and Non-facility Labs

Sarah Wilkinson, Provider Engagement Administrator II
(843) 344-0009, Sarah.Wilkinson@centene.com
Counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Marion, Marlboro and Williamsburg

ATC Provider Network Territory Assignment

Janet Kimbrough, Provider Engagement Administrator III
(803) 873-4454, Janet.H.Kimbrough@centene.com

- *Provider Groups: Bon Secours St Francis, CenterWell Senior Primary Care, Pearl Health, Preferred Care of Aiken, Spartanburg Regional Health/Regional HealthPlus*

Tracey Snowden, Provider Engagement Administrator III
(803)606-5328 , Tracey.D.Snowden@centene.com

- *Provider Groups: Abbeville Medical Center, AnMed Health, Atrium Health, Galileo, Newberry Hospital, Self Regional, SC Oncology Associates*

Tonya Ruff, Provider Engagement Administrator III
(864) 492-5669, Tonya.C.Ruff@centene.com

- *Provider Groups: HCA Healthcare, Lexington Medical Center, McLeod Health, Palmetto Primary Care Physician, Prisma Health, Roper St. Francis Healthcare, SC Pediatric Alliance*

ATC Provider Network Territory Assignment

Adria Felder, Provider Engagement Administrator I
(803)315-8405, Adria.Felder@CENTENE.COM
Ambulatory/EMS, Health Network Solutions, Chiropractors, Long Term Acute Care, Rehabilitation Facility and Skilled Nursing Facilities

Anna Truesdale, Provider Engagement Administrator II
Cell: (803) 427-3260, Anna.Truesdale@CENTENE.COM
Federally Qualified Health Center (Statewide)

Kisha Thomas, Provider Engagement Administrator I
(803) 904-6430, Kisthomas@centene.com
Dialysis Centers and Ambulatory Surgery Centers

Neshelle Miller, Provider Engagement Administrator I
(803) 972-1460, Neshelle.Miller@centene.com
Durable Medical Equipment and Home Health (statewide)

Wendy McCrea, Provider Engagement Administrator II
803-260-7093, Wendy.McCrea@CENTENE.COM
Behavioral Health to include school districts, Department of Alcohol and Other Drug Abuse Services, SC Department of Mental Health

Wellcare Provider Profile Sheet

absolute total care™

WellCare Physician Profile Sheet

WellCare
Beyond Healthcare. A Better You.

Group/Practice Name: Tax ID:

Please list all providers that fall under this tax ID.

Provider Name, Specialty and Hospital Privileges

Full Name	NPI #	Degree	CAQH Number[1]	Specialty	PCP[2]	Date of Birth	Hospital Name(s) Where Provider Has Admitting Privileges	Provider Practice Locations A, B, C, D[3]
					☐ Yes ☐ No			
					☐ Yes ☐ No			
					☐ Yes ☐ No			
					☐ Yes ☐ No			
					☐ Yes ☐ No			

[1] *CAQH (Council for Affordable Quality Healthcare) provider ID is a unique number issued by this company to each individual provider enrolled in their program.*
[2] *Participating as Primary Care Physician (Yes or No)*
[3] *Indicate the letter of each location listed in the section below at which each provider renders services. Please indicate which is their primary office address by listing the letter for that location first (e.g., A, B or C; D or A only).*

	Provider Practice Locations – include suite and building numbers (not hospital addresses)	Contact Name	Phone Number	Fax Number
A				
B				
C				
D				

If you have more practitioners than the space above allows, you may submit multiple sheets by photocopying this template, or submit a provider roster that contains all of the above information.

Main Contact for Contract:

Main Contact's Phone Number:

PRO_55820E Internal Approved 10062020
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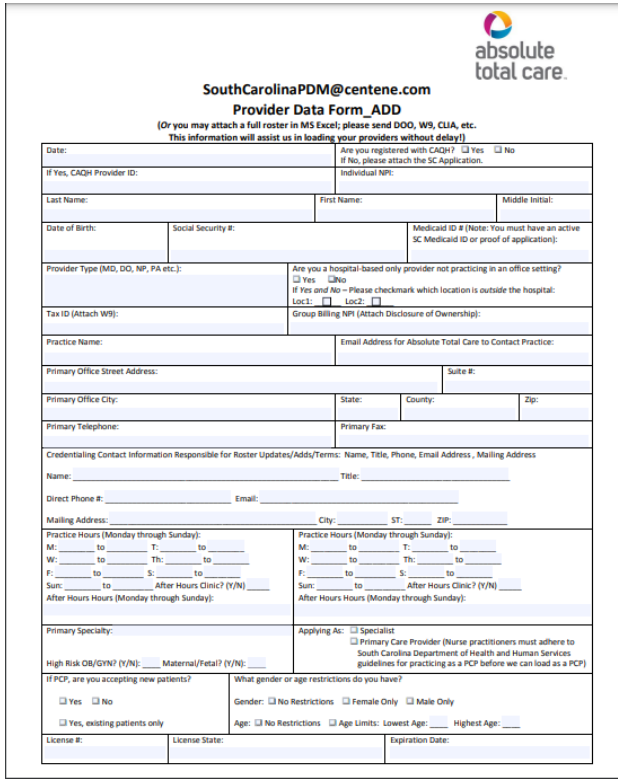
SC0PROFRM55820E_0000

ATC Provider Load Forms- New Add

Available on our website



absolute total care

SouthCarolinaPDM@centene.com

Provider Data Form_ADD

(Or you may attach a full roster in MS Excel; please send DOO, W9, CLIA, etc. This information will assist us in loading your providers without delay!)

Date:		Are you registered with CAQH? ☐ Yes ☐ No If No, please attach the SC Application.	
If Yes, CAQH Provider ID:		Individual NPI:	
Last Name:	First Name:		Middle Initial:
Date of Birth:	Social Security #:	Medicaid ID # (Note: You must have an active SC Medicaid ID or proof of application):	
Provider Type (MD, DO, NP, PA etc.):		Are you a hospital-based only provider not practicing in an office setting? ☐ Yes ☐No If *Yes and No* – Please checkmark which location is *outside* the hospital: Loc1: ☐ Loc2: ☐	
Tax ID (Attach W9):		Group Billing NPI (Attach Disclosure of Ownership):	
Practice Name:		Email Address for Absolute Total Care to Contact Practice:	
Primary Office Street Address:		Suite #:	
Primary Office City:	State:	County:	Zip:
Primary Telephone:	Primary Fax:		

Credentialing Contact Information Responsible for Roster Updates/Adds/Terms: Name, Title, Phone, Email Address , Mailing Address

Name: _____ Title: _____

Direct Phone #: _____ Email: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Practice Hours (Monday through Sunday): M: _____ to _____ T: _____ to _____ W: _____ to _____ Th: _____ to _____ F: _____ to _____ S: _____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):	Practice Hours (Monday through Sunday): M: _____ to _____ T: _____ to _____ W: _____ to _____ Th: _____ to _____ F: _____ to _____ S: _____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):
Primary Specialty: High Risk OB/GYN? (Y/N): ____ Maternal/Fetal? (Y/N): ____	Applying As: ☐ Specialist ☐ Primary Care Provider (Nurse practitioners must adhere to South Carolina Department of Health and Human Services guidelines for practicing as a PCP before we can load as a PCP)
If PCP, are you accepting new patients? ☐ Yes ☐ No ☐ Yes, existing patients only	What gender or age restrictions do you have? Gender: ☐ No Restrictions ☐ Female Only ☐ Male Only Age: ☐ No Restrictions ☐ Age Limits: Lowest Age: ____ Highest Age: ____

License #:	License State:	Expiration Date:

Are you board certified? ☐ Yes ☐ No	If Yes, board name:	Expiration Date:
W-9 Attached? (Check Mark) ___☐____	*Current* Disclosure of Ownership Attached? (Check Mark) ___☐____	Nurse Protocol & Preceptor Documents (if NP) Attached? (Check Mark or N/A) ☐ _____

Please list any medical related organizations you have ownership with (e.g., laboratory, home health agency, radiology facility, mobile testing, MRI, etc.) DOO has all Info (Check Mark) ___☐____

If you provide direct laboratory services, please indicate the TIN utilized and provide Clinical Laboratory Information Act (CLIA) information. Attach a copy of your CLIA certificate or waiver if you have one.

Do you have a CLIA Certificate Attached? ☐ Yes ☐ No	Do you have a CLIA waiver Attached? ☐ Yes ☐ No	Type of Service Provided:

Certificate #: Certificate Expiration Date:	CLIA Name: Tax ID (TIN) #:
Secondary Office Street Address **(include any additional locations on a separate page to order to load directory information or Mark N/A)**:	Suite #:

Secondary Office City:	State:	County:	Zip:
Secondary Telephone:	Secondary Fax:		

Practice Hours (Monday through Sunday): M:_____ to _____ T:_____ to _____ W:_____ to _____ Th:_____ to _____ F:_____ to _____ S:_____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):	Practice Hours (Monday through Sunday): M: _____ to _____ T: _____ to _____ W: _____ to _____ Th: _____ to _____ F: _____ to _____ S: _____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):
Additional Locations? (Please attach roster or additional information as above for any other locations)	Any additional information for Absolute Total Care?

Your responses will allow us to load your data appropriately and assist in preventing delays in processing your request.

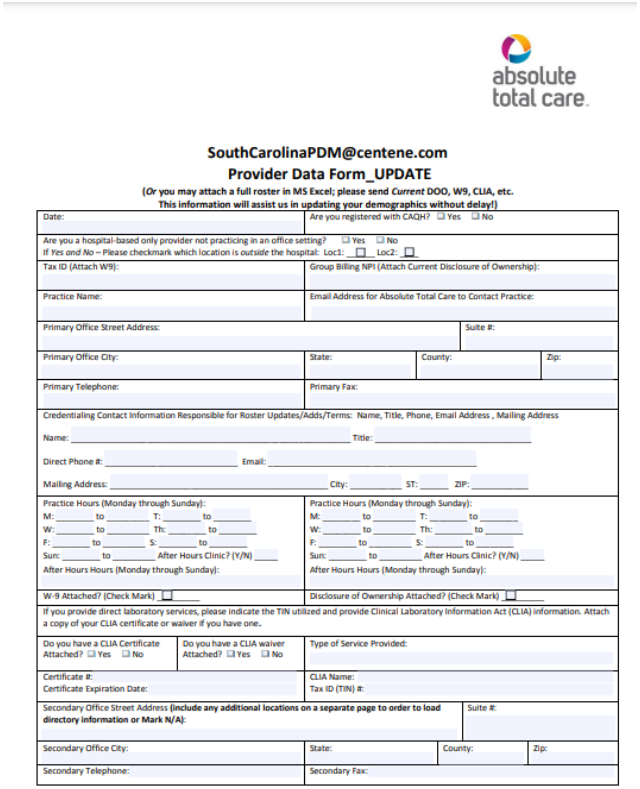
Thank you for participating in Absolute Total Care!

Respectfully,

The South Carolina PDM Team

ATC Provider Load Forms- Updates

Available on our website



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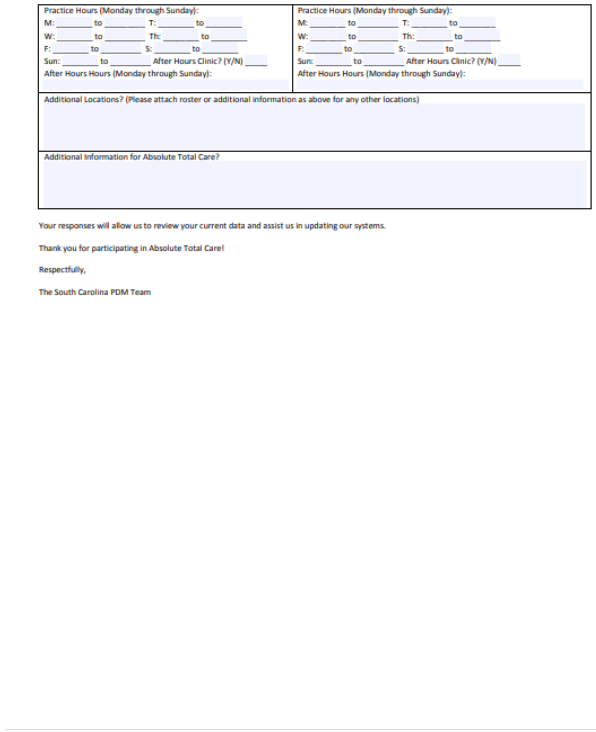
Provider Data Form_UPDATE

(*Or* you may attach a full roster in MS Excel; please send *Current* DOO, W9, CLIA, etc.
This information will assist us in updating your demographics without delay!)

Date:	Are you registered with CAQH? ☐ Yes ☐ No		
Are you a hospital-based only provider not practicing in an office setting? ☐ Yes ☐ No If *Yes and No* – Please checkmark which location is *outside* the hospital: Loc1: ☐ Loc2: ☐			
Tax ID (Attach W9):	Group Billing NPI (Attach Current Disclosure of Ownership):		
Practice Name:	Email Address for Absolute Total Care to Contact Practice:		
Primary Office Street Address:			Suite #:
Primary Office City:	State:	County:	Zip:
Primary Telephone:	Primary Fax:		
Credentialing Contact Information Responsible for Roster Updates/Adds/Terms: Name, Title, Phone, Email Address , Mailing Address Name: _____ Title: _____ Direct Phone #: _____ Email: _____ Mailing Address: _____ City: _____ ST: _____ ZIP: _____			
Practice Hours (Monday through Sunday): M: _____ to _____ T: _____ to _____ W: _____ to _____ Th: _____ to _____ F: _____ to _____ S: _____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):	Practice Hours (Monday through Sunday): M: _____ to _____ T: _____ to _____ W: _____ to _____ Th: _____ to _____ F: _____ to _____ S: _____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):		
W-9 Attached? (Check Mark) ☐	Disclosure of Ownership Attached? (Check Mark) ☐		
If you provide direct laboratory services, please indicate the TIN utilized and provide Clinical Laboratory Information Act (CLIA) information. Attach a copy of your CLIA certificate or waiver if you have one.			
Do you have a CLIA Certificate Attached? ☐ Yes ☐ No	Do you have a CLIA waiver Attached? ☐ Yes ☐ No	Type of Service Provided:	
Certificate #: Certificate Expiration Date:	CLIA Name: Tax ID (TIN) #:		
Secondary Office Street Address **(include any additional locations on a separate page to order to load directory information or Mark N/A):**			Suite #:
Secondary Office City:	State:	County:	Zip:
Secondary Telephone:	Secondary Fax:		



Practice Hours (Monday through Sunday): M: _____ to _____ T: _____ to _____ W: _____ to _____ Th: _____ to _____ F: _____ to _____ S: _____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):	Practice Hours (Monday through Sunday): M: _____ to _____ T: _____ to _____ W: _____ to _____ Th: _____ to _____ F: _____ to _____ S: _____ to _____ Sun: _____ to _____ After Hours Clinic? (Y/N) ____ After Hours Hours (Monday through Sunday):
Additional Locations? (Please attach roster or additional information as above for any other locations)	
Additional Information for Absolute Total Care?	

Your responses will allow us to review your current data and assist us in updating our systems.

Thank you for participating in Absolute Total Care!

Respectfully,

The South Carolina PDM Team

Adjournment