



Absolute Total Care NEW PROVIDER ORIENTATION

4/12/2023

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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Products and Services

Absolute Total Care Healthy Connections Medicaid



- Serving approximately 240,000 members statewide

- 2023 Benefit Highlights:
 - Telehealth services for medical and behavioral health*
 - Copay waived for medically necessary COVID-19 testing
 - Sports physicals – one per calendar year

- My Health Pays Rewards- Members can earn \$5 to \$50 by completing healthy behaviors
 - <https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell.html>

*ongoing continuation is being evaluated based on Public Health Emergency (PHE)

Wellcare Prime by Absolute Total Care



- Serving approximately 3,800 dual-eligible members (age 65+)

- 2023 Benefit Highlights:
 - State-wide service area
 - Telehealth services for medical and behavioral health
 - Transportation: Unlimited one-way rides to plan-approved locations
 - Over-the-counter: \$100 per calendar quarter
 - Hearing: One hearing aid per calendar year
 - Fitness: Up to \$250 toward gym membership

- My Health Pays Rewards - Members can earn \$20 by completing healthy behaviors
 - <https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell.html>

Ambetter from Absolute Total Care



FROM



- Health Insurance Marketplace
- Serving approximately 100,000 members statewide
- 2023 benefit highlights:
 - \$0 copay for telehealth services for medical care
 - Health Savings Accounts
 - Dental and routine vision buy-ups available
 - Virtual plan option
- Balance billing protection via the “No Surprises Act”

Ambetter Virtual Access



FROM



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

VIRTUAL ACCESS



FROM



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

Policy #: [XXXXXXXX]
Member ID #: [XXXXXXXXXXXXXX]
Effective Date: [00/00/00]

VIRTUAL ACCESS

Teladoc Virtual Access App

Ambetterhealth.com/copays
PCP: [\$0 Virtual/\$10 In-person copay after [\$600] ded.]
Specialist: [\$25 coin. after [\$600] ded.]
Rx (Generic/Brand): [\$5/\$25 after [\$600] Rx ded.]
Urgent Care: [20% coin. after [\$600] ded.]
ER: [\$250 copay after [\$600] ded.]
Max Out-of-Pocket: [\$25,000]

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

RXBIN: 004336
RXPCN: ADV
RXGROUP: RX5445

REFERRAL FROM PCP REQUIRED FOR SPECIALIST

Ambetter.SunshineHealth.com

Member/Provider Services: 1-877-687-1169
(Relay Florida 1-800-955-8770)
24/7 Nurse Line: 1-877-687-1169

Numbers below for providers:
Pharmacy Help Desk: 1-888-304-9081
EDI Payor ID: 68069

Medical Claims Address:
Sunshine Health
Attn: CLAIMS
PO Box 5010
Farmington, MO
63640-5010

Scan to receive 20% off
Walgreens brand health and
wellness items*

* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.

Amb22-FL-C-00013

Ambetter from Sunshine Health is underwritten by Sunshine Health Plan, Inc.
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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.

HMO with Point-of-Service Option (HMO-POS) – The point-of-service (POS) benefit allows Members to access most Medicare-covered, Medically Necessary services from non-network providers, and they are entitled to use their POS option anywhere in the United States.

State	Services NOT covered by POS benefit
Arkansas, , Florida, Georgia, Illinois, Kentucky, Michigan, Mississippi, New Jersey, Ohio, South Carolina, Tennessee, and Texas	Services not covered by Medicare

Wellcare Medicare Advantage PPO



With the Wellcare Medicare Advantage PPO plan, members enjoy the freedom to receive healthcare services from Medicare providers of their choice. 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

- The Wellcare Medicare Advantage PPO plan offers members flexibility as they navigate their care journeys. PPO members don't need a referral from a 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

Transition to Wellcare



CLAIMS SUBMISSIONS DATE OF SERVICE GUIDANCE

Date of Service	Health Plan	Health Plan Name	Transaction Type	Paper Claim Submissions	
Before 01/01/2023	Wellcare by Allwell Medicare	Wellcare No Premium (HMO) Wellcare Dual Liberty (HMO D-SNP) Wellcare Dual Access (HMO D-SNP)	Fee-For-Service & Encounter	EDI	Payer ID 68069
				Portal	https://www.absolutetotalcare.com/login.html
				Paper	Absolute Total Care P.O. Box 3060 Farmington, MO 63640
After 01/01/2023	Wellcare	Wellcare No Premium (HMO) Wellcare Assist (HMO) Wellcare Dual Liberty (HMO D-SNP)	Fee-For-Service	EDI	Payer ID 14163
				Portal	https://provider.wellcare.com/Provider/Login
				Paper	Wellcare Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372
After 01/01/2023	Wellcare	Wellcare No Premium (HMO) Wellcare Assist (HMO) Wellcare Dual Liberty (HMO D-SNP)	Encounter	EDI	Payer ID 59354
				Portal	https://provider.wellcare.com/Provider/Login
				Paper	Wellcare Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372

Annual Provider Training Requirements



Absolute Total Care partners with all 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

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

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



Healthy Connections
PRIME



- 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

Absolute Total Care Website



www.absolutetotalcare.com

For Providers section:

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

A screenshot of the Absolute Total Care website. A large grey arrow points from the top right towards the navigation menu. The website header includes the Absolute Total Care logo, a search bar, and navigation links for Home, Find a Provider, Login, Careers, and Contact. Below the header is a navigation menu with three main categories: "FOR MEMBERS", "FOR PROVIDERS", and "GET INSURED". Under "FOR PROVIDERS", there is a sub-menu with "Health Insurance Marketplace", "Medicaid Plan", "Medicare-Medicaid Plan", and "Medicare Advantage". The main content area features a banner with a background image of a child on a swing. The banner text reads "One Plan. Always Covered." and "Our health insurance programs are committed to transforming the health of the community one individual at a time." Below the banner is a section titled "Coronavirus: What you need to know" with a brief description of COVID-19 and a link to learn more. At the bottom of the page, there are three circular icons: a caduceus symbol, the "ambetter." logo, and the "allwell." logo.

Absolute Total Care Secure Provider Portal



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

Get Started With EntryKeyID

Welcome to our new EntryKeyID log in tool. No more security questions. Simply use your email address to verify who you are. You can reset your password and unlock your account. Please note: We will send you an email to set your new password. In some cases, delivery of change password and other account related emails is currently taking longer than expected. We are working to improve the delivery and reduce any delays.

English



Log In

Username (Email)

LOG IN

[Create New Account](#)



[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2021 Centene

Absolute Total Care Secure Provider Portal



A screenshot of the Absolute Total Care Provider Portal. The top navigation bar includes the Medicare logo (circled in red), a dropdown menu for "Viewing Dashboard For" (set to "TIN"), and a dropdown menu for "Absolute Total Care Behavioral Health from Absolute Total Care" (set to "SC - Medicare / MMP", also circled in red). The main content area features a yellow warning box, a pink note box, a "Quick Eligibility Check for SC - Medicare / MMP" section with input fields for Member ID or Last Name and Birthdate, and a "Recent Claims" table. The right sidebar contains a "Welcome" section with navigation links, a "Recent Activity" table, and a "Quick Links" section with links to "Model of Care Provider Training" and "High Risk Medications".

Updated logo and plan name in
drop down

Medicare Advantage and MMP
Members

Absolute Total Care Secure Provider Portal



Viewing Patients For : Find Patient

[Back to Jane22263 Doe22263](#) As we scroll through you will see there is a lot of information on this screen.

Overview

- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Coordination of Benefits
- Claims

Patient Information

Name: Jane22263 Doe22263
Gender: F
Birthdate: Feb 4, 1959
Age: 54 years old
Medicaid #: 099577407
Address: 13594795 Main Street
AllCities08111, IL 08111

Eligibility History

Start Date	End Date	Product Name
Feb 1, 2013	Ongoing	LTC Non-Dual
Oct 1, 2012	Jan 31, 2013	SSI Non-Dual
Jul 1, 2011	Sep 30, 2012	SSI Non-Dual

Care Gaps

DM - No nephroathy screening in past 12 mos

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

- o Absolute Total Care 1-866-433-6041 (Medicaid)
- o Wellcare by Allwell 1-855-766-1497 (Medicare)
- o Ambetter by Absolute Total Care 1-833-270-5443 (Marketplace)
- o Wellcare Prime by Absolute Total Care 1-855-735-4398 (Medicare-Medicaid Plan)
- o Wellcare Medicare 1-866-270-5223 (Medicare)

Absolute Total Care Secure Provider Portal

Authorizations and Claims



HEALTH PLAN SHOWCASE

Claims Messaging Billing Rep

Smart Sheets Create Authorization

A list of all authorizations submitted in the last 90 days is displayed.
Note: There could be multiple pages of authorizations at the bottom of the list.

Authorizations Processed Errors Important Search

Authorization Number: Search

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	AUTH TYPE	SERVICE
APPROVE	IP0080390157	John150 Doe550	02/20/2013	12/31/9999	INPATIENT	Medical
APPROVE	IP0080398128	John6756 Doe1256	02/20/2013	02/21/2013	INPATIENT	Medical
PEND	IP0079509332	John1070 Doe9469	02/15/2013	12/31/9999	INPATIENT	Medical
APPROVE	IP0080468777	John716 Doe44	02/10/2013	12/31/9999	INPATIENT	SNF-Custodial

Viewing Claims For : Upload EDI Create Claim

Claims Individual Saved Submitted Batch Multiple Payment History My Downloads Claims Audit Tool Filter

Payment History

Search for claim payments posted between 10/18/2011 and 04/18/2013. Data available online is limited to the last 18 months.

Instructions: Enter Search Criteria, then click the "Search" button. For best results, enter the date range to include at least 2 days before and 2 days after the targeted date(s).

With a Check/Trace Date between 01/18/2013 and 04/18/2013 With an Amount between and

Check/Trace number Search

To search, enter one or more of the following search criteria. The Submission Date range you provide is limited to a three-month span. Only the last 18 months of claims data is available online.

Transaction activity for the last three month span is listed below.

Transactions

All activity posted to your account between 01/18/2013 and 04/18/2013.

Instructions: To view transaction details, click the check date.

Absolute Total Care Secure Provider Portal

Provider Reconsideration



Viewing Claims For: [Dropdown] Nebraska Total Care [GO] [Upload EDI] [Create Claim]

Claim Details

Claim # [Redacted] Denied

Claim Accepted
In Process
Denied

Member		Provider		Claim	
Member Name:	[Redacted]	Ref/Act No.:	[Redacted]	DOS Range:	01/22/2019 - 01/22/2019
Member ID:	[Redacted]	Servicing Provider:	[Redacted]	Received Date:	01/25/2019
Member DOB:	[Redacted]	Servicing NPI:	[Redacted]	Billed Amount:	\$160.00

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	01/22/2019	99213	B8213Z D, B82112 D, W010X XD		22	\$160.00	\$0.00	02/01/2019		VOID	L6

Reconsider Claim

Claim No: [Redacted]

For reconsiderations only. Not for appeals/Claim disputes.
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.
Any submission on this form will be treated as a reconsideration.
Please refer to your Provider Manual.

Reconsideration Type

Select Reconsideration Type... [Dropdown]

Reconsider Claim

Claim No: S025NEE07212

Reconsideration type

Select Reconsideration Type... [Dropdown]

- Select Reconsideration Type...
- Denied for a Global/Unbundled Procedure
- Denied for Untimely Filing

Claim Details

Reconsider Claim

Claim No: [Redacted]

Reconsideration Type

Other [Dropdown]

Notes

Brief Explanation Required

Test

245 Characters Left

Upload Documents

Choose Files

Uploaded Files

SampleFile1.jpeg SampleFile2.pdf

Email Updates

Check here to receive email status updates for this reconsideration.

Note: Please upload files less than 5MB each and supported file formats are PDF, TIFF, TIF, JPEG, JPG

INFORMATIONAL RE-ADJUDICATION PROCESS EX CODE



Wellcare Website and Secure Portal

Wellcare Website



The screenshot shows the Wellcare website homepage for South Carolina. At the top, there is a navigation bar with the Wellcare logo, a search bar labeled "Search Wellcare", and links for "Login / Register", "Contact Us", and "Help". The location is set to "South Carolina" and the language to "English". Below the navigation bar, there are menu items for "Need a Plan", "Members", "Providers", and "Corporate", along with a "Find a Provider/Pharmacy" button. The main content area features a large banner with the text "Healthcare done well." and a button for "2022 Medicare and PDP Compare Plans and Enroll Now". The banner includes a photograph of a young girl being kissed on the cheek by two women. Below the banner, there are three columns of text: "Notice of Non-Discrimination", "Coronavirus (COVID-19)", and "Wellcare By Allwell".

Wellcare Website



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

A screenshot of the Wellcare website. At the top, there is a grey navigation bar with the Wellcare logo on the left, a search bar in the center, and links for "Contact Us", "Help", "South Carolina", and "English" on the right. Below the navigation bar, there are four main menu categories: "Need a Plan", "Members", "Providers", and "Corporate". A dark blue button labeled "Find a Provider/Pharmacy" is positioned to the right of these categories. The main content area is divided into four columns: "Getting Started" (with links like "Welcome to Wellcare", "Contact Us Form", "Non-Wellcare Providers"), "Medicare" (with links like "Overview", "Claims", "Authorizations", "Forms", "Pharmacy", "Quality", "Secure Login"), "Tools" (with links like "Authorization Lookup", "Clinical Guidelines"), and "News and Education" (with links like "Bulletins", "Newsletters", "ICD-10 Compliance"). Below this menu is a banner image showing a person's hands being examined. At the bottom, there are three informational cards: "Notice of Non-Discrimination", "Coronavirus (COVID-19)", and "Wellcare By Allwell". Each card has a brief description and a "Learn More" or "View Wellcare By Allwell Plans" button.

Wellcare Secure Provider Portal



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

wellcare™ Provider Portal

▼ A A ▴ Download & Print

Provider Login

Username*

Password*

Login

Not registered? [Register an account](#)

[Forgot Password?](#)

[Forgot Username?](#)

Thank you for using our Provider Portal.

Do you know about our **live agent chat feature**? Live-agent chat is the easiest and fastest way to get real-time support for an array of topics, including:

- Member Eligibility
- Claims adjustments
- Authorizations
- Escalations

You can even print your chat history to reference later!

We encourage you to take advantage of this easy-to-use feature.

If you are having difficulties registering please click the "Chat with an Agent" button to receive assistance.

*NOTE: The secure provider portal is for participating Wellcare providers only.

Wellcare Secure Portal

Home Screen



[Home](#)

[My Patients](#)

[Care Management](#) ▾

[Claims](#) ▾

[My Practice](#) ▾

[Resources](#) ▾

Search the portal



Help

▾ A A ▴

Download & Print

Welcome

We are glad you are with us today

[Access Resources And Bulletins On Our Website](#)



Find a Member

Find your patients and check eligibility

[Go To My Patients](#)



Authorizations and Referrals

See recent authorizations, referrals and care plans

[Go To Care Management](#)



Claims

Check claim status and submit claims and appeals

[Go To Claims](#)

Secure Inbox

You have 0 new messages

[Go To Inbox](#)

Provider Training

Find trainings and its related information

[Go To Trainings](#)

Wellcare Secure Portal

Eligibility and Member Information



Home

My Patients

Care Management ▾

Claims ▾

My Practice ▾

Resources ▾

Search the portal



My Patients

[← Back To Home](#)

Help

Check Member Eligibility

This section allows you to search for members and check eligibility.

If you need additional assistance, please select the Help button. There, you can access FAQs or select your state and plan to chat with a Customer Service agent.

Select search criteria to find a member

Member ID ▾

Member ID

Medicaid ID

Medicare ID

Check patient eligibility on this date

11/04/2022



Enter multiple member IDs to display

Search

Wellcare Secure Portal

Claims



Claims

[Help](#) [A](#) [A](#)

If you are experiencing issues submitting claims on the portal, you may also submit claims electronically via electronic data interchange (EDI) or direct data entry (DDE).

EDI: Change Healthcare manages all EDI for WellCare. Please contact Change Healthcare directly at 1-877-411-7271, or your vendor may call 1-800-527-8133.

DDE: ConnectCenter for physicians offers a free DDE web service for WellCare.

Sign up at: <https://connect.relayhealth.com> using vendor code 212750.

You can access your Explanation of Payment (EOP)/Remit on the [Payspan website](#).

Draft Claims

Drafts that have not been submitted are shown below. Open draft claim to complete or cancel.

Member Id	Date Started	Delete
No drafted claims found		
◀ ◀ 0 ▶ ▶ 3 items per page No items to display		

New Professional Claim

New Institutional Claim

Search Submitted Claims

Search Type

WCN Number

Enter up to 10 values separated by commas

Service Date

Select

Search



Wellcare Secure Portal

Authorizations

Care Management



Search for status of previously submitted authorizations and referrals. Newly submitted authorizations may take up to 48 hours to be available for view of status in the portal.

Medical Authorizations

Referrals

Drug Authorizations

Search by

Authorization ID ▼

Authorization ID

Search

- Create Referral
- Create Authorization
- Submit Institutional Claim
- Submit Professional Claim
- SureScripts
- Wellcare.com

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)
 - Wellcare by Allwell 1-855-766-1497 (Medicare)
 - 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.

Appointment Access Standards (Medicaid)



Primary Care Provider Appointment Type	Access Standards
Routine Visits	Within four to six 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, seven days a week, or triage system approved by ATC
Office wait time	Not to exceed 45 minutes
Walk-appointments/non-urgent	Should be seen if possible or scheduled for an appointment

Appointment Access Standards (Medicaid)



Specialty care Provider Appointment Type	Access Standards
Routine Visits	Within four to twelve 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, seven days a week, or triage system approved by ATC

Appointment Access Standards (Medicaid)



Behavioral Health Specialist Appointment Type	Access Standards
Initial visit for routine care	Within 10 business days
Follow-up routine care	Within 30 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

Appointment Access Standards (Medicare)



Appointment Type	Access Standards
PCP - Urgent	≤ 24 Hours
PCP - Non-Urgent	≤ 1 week
PCP - Regular and Routine	≤ 30 calendar days
PCP – After-hours Care	24 hours per day, 7 days per week
Specialist (High Volume) Urgent	≤ 48 hours
Specialist (High Impact) Urgent	≤ 48 hours
Specialist (High Volume) Regular and Routine	≤ 30 calendar days
Specialist (High Impact) Regular and Routine	≤ 30 calendar days

Appointment Access Standards (Medicare-con't)



Appointment Type	Access Standards
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 – Routine Care follow –up	≤ 30 days
In office wait time	Not to exceed 15 minutes

Appointment Access Standards (Marketplace)



Appointment Type	Access Standards
PCPs – Routine Visits	30 Calendar days
PCPs – Adult Sick Visit	48 hours
PCPs – Pediatric Sick Visit	24 hours
Behavioral Health – Non-Life-Threatening Emergency	Six 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 a day, seven days a week by answering service or instructions on how to reach a physician
Emergency Providers	24 hours a day, seven days a week
Wait Times	Not to exceed 30 minutes



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:

Line of Business	Electronic Claim Submission	Paper Claim Submission															
Medicare Advantage	<p>Register online using the simplified, enhanced provider registration process at PaySpan.com or call 1-877-331-7154</p> <p>Or</p> <p>Change Healthcare EDI Clearinghouse 1-877-411-7271.</p> <p>CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)</p> <table border="1"> <thead> <tr> <th>Claim Type</th> <th>Fee-for-Service (CH - Chargeable) Submissions</th> <th>Encounter (RF - Reporting only) Submissions</th> </tr> </thead> <tbody> <tr> <td>Professional</td> <td>1844</td> <td>3211</td> </tr> <tr> <td>Institutional</td> <td>8551</td> <td>4949</td> </tr> </tbody> </table> <p>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:</p> <ul style="list-style-type: none"> 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 border="1"> <thead> <tr> <th>Claim Type</th> <th>FFS (CH - Chargeable) Submissions</th> <th>Encounter (RF - Reporting only) Submissions</th> </tr> </thead> <tbody> <tr> <td>Professional or Institutional</td> <td>14163</td> <td>59354</td> </tr> </tbody> </table>	Claim Type	Fee-for-Service (CH - Chargeable) Submissions	Encounter (RF - Reporting only) Submissions	Professional	1844	3211	Institutional	8551	4949	Claim Type	FFS (CH - Chargeable) Submissions	Encounter (RF - Reporting only) Submissions	Professional or Institutional	14163	59354	<p>Wellcare Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372</p>
Claim Type	Fee-for-Service (CH - Chargeable) Submissions	Encounter (RF - Reporting only) Submissions															
Professional	1844	3211															
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Claim Type	FFS (CH - Chargeable) Submissions	Encounter (RF - Reporting only) Submissions															
Professional or Institutional	14163	59354															

Claim Adjustments, Reconsiderations and Disputes



Claim Adjustments: Requests to change the initial claim

Reconsiderations: Submitted when a provider disagrees with how a clean or adjusted claim was processed

Disputes: Submitted when a provider has received an unsatisfactory response to a previous reconsideration request

Provider Timeframes Claim Adjustments, Reconsiderations and Disputes



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



	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

Mailing Address

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

*from date of service

**Waiver of Liability required

***from date of last processed claim

Wellcare Provider Timeframes, Claim Adjustments and Disputes



	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/rec credentialing 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/rec credentialing 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



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



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

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

***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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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 Member ID Card



 **Healthy Connections** 

Pharmacy Help Desk:
1-800-930-5512
RXBIN: 020545
RXPCN: RXA378
RXGROUP: RXGMCSC01

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

go to the nearest emergency room.

1-866-433-6041
1-866-433-6041
1-800-930-5512
1-866-433-6041
1-866-433-6041

imaging, x-rays, radiology.
DME, Home Health, Infusion:

Billing Address: PO Box 3050, Farmington, MO 63640-3821

Website: absolutetotalcare.com

Ambetter from Absolute Total Care Member ID Card (2023)



FROM



Core ID Cards

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

Policy #: [XXXXXXXXXX]
Member ID #: [XXXXXXXXXXXXXXXXXX]
Effective Date: [00/00/00]

[Ambetter.com/copays]

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

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

RXBIN: [004336]
RXPCN: [ADV]
RXGROUP: [RX5485]

REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST

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

Numbers below for providers:
Pharmacy Help Desk: 1-855-266-3490
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
Claims Department
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.

AM822-SC-C-00013
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Virtual ID Cards

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

Policy #: [XXXXXXXXXX]
Member ID #: [XXXXXXXXXXXXXXXXXX]
Effective Date: [00/00/00]

VIRTUAL ACCESS

[Ambetter.com/copays]

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

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

RXBIN: [004336]
RXPCN: [ADV]
RXGROUP: [RX5485]

REFERRAL FROM PCP REQUIRED FOR SPECIALIST

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

Numbers below for providers:
Pharmacy Help Desk: 1-855-266-3490
EDI Payor ID: 68069

Medical Claims Address:
Absolute Total Care
Claims Department
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.

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Medicare-Wellcare Member ID Card (2023)



HMO and HMO DSNP

PPO

 [Wellcare Plan Name]
[Plan Contract PBP]
Card Effective Date: 01/01/2023

Member: **SAMPLE A SAMPLE**
Member ID: **23456789** Issuer: **80840** Policy #: [xx123]
You can see any PCP on our Network
PCP Name: ALLISON SMITH
PCP Phone: [x-xxx-xxx-xxxx]
[IPA:]
[IPA NAME] [IPA123]

PCP Office Visit: [\$x]


RXBIN: [xxxxx]
RXPCN: MEDDADV
RXGRP: [xxxxx]
Card Issued: 10/15/2022

FOR MEMBERS
For questions or to change your PCP: [x-xxx-xxx-xxxx]
Member Services: [x-xxx-xxx-xxxx] TTY: 711
Nurse Advice Line: [x-xxx-xxx-xxxx]

FOR PROVIDERS
Provider Service: [x-xxx-xxx-xxxx]
Vision (For Providers and Members): [x-xxx-xxx-xxxx]
Dental (For Providers and Members): [x-xxx-xxx-xxxx]

SUBMIT MEDICAL CLAIMS TO
Wellcare Health Plans Attn: Claims Department PO Box 31372
Tampa, FL 33631-3372
Payor ID: 14163
Your current co-pay, PCP and benefit details can be found online/mobile app:
www.wellcare.com/medicare

FOR EMERGENCIES
Dial 911 or go to the nearest Emergency Room.

 [Wellcare Plan Name]
[Plan Contract PBP]
Card Effective Date: 01/01/2023

Member: **SAMPLE A SAMPLE**
Member ID: **23456789** Issuer: **80840** Policy #: [xx123]

[IPA:]
[IPA NAME] [IPA123]

In Network PCP Office Visit: [\$x]
Out Of Network PCP Office Visit: [\$x]


RXBIN: [xxxxx]
RXPCN: MEDDADV
RXGRP: [xxxxx]
Card Issued: 10/15/2022

FOR MEMBERS
For questions or to change your PCP: [x-xxx-xxx-xxxx]
Member Services: [x-xxx-xxx-xxxx] TTY: 711
Nurse Advice Line: [x-xxx-xxx-xxxx]

FOR PROVIDERS
Provider Service: [x-xxx-xxx-xxxx]
Vision (For Providers and Members): [x-xxx-xxx-xxxx]
Dental (For Providers and Members): [x-xxx-xxx-xxxx]

SUBMIT MEDICAL CLAIMS TO
Wellcare Health Plans Attn: Claims Department PO Box 31372
Tampa, FL 33631-3372
Payor ID: 14163
Your current co-pay, PCP and benefit details can be found online/mobile app:
www.wellcare.com/medicare

FOR EMERGENCIES
Dial 911 or go to the nearest Emergency Room.

Wellcare Classic Prescription Drug Plan Member ID Card (2023)



 **Prescription Drug Plan**
[Wellcare Plan Name]
[Wellcare PBP]

Member: **SAMPLE A SAMPLE**
Member ID: **23456789**
Issuer: **80840**

MedicareRx
Prescription Drug Coverage

RXBIN: [xxxxxx]
RXPCN: MEDDADV
RXGRP: [xxxxxx]

Card Issued: 11/01/2022



If you have a medical emergency, dial 911 or go to the nearest emergency room.



Your current benefit details can be found online:
www.wellcare.com/PDP

Member Services: [x-xxx-xxx-xxxx] TTY: 711
Provider Service: [x-xxx-xxx-xxxx]
CVS Caremark® – Mail Service: [x-xxx-xxx-xxxx]

Submit Part D Claims To:
Wellcare Health Plans Attn: Claims Department
P.O. Box 31372 Tampa, FL 33631-3372

Wellcare Prime by Absolute Total Care (MMP) Member ID Card (2023)



Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

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

MedicareRx Prescription Drug Coverage

RxBIN: 004336
RxPCN: MEDDADV
RxGRP: RX8143
RxID: <RxID#2>

at all times and present it each time you receive a service
acy, dentist, etc.

Member Services: 1-855-735-4398 (TTY: 711)
Behavioral Health: 1-855-735-4398 (TTY: 711)
Pharmacy Help Desk: 1-888-865-6567 (TTY: 711)
24-Hr Nurse Line: 1-855-735-4398 (TTY: 711)
Pharmacy Prior Auth: 1-800-867-6564 (TTY: 711)
Website: mmp.absolutetotalcare.com

Send Claims To: Medical Claims: Wellcare Prime (MMP)
P.O. Box 3060 Farmington, MO 63640-4402

Claim Inquiry: Pharmacy Claims: Wellcare Prime (MMP)
Attn: Member Reimbursement Dept.
P.O. Box 31577 Tampa, FL 33631-3577
<1-855-735-4398 (TTY: 711)>

Medicare – Wellcare by Allwell Member ID Card



<Wellcare By Allwell> <Wellcare No Premium Medicare (HMO)> CMS #: <H1436-XXX> Effective Date: <MM/DD/YYYY>	
MEMBER INFORMATION Name: <First MI Last> Member ID #: <XXXXXXXXXX-XXXX> Issuer ID: <80840> <9151014609>	PHARMACY INFORMATION MedicareRx <i>Prescription Drug Coverage</i> Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8917>
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>	DR EMERGENCIES Call 911 or go to the nearest emergency room (ER).
FOR PROVIDERS For Member eligibility and Medical prior auth/referrals: <1-855-766-1497> Enroll/Dental (For Providers and Members): <1-844-617-2618> Enroll/Vision (For Providers and Members): <1-855-769-6829> Medical Claims: <Wellcare By Allwell> <Attn: Claims> Payor ID: <88069> <P.O. Box 3060 Farmington, MO 63640-3822>	
Pharmacy prior auth: <1-800-867-6564> For help: (PHARMACY USE ONLY) <1-888-865-6567> Submit Part D Drug Claims to: <Wellcare By Allwell> <Attn: Member Reimbursement Dept> <P.O. Box 31577> <Tampa, FL> <33631-3577>	

<Wellcare By Allwell> <Wellcare Dual Access (HMO D-SNP)> CMS #: <H1436-005> Effective Date: <MM/DD/YYYY>	
MEMBER INFORMATION Name: <First MI Last> Member ID #: <XXXXXXXXXX-XXXX> Issuer ID: <80840> <9151014609>	PHARMACY INFORMATION MedicareRx <i>Prescription Drug Coverage</i> Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8917>
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>	DR EMERGENCIES Call 911 or go to the nearest emergency room (ER).
Transportation: <1-855-766-1497 (TTY: 711)>	
FOR PROVIDERS For Member eligibility and Medical prior auth/referrals: <1-855-766-1497> Enroll/Dental (For Providers and Members): <1-844-617-2618> Enroll/Vision (For Providers and Members): <1-855-769-6829> Medical Claims: <Wellcare By Allwell> <Attn: Claims> Payor ID: <88069> <P.O. Box 3060 Farmington, MO 63640-3822>	
Pharmacy prior auth: <1-800-867-6564> For help: (PHARMACY USE ONLY) <1-888-865-6567> Submit Part D Drug Claims to: <Wellcare By Allwell> <Attn: Member Reimbursement Dept> <P.O. Box 31577> <Tampa, FL> <33631-3577>	

<Wellcare By Allwell> <Wellcare Dual Liberty (HMO D-SNP)> CMS #: <H1436-007> Effective Date: <MM/DD/YYYY>	
MEMBER INFORMATION Name: <First MI Last> Member ID #: <XXXXXXXXXX-XXXX> Issuer ID: <80840> <9151014609>	PHARMACY INFORMATION MedicareRx <i>Prescription Drug Coverage</i> Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8917>
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>	DR EMERGENCIES Call 911 or go to the nearest emergency room (ER).
Transportation: <1-855-766-1497 (TTY: 711)>	
FOR PROVIDERS For Member eligibility and Medical prior auth/referrals: <1-855-766-1497> Enroll/Dental (For Providers and Members): <1-844-617-2618> Enroll/Vision (For Providers and Members): <1-855-769-6829> Medical Claims: <Wellcare By Allwell> <Attn: Claims> Payor ID: <88069> <P.O. Box 3060 Farmington, MO 63640-3822>	
Pharmacy prior auth: <1-800-867-6564> For help: (PHARMACY USE ONLY) <1-888-865-6567> Submit Part D Drug Claims to: <Wellcare By Allwell> <Attn: Member Reimbursement Dept> <P.O. Box 31577> <Tampa, FL> <33631-3577>	



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



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.



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

Page 1 of 4



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

PAY TO:



Payee ID: UDEF
 IRS#: [REDACTED]

Insured Name:	[REDACTED]	Mbr No:	[REDACTED]	MRN:	[REDACTED]	Claim/Ctrl No:	[REDACTED]
Patient Name:	[REDACTED]	SvcProv No:	[REDACTED]			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:



Payee ID: [REDACTED]
IRS#: [REDACTED]

Insured Name:	[REDACTED]	Mbr No:	[REDACTED]	MRN:	[REDACTED]	Claim/Ctrl No:	[REDACTED]
Patient Name:	[REDACTED]	SvcProv No:	[REDACTED]	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 \$86.87	\$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 \$86.87	\$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 \$86.87	\$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



The screenshot displays the Absolute Total Care website interface. At the top, there is a navigation bar with links for Home, Find a Provider, Login, Careers, and Contact, along with a search bar. Below the navigation bar, there are three tabs: FOR MEMBERS, FOR PROVIDERS (which is active), and GET INSURED. The main content area is titled "Model of Care Provider Training" and includes a brief instruction: "Absolute Total Care network providers are required to complete an annual Model of Care training. Click on the link below to review the Model of Care training presentation. Then, submit the form to verify the training was completed." Below this instruction are three links: "Medicare Model of Care Training (PDF)", "Annual Training Requirements (PDF)", and "Model of Care Quick Reference Guide (PDF)". The form itself is titled "Provider Model of Care Training Confirmation" and contains several sections: "Provider Group" and "County" (both with dropdown menus), "Provider TIN(s)" (with a text input field), a section for "Please provide any additional TINs that should be represented on this form." with four input fields labeled TIN 2, TIN 3, TIN 4, and TIN 6, and a "Contact Information" section with fields for "Phone", "Email", "Form Completed By", "Title", and "Date". At the bottom of the form, there is a "Training Confirmation" section with a checkbox and the text "The Provider Model of Care training has been completed by the Provider Group above." Below the checkbox is a CAPTCHA image and a "Submit" button. On the left side of the page, there is a sidebar menu with various navigation options, including "Login", "Become a Provider", "Pre-Auth Check", "Integration Information", "Pharmacy", "Provider Resources", "Provider Manuals and Forms", "Provider Training", "Model of Care Provider Training", "Eligibility Verification", "Grievances and Appeals", "Incentives Statement", "Integrated Care", "Prior Authorization", "National Imaging Associates (NIA)", "Behavioral Health", "Fraud, Waste, and Abuse", "Screening, Brief Intervention, and Referral to Treatment (SBIRT)", "Patient Centered Medical Home Model (PCMH)", "Electronic Transactions", "Clinical and Payment Policies", "Newsletters", "TurningPoint Healthcare Solutions", "Member Rewards Program", "Quality Improvement (QI) Program", "Provider News", and "Coronavirus Information".

<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.





Cultural Competence and Linguistics Appropriate Services (CCLAS) Program

https://www.absolutetotalcare.com/content/dam/centene/absolute-total-care/test/ATC-CCLAS_ProgramDescriptionFinal.pdf



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

Pregnancy Notification Form



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. 08/18/2018
3C-PNCP-0048

***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 TP? 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 hypoxemia? 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. 08/18/2018
3C-PNCP-0048-0

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: <input type="checkbox"/> Male <input type="checkbox"/> Female					
Has an application been made for a SSN for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent Use Only	Child's Medicaid ID Number: _____			Effective date of eligibility: _____	Parent Use Only
IV. Mail the Completed Form					
Mail the completed form to:			Fax:		
SCDHHS - Central Mail PO Box 100101 Columbia, SC 29202-3101			(888) 820-1204		

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

MEDS APPLICATION

ATC Provider Network Territory Assignment



Sarah Wilkinson, Provider Network Specialist II
(843) 344-0009, Sarah.Wilkinson@centene.com

- *Counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Marion, Marlboro and Williamsburg*

Porsha Lewis, Provider Network Specialist II
(803) 873-8691, Porsha.Lewis@centene.com

- *Counties: Aiken, Calhoun, Chester, Edgefield, Fairfield, Kershaw, Lee, Lexington, Orangeburg, Richland, Saluda, Sumter, Border GA counties and Tenet Health*

LaToya Jones, Provider Network Specialist II
(803) 553-7324, Latoya.Jones3@Centene.com

- *Counties: Abbeville, Anderson, Cherokee, Greenville, Greenwood, Lancaster, Laurens, McCormick, Newberry, Oconee, Pickens, Spartanburg, Union, York and Border-NC*

S. Brandi Crosby, Provider Network Specialist II
(843) 518-3918, shunta.crosby@centene.com

- *Counties: Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper, Border GA-Savannah and MUSC*

ATC Provider Network Territory Assignment



Janet Kimbrough, Network Performance Advisor

803-873-4454, Janet.H.Kimbrough@centene.com

- *Provider Groups: Abbeville Medical Center, Bon Secours St Francis, CenterWell Senior Primary Care, Preferred Care of Aiken, Prisma Health- Upstate, Spartanburg Regional Health/Regional HealthPlus*

Tracey Snowden, Network Performance Advisor

(803)606-5328, Tracey.D.Snowden@centene.com

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

Kristen Graham, Manager- Provider Relations

803-457-2128, Kristen.Graham@centene.com

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

ATC Provider Network Territory Assignment



Adria Felder, Provider Network Specialist 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 Network Specialist II

Cell: (803) 427-3260, Anna.Truesdale@CENTENE.COM

Federally Qualified Health Center (Statewide)

Camille Gray, Provider Network Specialist II

803-213-1661, Camille.L.Gray@centene.com

Speech Therapy, Occupational Therapy and Physical Therapy (statewide)

Kisha Thomas, Provider Network Specialist I

(803) 904-6430, Kisthomas@centene.com

Dialysis Centers and Ambulatory Surgery Centers

Neshelle Miller, Provider Network Specialist I

(803) 972-1460, Neshelle.Miller@centene.com

Durable Medical Equipment and Home Health (statewide)

Wendy McCrea, BH Provider Network Specialist 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



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
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> 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:

ATC Provider Load Forms- New Add

Available on our website





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 CAGH? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please attach the SC Application.	
If Yes, CAGH 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes and No - Please checkmark which location is outside the hospital: Loc: <input type="checkbox"/> Loc2: <input type="checkbox"/>	
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 Fac: _____	
Credentialed Contact Information Responsible for Roster Updates/Add/ 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: _____		Applying As: <input type="checkbox"/> Specialist <input type="checkbox"/> 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)	
High Risk OB/GYN? (Y/N): _____ Maternal/Fetal? (Y/N): _____			
If PCP, are you accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, existing patients only		What gender or age restrictions do you have? Gender: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Female Only <input type="checkbox"/> Male Only Age: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Age Limits: Lowest Age: _____ Highest Age: _____	
License #: _____		License State: _____ Expiration Date: _____	

Are you board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, board name: _____	Expiration Date: _____
W-9 Attached? (Check Mark) <input type="checkbox"/>	Current Disclosure of Ownership Attached? (Check Mark) <input type="checkbox"/>	Nurse Protocol & Preceptor Documents (if NP) Attached? (Check Mark or N/A) <input type="checkbox"/>
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) <input type="checkbox"/>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a CLIA waiver Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Service Provided: _____
Certificate #: _____	CLIA Name: _____	Tax ID (TIN) #: _____
Certificate Expiration Date: _____	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



SouthCarolinaPDM@centene.com
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 CAGH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a hospital-based only provider not practicing in an office setting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes and No – Please checkmark which location is outside the hospital: Loc1: <input type="checkbox"/> Loc2: <input type="checkbox"/>			
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:	
Credentialed 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) <input type="checkbox"/>		Disclosure of Ownership Attached? (Check Mark) <input type="checkbox"/>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a CLIA waiver Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Service Provided: _____			
Certificate #:		CLIA Name:	
Certificate Expiration Date:		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