

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
 - o Ambetter Virtual Access
 - o 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







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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
 - o 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:
 - o State-wide service area
 - o Telehealth services for medical and behavioral health
 - o Transportation: Unlimited one-way rides to plan-approved locations
 - o Over-the-counter: \$100 per calendar quarter
 - o Hearing: One hearing aid per calendar year
 - o Fitness: Up to \$250 toward gym membership
- My Health Pays Rewards Members can earn \$20 by completing healthy behaviors
 - o https://www.absolutetotalcare.com/providers/resources/member-rewards-allwell.html

Ambetter from Absolute Total Care



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

Ambetter Virtual Access



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

- Members enrolled in Ambetter Virtual Access-Teladoc require a referral from their PCP in order to see a specialist.
 - o Members cannot self-direct care outside of PCP care
 - o Non-emergent, non-authorized, out-of-network is not covered
 - o Emergent & Authorized Services OON are covered
- Members 18 and above are assigned to a Teladoc PCP.
 - o Minors are assigned to traditional brick and mortar PCPs.
 - o Members can "opt-out" and choose an in-network brick and mortar PCP.
 - o 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 | sunshine health.

Subscriber: Member:

[Jane Doe] [John Doe] Policy #:

[XXXXXXXXXXX] Effective Date: [00/00/00]



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

Walgreens brand health and



* 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. © 2022 Sunshine Health Plan, Inc. All rights reserved.

No Surprises Act



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

Effective January 1, 2022, and applies to:

- o Emergency care at out-of-network facilities
- o Post stabilization care at out-of-network facilities
- O Non-emergency services provided by out-of-network providers at in-network facilities, unless notice and consent is given
- o 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:
 - o Emergency Medicine, Anesthesiology, Pathology, Radiology and Neonatology
 - o 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 innetwork. 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
- o Gives members Medicare Parts A, B, and D coverage as well as vision, dental, and hearing benefits not covered by original Medicare
- o 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	
		Wellcare No Premium		EDI	Payer ID 68069
Before	Wellcare by	(HMO) Wellcare Dual Liberty	Fee-For- Service & Encounter	Portal	https://www.absolutetotalcar e.com/login.html
01/01/2023	Medicare	(HMO D-SNP) Wellcare Dual Access (HMO D-SNP)		Paper	Absolute Total Care P.O. Box 3060 Farmington, MO 63640
After		Wellcare No Premium (HMO) Wellcare Assist	Fee-For- Service	EDI	Payer ID 14163
				Portal	https://provider.wellcare.com /Provider/Login
01/01/2023	Wellcare	(HMO) Wellcare Dual Liberty (HMO D-SNP)		Paper	Wellcare Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372
		Wellcare No Premium		EDI	Payer ID 59354
After		(HMO) Wellcare Assist	Encounter	Portal	https://provider.wellcare.com /Provider/Login
01/01/2023	Wellcare	(HMO) Wellcare Dual Liberty (HMO D-SNP)		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:

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

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

Balance Billing







- What is balance billing?
 - O 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
 - o Federal law bars Medicare providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost-sharing under any circumstances
 - Original Medicare and Medicare Advantage providers and suppliers not only those that accept Medicaid – must not charge individuals enrolled in the QMB program for Medicare cost-sharing

Balance Billing







- Steps to ensure compliance with QMB billing prohibitions:
 - Establish processes to routinely identify the QMB status of Medicare beneficiaries prior to billing for items and services
 - o 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
 - o If you have erroneously billed these members, recall the charges (including referrals to collection agencies) and refund the invalid payments
 - o 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:

- O 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.
- o 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.
- o In-person interpreter services are made available when Absolute Total Care is notified in advance of the member's scheduled appointment
- o Providing TTY access for members who are hearing impaired through 711.
- o 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.
- o 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

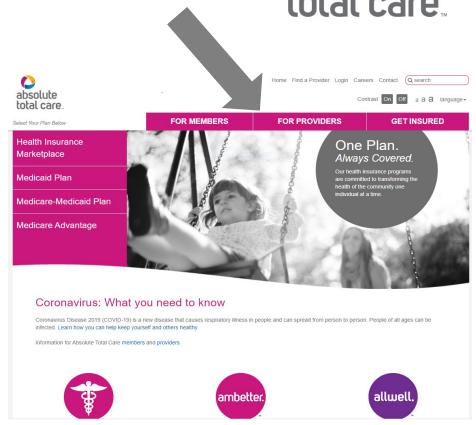
Absolute Total Care Website

absolute total care.

www.absolutetotalcare.com

For Providers section:

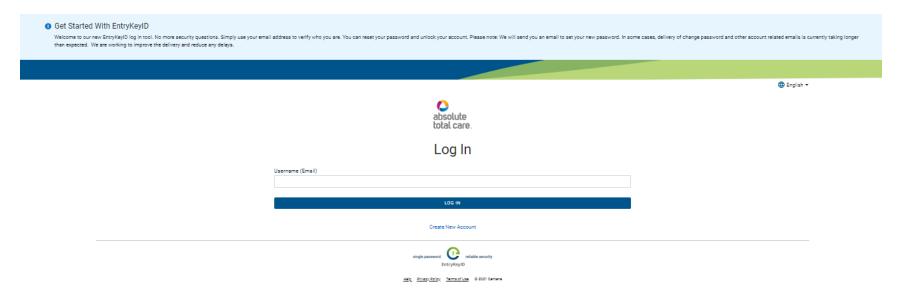
- o Pre-Auth Check Tool
- o Clinical and Payment Policies
- o Forms- Medical and Pharmacy Auths



Absolute Total Care Secure Provider Portal



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

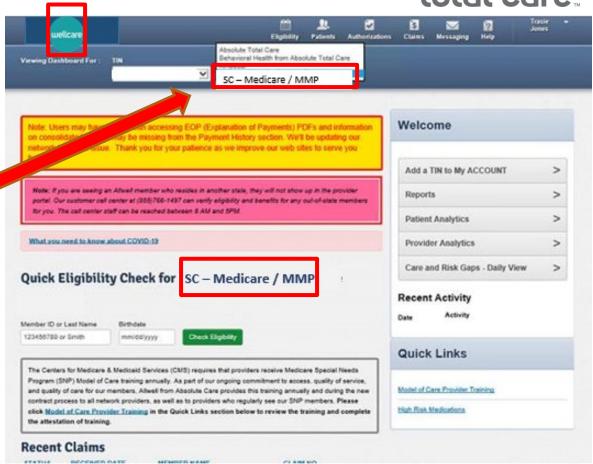


Absolute Total Care Secure Provider Portal

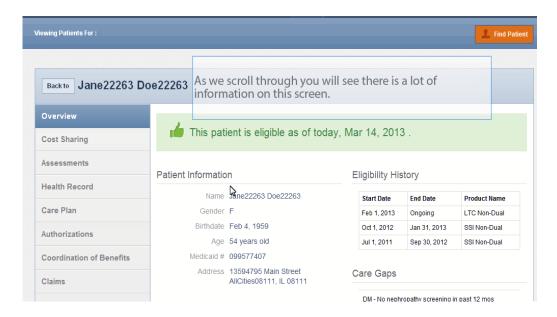


Updated logo and plan name in drop down

Medicare Advantage and MMP Members



Absolute Total Care Secure Provider Portal





Member eligibility should be checked each month and each time prior to rendering services

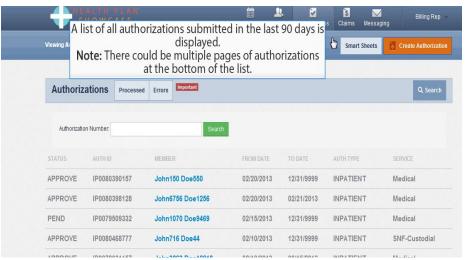
The Absolute Total Care Secure Provider Portal or the Interactive Voice Response (IVR) system are available 24 hours a day, seven days a week

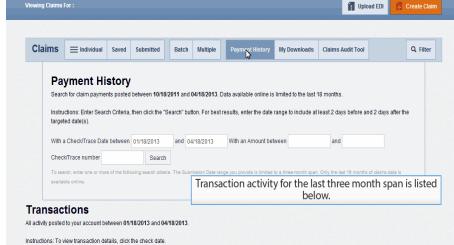
- o Absolute Total Care 1-866-433-6041 (Medicaid)
- o Wellcare by Allwell 1-855-766-1497 (Medicare)
- o Ambetter by Absolute Total Care 1-833-270-5443 (Marketplace)
- o Wellcare Prime by Absolute Total Care 1-855-735-4398 (Medicare-Medicaid Plan)
- o Wellcare Medicare 1-866-270-5223 (Medicare)

Absolute Total Care Secure Provider Portal



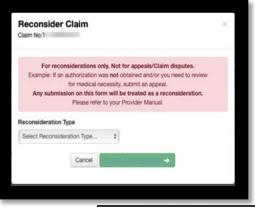
Authorizations and Claims



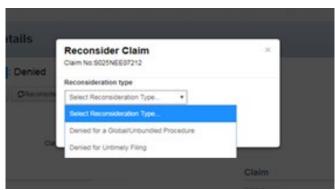


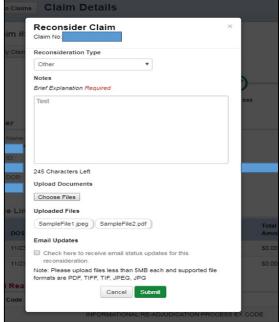
Absolute Total Care Secure Provider Portal Provider Reconsideration













Wellcare Website and Secure Portal

Wellcare Website

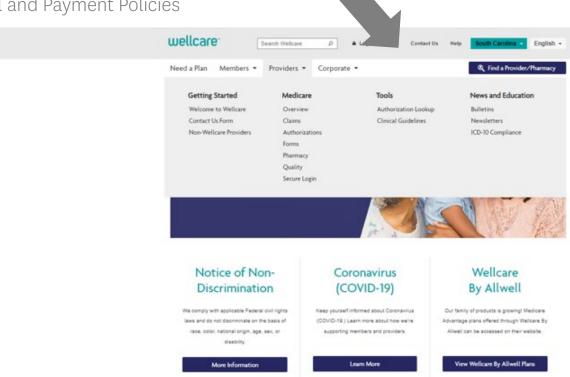




Wellcare Website

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





Wellcare Secure Provider Portal



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

wellcare™ Provider Portal

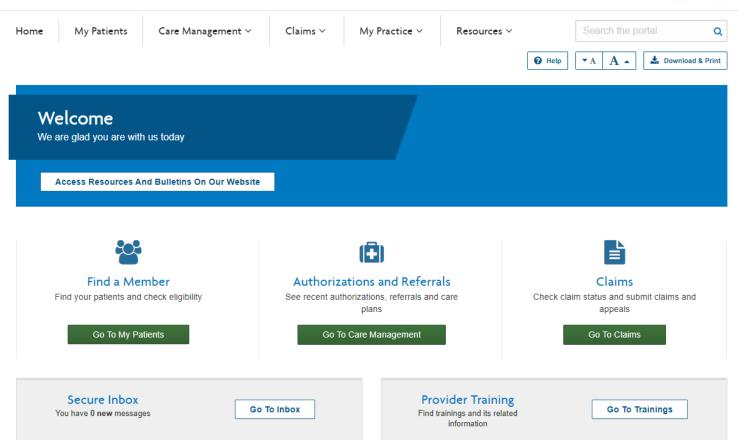


Provider Login Username* Password* Login Not registered? Register an account Forgot Password? Forgot Username?

Thanl	k you for using our Provider Portal.
	now about our live agent chat feature? Live-agent chat is the easiest and ay to get real-time support for an array of topics, including:
Memb	er Eligibility
• Claim	s adjustments
 Author 	rizations
• Escal	ations
You can e	even print your chat history to reference later!
We enco	urage you to take advantage of this easy-to-use feature.
	having difficulties registering please click the "Chat with an Agent" button to ssistance.
*NOTE: T	The secure provider portal is for participating Wellcare providers only.

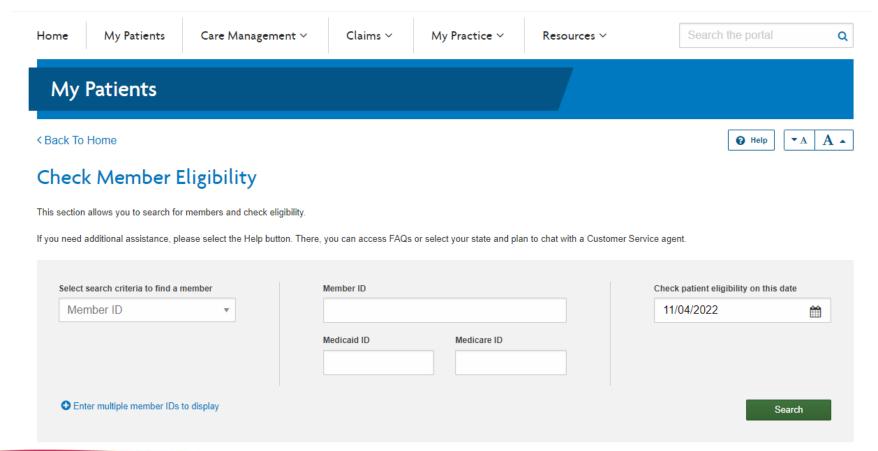


Home Screen



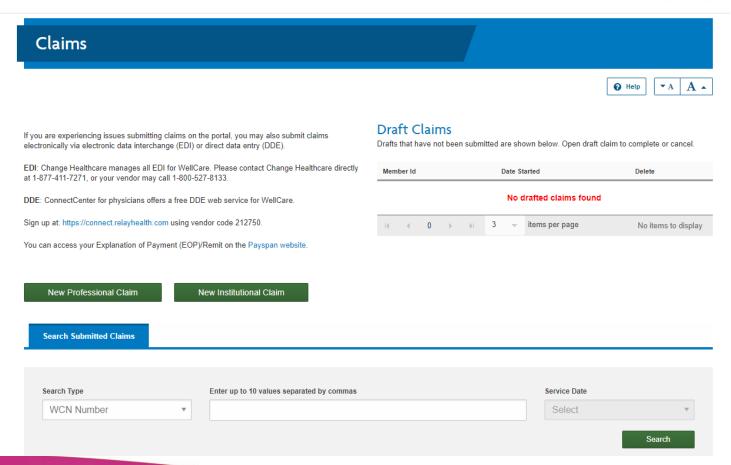


Eligibility and Member Information



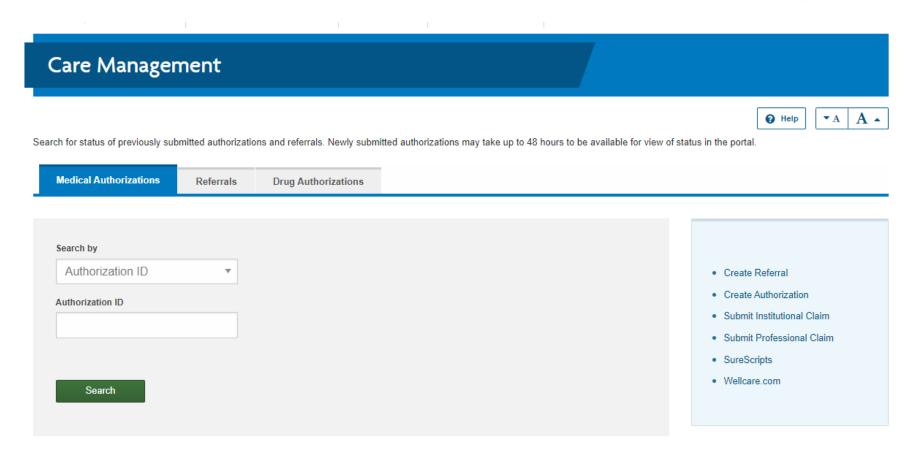


Claims



wellcare

Authorizations



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
 - 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)



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 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)
 - o Invalid Member

Invalid Member DOS

- Most common claim denials:
 - o Services Not on the Fee Schedule are Not Separately Reimbursable
 - o This Service is Not Covered
 - o 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	Electronic Claim Submission	Paper Claim Submission
Business		
	Secure Provider Portal	Absolute Total Care
	www.Absolutetotalcare.com/login	P.O Box 3050
	or	Farmington, MO 63640-3821
Medicaid	EDI Payer Numbers:	
	68069 - Emdeon/WebMD/Envoy/Paverpath	Behavioral Health:
	42772 - Relay Health/McKesson	Absolute Total Care
	68068 – Behavioral Health	P.O. Box 7001
		Farmington, MO 63640-3811
		Ambetter from Absolute Total Care
Marketplace		P.O. Box 5010
	Secure Provider Portal	Farmington, MO 63640-5010
		Wellcare Prime by Absolute Total
MANAR	WWW.Absolutetotalcare.com/login or	Care
IVIIVIP		P.O. Box 3060
	EDI Payer Number - 68069	Farmington, MO 63640-3822
.a.d:	00003	Wellcare By Allwell
Medicare		P.O. Box 3060
Advantage		Farmington, MO 63640-3822

Claims Submission - Wellcare

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	Register online using the simplified, enhanced provider registration process at PaySpan.com or call 1-877-331-7154 Or Change Healthcare EDI Clearinghouse 1-877-411-7271.	Wellcare Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372
	CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS) Fee-for-Service Encounter Ctalm Type (CH - Chargeable) (RF - Reporting only)	
	Submissions Submissions Professional 1844 3211 Institutional 8551 4949	
	If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to Fee-for-Service or	
	Encounters file type: • Fee-for-Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.	
	Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication.	
	FFS Encounter Ctalm Type (CH - Chargeable) (RF - Reporting only) Submissions Submissions Professional	
	or 14163 59354 Institutional	

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



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

*from date of service

Mailing Address

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

^{**}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 <u>providersupport@payspanhealth.com</u>, by phone at 1-877-331-7154 or on the web at payspanhealth.com.

Network Development and Participation



- Network Participation
 - o 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
 - o To request a <u>new</u> agreement, send an email to ATC_Contracting@centene.com
 - o 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

- o 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)
- o Recredentialing is performed at least every 36 months
- o 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 <u>atcnetworkrelations@centene.com</u> or their PR Rep to begin the credentialing process

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

Credentialing Rights



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

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

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

Cultural Competency Overview



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

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

Cultural Competency Overview



Network providers must ensure that:

- o Members understand that they have access to medical interpreters, signers and teletypewriter (TTY) services to facilitate communication without cost to the member.
- o 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 absolute total care.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
 - o Member Visits
 - Preventive Care
 - o Annual Screenings
 - o Required Immunizations

Electronic Medical Record (EMR) System



Remote Access to FMR:

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

- o Reduce provider office staff activities regarding HEDIS Hybrid chart chase requests
- Decrease and avoid duplication of over utilization of retrieval efforts
- o 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.

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





Start Smart for Your Baby



- Program goals
 - o Early identification of pregnant members and their risk factors
 - o Reducing the risk of pregnancy complications
 - o Better birth outcomes
- Strategy
 - o Submission of Notification of Pregnancy (NOP) Form
 - o 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



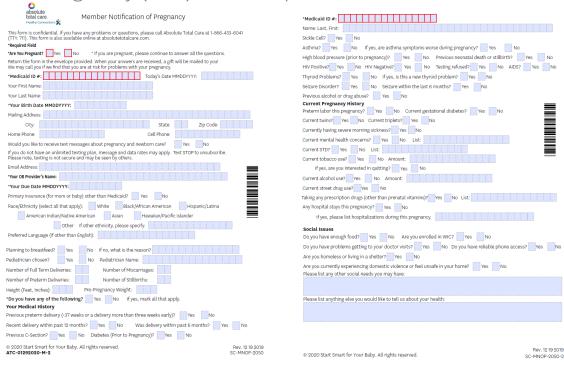
- OB Office Staff NOP Incentive Reimbursements:
 - Provider office staff can be reimbursed up to \$25 for each NOP Form, up to a total of \$500 for the year
 - \$25 check per form submitted during first and second month
 - \$20 check per form submitted during third and fourth month
 - \$15 check per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





Questions

APPENDIX



- o ATC/Wellcare Resources
- o Member ID Cards Images
- o CMS Notification of Balance Billing Regulations
- o ATC Provider Annual Training Requirements
- o 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





absolute total care. 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 imaging, Arrays, naululugy. 1-866-433-6041 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)





Core ID Cards

ambetter

Subscriber: Member:

[Jane Doe] [John Doe]

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

[Ambetter.com/copays]

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]

PCP: [\$10 coin. after ded.]

Plan: [Plan name] [Line 2 if needed]

[Network Name] Network Coverage Only

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

Medical Claims Address:

Absolute Total Care

Claims Department

PO Box 5010

63640-5010

Farmington, MO

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

AMB22-SC-C-00013

[Envolve Vision: 1-833-724-9353]

[Envolve Dental Powered by United Concordia: 1-833-605-6320]

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. Absolute Total Care.com.

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Virtual ID Cards

ambetter

Subscriber: Member:

Plan: [Plan name]

[Line 2 if needed]

[Jane Doe] [John Doe]

Policy #: Effective Date: [00/00/00]

Max Out-of-Pocket: [\$25,000]

[XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXX]



[Ambetter.com/copays]

[Network Name] Network Coverage Only

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.]

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

AMB22-SC-C-00013

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 Boom (E.). 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. Absolute Total Care.com

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Medicare-Wellcare Member ID Card (2023)



HMO and HMO DSNP

PPO



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 NAME] [IPA123]

PCP Office Visit: [\$x]

MedicareR,

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

FOR EMERGENCIES

For questions or to change your PCP: [x-xxx-xxx-xxxx] Dial 911 or go to the Member Services: [x-xxx-xxx-xxxx] TTY: 711 mearest Emergency 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 Attra 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]



[Wellcare Plan Name] [Plan Contract PBP]

Card Effective Date: 01/01/2023

Member: SAMPLE A SAMPLE

Member ID: 23456789 Issuer: 80840 Policy #:[xx123]

[IPA NAME] [IPA123]

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

RXBIN: [xxxxx] RXPCN: MEDDADV RXGRP: [xxxxx]

Card Issued: 10/15/2022

FOR MEMBERS

For questions or to change your PCP: [x-xxx-xxx-xxxx] Dial 911 or go to the Member Services: [x-xxx-xxx-xxxx] TTY: 711. Nurse Advice Line: [x-xxx-xxx-xxxxx]

FOR EMERGENCIES

nearest Emergency

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]

Wellcare Classic Prescription Drug Plan Member ID Card (2023)





RXBIN: [xxxxxx] RXPCN: MEDDADV RXGRP: [xxxxx] Card Issued: 11/01/2022

網份數數學

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:

Welkare 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

Medicare R

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)

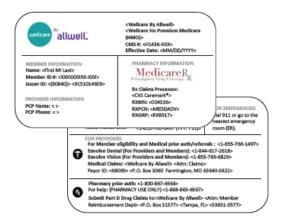
P.O. Box 3060 Farmington, MO 63640-4402 Pharmacy Claims: Wellcare Prime (MMP) Attn: Member Reimbursement Dept.

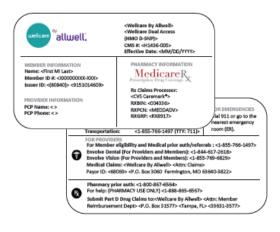
Claim Inquiry: Attn: Member Reimbursement Dept. P.O Box 31577 Tampa, FL 33631-3577

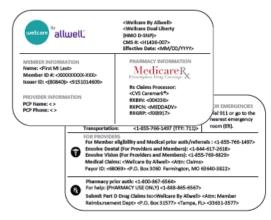
<1-855-735-4398 (TTY: 711)>

Medicare – Wellcare by Allwell Member ID Card











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 <u>unlawful for providers to "balance bill" any patient who is a member of Healthy Connections Prime</u> 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?

- 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 noncovered 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.
- For certain Medicaid-only items and services (such as durable medical equipment and home health agency care), members can be billed the allowable Medicaid co-pays.

ABOUT HEALTHY CONNECTIONS PRIME

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





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

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

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

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

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



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

Meenthe Services: 1855-735-4398 (TTY: 711)
Beharvioral Meaths: 1-855-735-4398 (TTY: 711)
Pharmacy Help Desk: 1-880-855-655 (TTY: 711)
24-10 Nurse Liee: 1-855-735-4398 (TTY: 711)
Pharmacy Fire Agrit: 1-880-857-6554 (TTY: 711)
Whitelite: mmp absolutefulations com
Send Claims To: 4-855-735-4398 (TTY: 711)

**Wellical Claims: Wellicare Prime (MMP)
P.O. Box 3060 Farmingon, MO 63548-4402
Pharmacy Claims: Wellicare Prime (MMP)
Alth Member Reinbrassment Dept.
P.O. Box 31577 Tampa, Pt. 33631-3577
Claim Insuliny: 4-855-735-4398 (TTY: 711)

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:

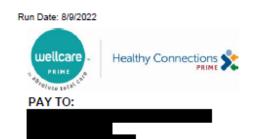
- Wellcare Prime informs the provider that the member has been inappropriately balance billed and educates the provider on balance billing.
- If Wellcare Prime reimbursed the member for an inappropriately balance billed amount, the plan will notify the provider and request reimbursement be made to the 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-primemembers-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





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 Page 1 of 4

Payment Date: 8/9/2022

Payment #: 0900158619

Payment Amt: \$116.00

Payee ID: UDEF IRS#:

Insured Name: Mbr No: MRN: Claim/Ctrl No: PatCtrl No: PatCtrl No: Servicing Provider: NPI: 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	Interest	Med Allow / Med Paid	Third Party Payer	Denied	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



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: 8/17/2022

Payment #:

Payment Amt: \$0.00

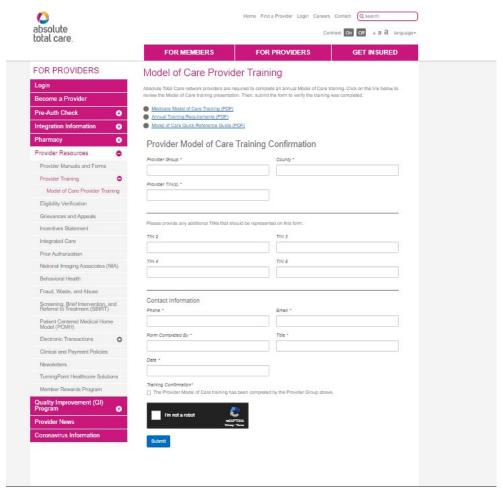
Payee ID: IRS#:

Insure	d Name:					Mbr No:			MRN:		CI	aim/Ctrl No:		I
Patient Name: SvcProv No: Carrier: MM						PatCtrl No:								
Servic	Servicing Provider: Group: SCTCC - BERKELEY													
Please note: This bill has crossed over from Medicare to Medicaid. Payment is now complete.														
Pleas	e note: This bi	ll has crossed	l over from Med	dicare to M	edicaid. Payme	ent is now com	plete.							
Serv	Date	Proc #	d over from Med Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur/ Penalty	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld

Serv	Date	FIOC#	Modifiers	Ct/Qty	Allowed	Deduct	CoPay	Penalty	Interest	Med Paid	Payer	Denied	Codes	Withheld
0100	7/20/2022	99214		1.00	\$310.00 \$66.87	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$145.00 \$116.00	\$0.00	\$0.00	MX PM Aa	\$0.00 \$0.00
			Sub-total		\$310.00 \$66.87	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$145.00 \$116.00	\$0.00	\$0.00		\$0.00 \$0.00
			Total		\$310.00 \$66.87	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$145.00 \$116.00	\$0.00	\$0.00		\$0.00 \$0.00

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

Model of Care Training





https://www.absolutetotalcare.com/pr oviders/resources/providertraining/model-of-care-providertraining.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	https://www.absolutetotalcare.com/providers/resources/provider-training.html
Planning**	

^{*}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

Authorization Forms



absolute total care. Healthy Corne		UTHORIZATION FORM (SOUTH CAROLINA)	Inital Request/Notifications: 1-865-952-36 Concurrent Clinicals fissed to 1-865-653-6
Standard Request - Determination	n within to working days of monier	ng all necessary information	
		way to treat an injury. Here or condition (not life	threatening) within all hours to
avoid complications and unnece		PHYSICAN MUST SIGN FOR URGENT PROPERTY RE	ration of that the salet sease True
x:		PHYSICANT SIGNATURE, IT WILL BE PROCESSED.	
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MEMBER INFORMATION			zaden .
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Standard Request - Determination within to cale	edar days of receiving all necessary inf	breation	
		quest is urgent and medically recessary to treat an in-	jury, illness or condition (not life
throsening) within 48 hours to avoid complicate		rpain. Sign FOR URGANT PROPETY REVIEW: IF WE DO NOT Y	ese the engions -
		LL BE PROCESSED AS A STANDARD REQUEST.	
MDICATES REQUIRED FIELD		Date of Birth ·	
EMBER INFORMATION			
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QUESTING PROVIDER INFORMAT	ION		
questing NPI •	Requesting Title	Requesting Provider Contact Name	_
questing Provider Name	Plane ⁴	the state of the s	
RVICING PROVIDER / FACILITY IN	FORMATION		
5 Some as Requesting Provider		85	
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rvicing Provider/Facility teams	Phone *	Fax.**	
UTHORIZATION REQUEST			
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dditional Procedure Code A	dditional Procedure Code	Red Date OR Conharge Date	Yazal saits/Velts/Days
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OUTPATIENT SERVICE TYPE .	(Enter the Service type n	umber in the boxes)	
12 Auditory	202 Pain Management		
2 Cochies Implants & Surgery	650 Radiation Therapy		
99 Drug Tenting	201 Sleep Study	407 DME - Rental	
	993 Transplant Evaluation 209 Transplant Suggery	100 DHS - Purchase	- more
	794 Transportation		
09 Genetic Testing 40 Home Health			
DG Genetic Testing 40 Home Health 65 Infectility Diagnosis or Treatment			
09 Genetic Texting 40 Home Health 95 Infertility Diagnosis or Treatment 97 Office Visit/Consult			
00 Genetic Testing 40 Home Health 65 inflecting Diagnosis or Treatment 67 Office Vielt/Consult 67 Office Vielt/Consult 60 Dutpatient Services 11 Outpatient Surgery			
02 Experimental and Investigational Services 05 Genetic Teath 40 Horen Islatific 60 Infestility Diagnosis or Treatment 67 Office Visit Forendt 94 Outpatient Services 17 Outpatient Surgery 17 Year are requir	iting Biopharmacy(medications) pi	ease use the Prior Authorization Form on the ATC	C website**

Pregnancy Notification Form

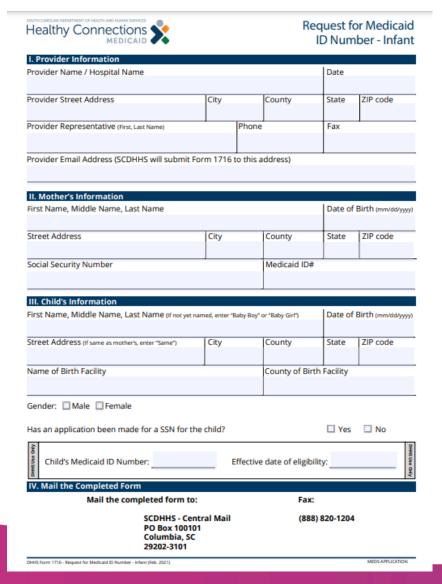


absolute total care. Notification of Pregnancy Form
*Required Field
The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. Please complete clearly in black ink and fax to 1-866-681-5125.
Member's Current Contact Information
"Member ID: DOB (mmddyyyy):
Last Name: First Name:
Mailing Address:
City: State Zip Corke
Home Number: Cell Number:
Email Address:
OB Provider Information
None Number: Gall Number: Email Address: OB Provider Information 'OB Provider Name: 'OB Provider TIN/ID #:
*OB Provider TIN/ID #:
Oil Provider Mailing Address:
OB Provider City: OB Provider State: OB Provider Zip Code:
Oll Provider Phone Number: Today's Date (mmddyyyy):
General Information
Primary insurance (for more or baby) other than Medicaid? Yes No
*Dute 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 Hewaisen/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:
Errolled in WEC? Was No Planning to Breastfeed? Was No Height: Pro-Programmy Weight: Pro-Programmy BM: (Feat, Inches)
Age less than 167 Yes No Age greater than 407 Yes No
*Are there any known programcy risk factors? Yes No Recording to don't dan't forward for your labor, All office recoved.

Last Name: First Name:	
History	
Previous Preterm delivery (-37 weeks)? Yes No If yes, was the delivery spontaneous? Yes No	
Currently on 1797 Yes No	
Recent delivery (within past 12 months)? Yes No Recent delivery (within past 6 months)? Yes No	
Privious C-Section? Yes No Previous severe presclampsia? Yes No	
Diabetes (prior to pregnancy)? Yes No Sickle Cell? Yes No	=
Authms? Yes No If yes, are authms symptoms worse during pregnancy? Yes No	
High Blood Pressure (prior to pregnancy)? This No I fiyes, is high blood pressure well controlled? Yes	No =
Previous recruital death or stillborn? Yes No	
If yes, was neonstal death associated with an underlying maternal health condition? Yes No	
HIV Positive? Yes No HIV Negative? Yes No HIV Test Refused? Yes No AIDS?	Tes N
Seizure disorder? Was 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	
Shortwined Carvix - 23 weeks this pregnancy? Yes No If yes, Lengthcm.	
Current gestational diabetes? Yes No Current presclampsis? 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 UTVPyelo Bacteriuria this pregnancy? Yes	No
Current severe hyperemesis? Yes No	
Current mental health concerns? Yes No	
If yes, please specify mental health concerns.	
Current STID? Yes No if yes, please list STD's.	
Current tobacco use? Yes No If yes, please specify amount used.	
Current alcohol use? Yes No Eyes, please specify amount used.	
Current street drug use? Yes No If yes, please specify amount used.	
Are there any other significant risk factoris? Yes No	
If yes, Plause list other risk factors:	
d: 2011 Stain Singert For Your Haby. All rights reserved.	Rev. 0919 001
ATC-06939090-P-1	SIC-PNIDP-9069-0

SC DHHS 1716 Form for

Newborns





ATC Provider Network Territory Assignment



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

• 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, <u>Tracey.D.Snowden@centene.com</u>

• 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, <u>Adria.Felder@CENTENE.COM</u>

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, <u>Kisthomas@centene.com</u> *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



Group/Practice Name:		Tax ID:	
Please list all providers that fall	for this tay ID		

Provider Name, Specialty and Hospital Privileges

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

¹ CAQH (Council for Affordable Quality Healthcare) provider ID is a unique number issued by this company to each individual provider enrolled in their program.

¹ 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
	4				
	3				
(2				
I					

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

Main Contact for Contract:

Main Contact's Phone Number:

PRO_55820E Internal Approved 10062020 ©WellCare 2020

SCOPROFRM55820E 0000

¹ Participating as Primary Care Physician (Yes or No)

ATC Provider Load Forms- New Add

Available on our website



Tax ID (Attach W9): Tax ID (Attach W9): Fractice Name: Primary Office Street Address: Primary Office City: Primary Telephone: Credentialing Contact Information Responsible for Roster Updates/Adds/Name:	ta Form_Al Exect please set Exect please set Are you reg Are you reg I floo, please Individual N First Name: Bit Die Loc2: Email Addre State: Primary Fax	DDD DDD, W9, CLIA, et al. (1997) and DDD, W9, CLIA, et al. (1997) and DDD, CLIAT To State without delay!) but selected with CRCHY To State which the St Suprise or St. (1997) and St. (199	1 Yes No Middle Initial: Mote: You must have an active or proof of application): Licing in an office setting? In soutside the hospital: Application of the setting?
(Or you may attach a full roster in M5 This information will assist us in loa total in M5 This information will assist us in loa total if Yes, CAQsi Provider ID: Last Name: Date of Birth: Social Security #: Provider Type (M0, D0, NP, PA etc.): Are you Cay to the Cay	ta Form_Al Exect please set Exect please set Are you reg Are you reg I floo, please Individual N First Name: Bit Die Loc2: Email Addre State: Primary Fax	DDD DDD, W9, CLIA, et al. (1997) and DDD, W9, CLIA, et al. (1997) and DDD, CLIAT To State without delay!) but selected with CRCHY To State which the St Suprise or St. (1997) and St. (199	3 Yes No Middle Initial: (Note: You must have an active or proof of application): ticing in an office setting? n is outside the hospital: Note: are to Contact Practice:
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If Yes, CAQH Provider ID: List Name: Date of Birth: Social Security #: Provider Type (MO, DO, NP, PA etc.): ☐ Yes If Yes, CAQH (Attach W9): Graph Practice Name: Primary Office Street Address: Primary Office Street Address: Primary Office City: Primary Telephone: Credentialing Contact Information Responsible for Roster Updates/Adds/ Name:	Are you reg in the young in the young in the young in individual N First Name: ### Name	intered with CAQH? attach the SC Applical PP: Medicaid ID # IR SC Medicaid ID # IR S	1 Yes □ No Middle Initial: Middle Initial: Middle You must have an active or proof of application): ticing in an office setting? n is outside the hospital: Application Application Application Applic
If Yes, CADH Provider ID: List Name: Date of Birth: Social Security #: Provider Type (MO, DO, NP, PA etc.): Tax ID (Attach W9): Fractice Name: Primary Office Street Address: Primary Office Street Address: Primary Office City: Primary Telephone: Credentialing Coreact Information Responsible for Roster Updates/Adds// Name:	If No, please individual N First Name: First Name: Due a hospital-based of the please change in Local in Loca	metable of the SC Applica Medicaid ID # SC Medic	Middle Initial: [Note: You must have an active or proof of application]: Licing in an office setting? In is outside the hospital: Nip): are to Contact Practice: ### ### #### #######################
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Primary Office City: Primary Telephone: Credentialing Contact Information Responsible for Roster Updates/Adds/P Name:	Primary Fax	County:	
Primary Office City: Primary Telephone: Credentialing Contact Information Responsible for Roster Updates/Adds/P Name:	Primary Fax	County:	
Primany Telephone: Credentalling Contact Information Responsible for Roster Updates/Adds/N Name:	Primary Fax	:	Zip:
Credentialing Contact Information Responsible for Roster Updates/Adds/\text{Name:}			
Credentialing Contact Information Responsible for Roster Updates/Adds/\text{Name:}			
Name:	Terms: Name, Titl		
		e, Phone, Email Addres	s , Mailing Address
	Title:		
		ST: ZIP:	
		y through Sunday): T: to	
W: to Th: to W:	to	Th: to	
F: to S: to F: Sun: to After Hours Clinic? (Y/N) Sun:	to	S:to After Hours Clini	- 2 de fed
		nday through Sunday):	
Primary Specialty: Apply	lying As: Specia		
			practitioners must adhere to Health and Human Services
High Risk OB/GYN? (Y/N): Maternal/Fetal? (Y/N):	guidelii	nes for practicing as a F	PCP before we can load as a PCI
If PCP, are you accepting new patients? What gender or age re	estrictions do you h	save?	
☐ Yes ☐ No Gender: ☐ No Restrict	tions 🔲 Female (Only Male Only	
☐ Yes, existing patients only Age: ☐ No Restriction	ns 🔲 Age Limits:	Lowest Age: High	hest Age:
License #: License State:		Expiration Date:	

Are you board certified?	If Yes, board name:			Expiratio	o Date:		
Yes No	n rea, warm matte.			Сарпаци	. Date.		
W-9 Attached? (Check Mark)	Current Disclosure of Ownership Mark)	Attached?	(Check		otocol & Preci ? (Check Mari		cuments (if NP)
Please list any medical related or etc.) DOO has all Info (Check Mar		vith (e.g., lab	ooratory, hon	ne health a	gency, radiolo	gy facility	y, mobile testing, MRI
If you provide direct laboratory se a copy of your CLIA certificate or		ilized and pr	ovide Clinical	Laborator	y Information	Act (CLIA	information. Attach
Do you have a CLIA Certificate Attached? ☐ Yes ☐ No	Do you have a CLIA waiver Attached? Yes No	Type of Se	rvice Provide	d:			
Certificate #:			CLIA Name:				
Certificate Expiration Date:			Tax ID (TIN)	#:			
directory information or Mark No Secondary Office City:	/AJ.		State:		County:		Zip:
Secondary Telephone:			Secondary I	Fax:			
Practice Hours (Monday through:	Sunday):	Prac	tice Hours (M	londay thro	ugh Sunday):		
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W:toTh:					Th:		
F:toS:	to				:to		
Sun: to			to				
After Hours Clinic? (Y/N)			Hours Clinic		through Sunda		
After Hours Hours (Monday throu	igh Sunday):	Arte	Hours Hours	s (Monday t	nrough Suna	iyy:	
Additional Locations? (Please att		on Any	additional inf	formation fo	or Absolute To	tal Care?	}
as above for any other locations)							

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 i				
Date:	Are you registered with	CAQH? Yes	□ No	
Are you a hospital-based only provider not practicing in an office	setting?			
If Yes and No - Please checkmark which location is outside the ho	ospital: Loc1:Loc2:			
Tax ID (Attach W9):	Group Billing NPI (Attac	h Current Discle	sure of Ownersh	nip):
Practice Name:	Fmail Address for Abso	lute Total Care t	o Contact Bractic	ra:
Practice realise.	Email Address for Abso	iute rotal care i	o contact Fraction	
Primary Office Street Address:			Suite #:	
Primary Office City:	State:	County:		Zip:
Primary Telephone:	Primary Fax:			
Credentialing Contact Information Responsible for Roster Update	os/Adds/Terms: Name Title	Phone Email	Address Mailine	Address
				, ruuress
Name:	Title:			
Direct Phone #: Email:				
Mailing Address:	City:	ST: Z	P:	
Practice Hours (Monday through Sunday):	Practice Hours (Monda	y through Sunda	iy):	
M:toT:to	M: to	T:	_to	
W:toto	W:to	Th:	to	
W:toTh:to F:toS:to	W:to	S:	to	
Sun: to After Hours Clinic? (Y/N)	Sun: to			
After Hours Hours (Monday through Sunday):	After Hours Hours (Mo	nday through Su	inday):	
W-9 Attached? (Check Mark)	Disclosure of Ownershi	p Attached? (Ch	eck Mark)	
If you provide direct laboratory services, please indicate the TIN	utilized and provide Clinical	Laboratory Info	rmation Act (CLI	A) information. Attach
a copy of your CLIA certificate or waiver if you have one.				
Do you have a CLIA Certificate Do you have a CLIA waiver	Type of Service Provide	d:		
Attached? ☐ Yes ☐ No Attached? ☐ Yes ☐ No				
Certificate #:	CLIA Name:			
Certificate Expiration Date:	Tax ID (TIN) #:			
Secondary Office Street Address (include any additional location	is on a separate page to ore	der to load	Suite #:	
directory information or Mark N/A):				
Secondary Office City:	State:	Cour	ntv:	Zip:
		Cou		
Secondary Telephone:	Secondary Fax:			

ractice Hours (Monday through Sunday):	Practice Hours (Monday through Sunday):
/l:toT:to	M:toT:to
V:toTh:to	W:toto
to S: to	F: to S: to
iun:toAfter Hours Clinic? (Y/N)	Sun:toAfter Hours Clinic? (Y/N)
After Hours Hours (Monday through Sunday):	After Hours Hours (Monday through Sunday):
additional Locations? (Please attach roster or additional infor	rmation as above for any other locations)
additional Locations? (Please attach roster or additional infor	mation as above for any other locations)
	mation as above for any other locations)
	mation as above for any other locations)

Thank you for participating in Absolute Total Care!

The South Carolina PDM Team



Adjournment