



November 15, 2017

Dear Provider:

Starting Jan. 1, 2018, WellMed Medical Management, Inc. (WellMed) will manage referrals, prior authorization requests, admission notifications, and claims adjudication/payment for **Medica Healthcare Plans members** enrolled and assigned to a Primary Care Physician belonging to the Preferred Care Partners Medical Group Centers (“PCPMG”).

**Preferred Care Partners Medical Group Centers (WellMed Medical Management) – Tax ID 74-2797745**

Preferred Care Partners Medical Group Center- <b>Red Road</b>
Preferred Care Partners Medical Group Center - <b>Coral Way</b>
Preferred Care Partners Medical Group Center- <b>Little Havana</b>
Preferred Care Partners Medical Group Center- <b>Hialeah</b>
Preferred Care Partners Medical Group Center - <b>West Hialeah</b>
<b>Group Numbers:</b> 98151, 98152, 98153, 98154, 98155

**For dates of service on or after January 1, 2018 please review the following instructions which will apply to any Medica Healthcare member who is assigned to a Primary Care Physician belonging to one of the above mentioned medical centers.**

**Prior Authorization & Referral Requests**

WellMed Medical Management will adapt the current Medica Healthcare Plans’ Authorization & Referral requirements. Prior Authorization & Referral requests can be submitted via the WellMed provider portal at <https://eprg.wellmed.net/> . You can also fax your request[s] to 866-322-7276, or for requests that meet the expedited classification you may call 877-299-7213 from 8 a.m. to 5 p.m. (EST) Monday through Friday.

Existing referrals with expiration dates on or after January 1, 2018 with available units and/or visits will be systematically transferred to the WellMed systems and accessible via <https://eprg.wellmed.net/>

**Hospital Inpatient Notifications**

To submit an inpatient hospital admission notification, please fax notification to 877-757-8885. Notifications must be received by WellMed within 24hrs unless that occurs on a weekend or federal holiday, which then requires notification no later than the first business day following the admission.

**Claims Submission**

For dates of service on and after Jan. 1, 2018, submit claims to WellMed as follows:

<u>Paper Claims</u>	<u>Electronic Claims</u>
Mail to: WellMed Claims	Payer ID: WELM2
P.O. Box 400066	
San Antonio, TX 78229	



For dates of service prior to Jan. 1, 2018 continue to send to Medica Healthcare Plans as follows:

Paper Claims

Mail to: Medica Healthcare Plans  
P.O. Box 30448  
Salt Lake City, UT 84030

Electronic Claims

Payer ID: 78857

If you have questions, please call Medica Healthcare Plans at 1-877-670-8432.

**Quick Reference Guide  
Utilization Management, and Claims Payment for  
Medica Healthcare Plans PCPMG Members**

Effective January 1, 2018 WellMed Network of Florida, Inc. and WellMed Medical Management, Inc (WellMed) will handle utilization management and claims payment for **Medica Healthcare Plans members** enrolled and assigned to a Primary Care Physician within the Preferred Care Partners Medical Group Centers (“PCPMG”)

**Member Identification**

**Q1. How will I be able to recognize Medica Healthcare Plan PCPMG members?**

There are three key indicators to help identify Medica Healthcare Plan PCPMG members:

1. Payer ID# **WELM2**
2. WellMed is listed in the bottom right hand corner of the ID card
3. Group Numbers: 98151, 98152, 98153, 98154, 98155

Your members ID card will look like the following:



Please ensure that you are billing with the Member ID found on the Member ID Card or the claim will not be processed.

Always verify eligibility and benefits before providing services by:

- Checking online at [unitedhealthcareonline.com](http://unitedhealthcareonline.com), or
- Calling the number on the back of the member ID card, 1-800-587-5114, which connects you to Medica Healthcare Plans Benefits & Eligibility Department

**Q2. Where can members call if they have a question in regards to Primary Care Physician assignment or any other related matter?**

- A. Members can contact Medica Healthcare Plans Customer Service at 1-800-407-9069

## **Notifications /Prior Authorizations & Referrals**

**Q3. How do I submit a prior authorization/notification or referral request?**

- A. Prior authorization requests, notifications, and referrals for a Medica Health Care Plans PCPMG members for all services **on or after Jan. 1, 2018** should be submitted directly to WellMed.

**Prior authorization requests and referrals** can be submitted on the WellMed provider portal at <https://eprg.wellmed.net>. You can also fax a request to 866-322-7276, or for requests that meet Expedited classification call 877-299-7213 from 8 a.m. to 5 p.m. (EST) Monday through Friday.

To submit an inpatient **hospital admission notification** for admission dates **on or after Jan. 1, 2018**, fax notification to 877-757-8885. Notifications must be received by WellMed no later than the first business day following the admission.

Expedited Prior Authorization requests will be handled within 24-72 hours. An answering service will take messages or transfer to our on-call nurse during holidays and weekends. Messages will be returned within 24 hours.

## **Claims Submission and Reimbursement**

**Q4. Where do I submit claims?**

- A. Please submit claims for Medica Healthcare Plans PCPMG members directly to WellMed.

**For dates of service on and after Jan. 1, 2018, submit claims to WellMed as follows:**

Paper Claims  
Mail to: WellMed Claims  
P.O. Box 400066  
San Antonio, TX 78229

Electronic Claims  
Payer ID: WELM2

**For dates of service prior to Jan. 1, 2018, continue to send to Medica Healthcare Plans as follows:**

Paper Claims  
Mail to: Medica Healthcare Plans  
P.O. Box 30448  
Salt Lake City, UT 84030

Electronic Claims  
Payer ID: 78857

#### Q5. What if I accidentally submit a WellMed claim to Medica Healthcare Plans?

- A. If you submit a claim to Medica Healthcare Plans in error, the claim will be denied indicating to resubmit to the correct address/payor. It will then be the responsibility of the provider to resubmit the claim to WellMed.

### Claims Status

#### Q6. Where can I view claims status or payment details?

- A. For dates of service ***on or after Jan. 1, 2018***, view the status of a claim or the date of payment, log in to <https://eprg.wellmed.net> and click on Member Inquiry, Search Claims for the Claims Lookup. To sign up for access, click on Create a New Account and follow the prompts.

For dates of service ***prior to Jan. 1, 2018***, continue to view claim status on the United Healthcare Online Provider Portal: <https://www.unitedhealthcareonline.com>

#### Q7. When can I expect payment?

- A. All WellMed claims payments are processed through Emdeon, a company that provides electronic payment management. In lieu of paper checks, Emdeon will issue payments via a virtual credit card or Electronic Funds Transfer (EFT) along with the applicable explanation of payment. If you are already signed up for Electronic Funds Transfer (EFT) with another payer, please add WellMed to your account through the Emdeon Payment Manager website at [emdeon.com\epayment](http://emdeon.com/epayment). To sign up for EFT and/or electronic remittance advice, please register with Emdeon at [emdeon.com\epayment](http://emdeon.com/epayment) or call 866-506-2830, option 1, to speak with an Emdeon representative. If you are not signed up for electronic funds transfer (EFT) please find steps for the enrollment process below:

- Step 1: Complete the EFT enrollment form found at <http://www.emdeon.com/epayment/enrollment/enrollform.php>
  - You should receive an email immediately to confirm/acknowledgement of the electronic signature.
  - In about 7-10 days, a test deposit will go into the account. Email notification will be sent when test deposits are available.
- Step 2: Validate test deposits
  - After confirming your bank account, an email notification will be sent stating “you banking is now enabled.” EFT enrollment is now complete unless there are multiple NPIs associated with your billing.
- Step 3: Complete Emdeon payor add/change/delete authorization form to add the WELM2 payor ID
  - <http://www.emdeon.com/epayment/enrollment/EFTPCF.php>

**Q8. Where do I submit claims payment disputes?**

A claim payment dispute is defined as a formal written request from a provider for reconsideration of a claim already processed by WellMed.

All disputes of claims are to be received by WellMed.

The \*Claim Reconsideration Request Form is recommended for each claim dispute submitted. The provider should submit a copy of the EOP, and any applicable supporting documentation. If you are not aware of your timely filing limits, please refer to your provider agreement.

Mail To:  
WellMed  
Claims  
Attn:Claims Payment Disputes  
P.O. Box 400066  
San Antonio, TX 78229

\*The Claim Reconsideration Request Form can be found on WellMed Provider Portal in the Provider Resource section at <https://eprg.wellmed.net> > Provider Resources > WellMed Florida  
Payment disputes for dates of services **prior to Jan. 1, 2018** should be sent to Medica Healthcare Plans.