



December 1, 2015

Re: WellMed Referrals, Utilization Management and Claims Payment for Preferred Care Partners Medical Group (PCPMG) Members – Effective Jan. 1, 2016

Dear Provider:

Starting Jan. 1, 2016, WellMed Medical Management, Inc. (WellMed) will handle referrals, utilization management and claims payment for **Preferred Care Partners Medical Group (PCPMG) 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 – Tax ID 26-1845018

Preferred Care Partners Medical Group - Red Road	Preferred Care Partners Medical Group - North Shore
Preferred Care Partners Medical Group - Coral Way	Preferred Care Partners Medical Group - Hialeah
Preferred Care Partners Medical Group - Little Havana	Preferred Care Partners Medical Group - West Hialeah

For dates of service on or after January 1, 2016 please review the following instructions which will apply to any Preferred Care Partners Member who is assigned to a Primary Care Physician belonging to one of the above mentioned medical centers.

Prior Authorization Requests

WellMed Medical Management will adapt the current Preferred Care Partners Authorization requirements. Prior Authorization requests 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.

Hospital Inpatient Notifications

To submit an inpatient hospital admission notification, fax notification to 877-757-8885. Notifications must be received by WellMed no later than the first business day following the admission.

Claims Submission

For dates of service on and after Jan. 1, 2016, 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, 2016 continue to send to Preferred Care Partners Health Plan as follows:

Paper Claims

Mail to: Preferred Care Partners
P.O. Box 56-5790
Miami, FL 33256-5790

Electronic Claims

Payer ID: 65088



For your convenience, enclosed you will find the updated No Authorization Reference Guide (NARG) and Pre-Certification form. **To access training material and more information regarding the administrative changes that will take place effective January 1, 2016 please visit www.mypreferredprovider.com and click the Preferred Care Partners Medical Group (WellMed) link.** If you have questions, please call Preferred Care Partners at 1-877-670-8432.

Thank you.
Sincerely,
Network Management Services

**Quick Reference Guide
Utilization Management, and Claims Payment for
Preferred Care Partners Medical Group (PCPMG) Members**

Effective January 1, 2016 WellMed Network of Florida, Inc. and WellMed Medical Management, Inc (WellMed) will handle utilization management and claims payment for Preferred Care Partners Medical Group 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 PCPMG members?

There are two key indicators to help identify PCPMG members:

1. Payer ID# **WELM2**
2. WellMed is listed in the bottom right hand corner of the ID card

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 mypreferredprovider.com, or
- Calling the number on the back of the member ID card, 1-800-587-5114, which connects you to Preferred Care Partners 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 Preferred Care Partners Customer Service at 1-866-231-7201

Notifications and Prior Authorizations

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

- A. Prior authorization requests and notifications for a Preferred Care Partners Medical Group (PCPMG) member for all services **on or after Jan. 1, 2016** should be submitted directly to WellMed. We have enclosed a copy of the current No Authorization Reference Guide (NARG) and Pre-Cert Form.

Prior authorization requests 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, 2016**, 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 Preferred Care Partners Medical Group (PCPMG) members directly to WellMed.

For dates of service on and after Jan. 1, 2016, 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, 2016, continue to send to Preferred as follows:

Paper Claims

Mail to: Preferred Care Partners
P.O. Box 56-5790
Miami, FL 33256-5790

Electronic Claims

Payer ID: 65088

Q5. What if I accidentally submit a WellMed claim to Preferred Care Partners?

- A. If you submit a claim to Preferred Care Partners in error, the claim will be denied indicating to resubmit to the correct address/payor. You will receive a claim status message from Preferred indicating you have submitted to the wrong payer. 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, 2016**, 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, 2016**, continue to view claim status on the Preferred Care Partners Provider

Portal: <https://www.mypreferredprovider.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. To sign up for EFT and/or electronic remittance advice, please register with Emdeon at 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, 2016** should be sent to Preferred Care Partners.