



Credentialing

All participating providers must be credentialed by WellCare prior to seeing members. The baseline criteria for initial credentialing includes a current license to practice, board certification, hospital admitting privileges, and professional liability insurance. PCPs in solo practice must have a participating covering physician willing to care for members in their absence. Following initial credentialing, providers must be re-credentialed every three years. The credentialing process includes site inspection evaluations for all PCPs, OB/GYNs, high-volume behavioral health providers, and unaccredited facilities.

Liability Insurance

In order to be credentialed, providers must meet professional liability insurance requirements as outlined in the Provider Handbook.

Changes to Contact Information

WellCare must receive notification of changes to the following contact information:

- Tax ID Number
- Group Name or Affiliation
- Physical, Mailing, or Billing Address
- Telephone and Fax Number

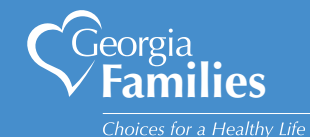
The notification must be received, in writing, prior to the change. This notification should include a list of all network providers affected by the change. Site inspection evaluations of new office locations may be required.

Provider Handbook

For additional information on these and other topics, please refer to WellCare's Provider Handbook. This handbook should be used as a reference source as it describes requirements and processes for administering our plan as outlined in our provider agreement. For a copy, log onto <http://georgia.wellcare.com> or contact a Provider Relations Representative.



Provider Responsibilities





WellCare Provider Responsibilities

WellCare has been providing quality health care to members since 1985 with a dedicated network of providers who are vital to our success. Their participation makes our mission possible.

WellCare providers should accept all members for treatment and should not segregate members in any way from other patients receiving care. Members are to be provided services without regard to race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual preference, health status, income status or physical or mental disability.

Here are some highlights of your responsibilities as a WellCare provider.

Primary Care Physicians & Specialists

Primary Care Physicians (PCPs) provide comprehensive primary care services to our members. They coordinate, monitor and supervise the delivery of medical care. WellCare members have freedom of choice in selecting their PCP.

Specialists are responsible for treating members referred by WellCare PCPs and communicating with our Health Services department for authorizations.

Preventive Health Care Visits

WellCare supports the belief that the performance of preventive services results in improved outcomes, higher member satisfaction and overall lower health care costs. State and federal statutes mandate that certain preventive services be provided to all eligible members, and our contract agreements require compliance to these requirements. It is important for providers to know the required preventive services and to perform outreach to members, encouraging them to make an appointment. Providers may use routine office visits to perform preventive services, being sure that the office visit codes for the services provided are combined with the necessary ICD-9 modifying code when submitting claims and/or encounters to WellCare.

Provider Availability

When a member is in need of care, provider availability is a priority. WellCare PCPs must be available to members 24 hours a day, 7 days a week. After-hours care may be provided in one of three ways:

- 24-hour answering service
- Answering system with option to page the physician
- Advice nurse with access to PCP or on-call physician

Appointment Scheduling

To ensure our members receive the best care possible, network providers should follow the guidelines as outlined in the WellCare Provider Handbook for scheduling patient appointments. Also, children who are eligible for the State of Georgia's Early and Periodic Screening, Diagnostic and Treatment program (EPSDT), Health Check, should be seen within 90 days of enrollment or within 24 hours of birth for newborns.

Medical Records

Each participating provider is responsible for maintaining a complete medical record for each plan member. These records should reflect professional practice standards, as well as state, federal and accreditation requirements.

Audits

As a part of our regulatory and accreditation requirements, WellCare may conduct periodic audits of provider availability, appointment scheduling and member medical records. Audit criteria are based on regulatory requirements and accreditation guidelines. Results of deficient areas are shared with the provider.

Quality Improvement Initiatives

Our Quality Improvement Program is designed to actively initiate, monitor and evaluate standards of health care for our members. It includes programs for Case and Disease Management for members with asthma, diabetes, HIV/AIDS, elevated lead levels, high-risk pregnancy, and other complex conditions. WellCare providers are contractually obligated to participate in any quality improvement initiatives which are targeted at improving clinical outcomes or service delivery.

Financial Rewards or Incentives

All utilization-related decisions involving a WellCare member must be based on appropriateness of care and service as well as health plan coverage. While financial rewards or incentives must not influence any utilization decision, WellCare may use them to encourage efficient and appropriate care. To prevent under-utilization, no financial rewards or incentives issued by WellCare will discourage providers from giving appropriate care and services to our members.

Advance Directives

All members, age 18 and older, should receive information concerning Advance Directives and their opportunity to sign an Advance Directive Acknowledgement Form. This allows them to designate another person to make a decision regarding their health care, should they become mentally or physically unable to do so. Forms should be made available in providers' offices. Discussion with the member should be documented in the medical record, and if the member chooses to sign a form, it should be filed in the medical record. A provider shall not, as a condition of treatment, require a member to execute or waive an Advance Directive.

