



# WellCare Health Plans, Inc.

New Jersey Overview

March 6, 2018

# The WellCare Story

- WellCare was founded in 1985 by a small group of physicians in Tampa, Florida
- WellCare provides government sponsored healthcare programs, including Medicaid, Medicare Advantage and Medicare Prescription Drug Plans, to families, children, seniors and individuals with complex medical needs.
- Today, WellCare serves 4.4 million members and partners with more than 68,000 pharmacies and 427,000 healthcare providers across the country.



## Mission

Our members are our reason for being. We help those eligible for government-sponsored healthcare plans live better, healthier lives.

## Vision

To be a leader in government-sponsored healthcare programs in collaboration with our members, providers and government partners. We foster a rewarding and enriching culture to inspire our associates to do well for others and themselves.

## Core Values

- Partnership
- Integrity
- Accountability
- One Team



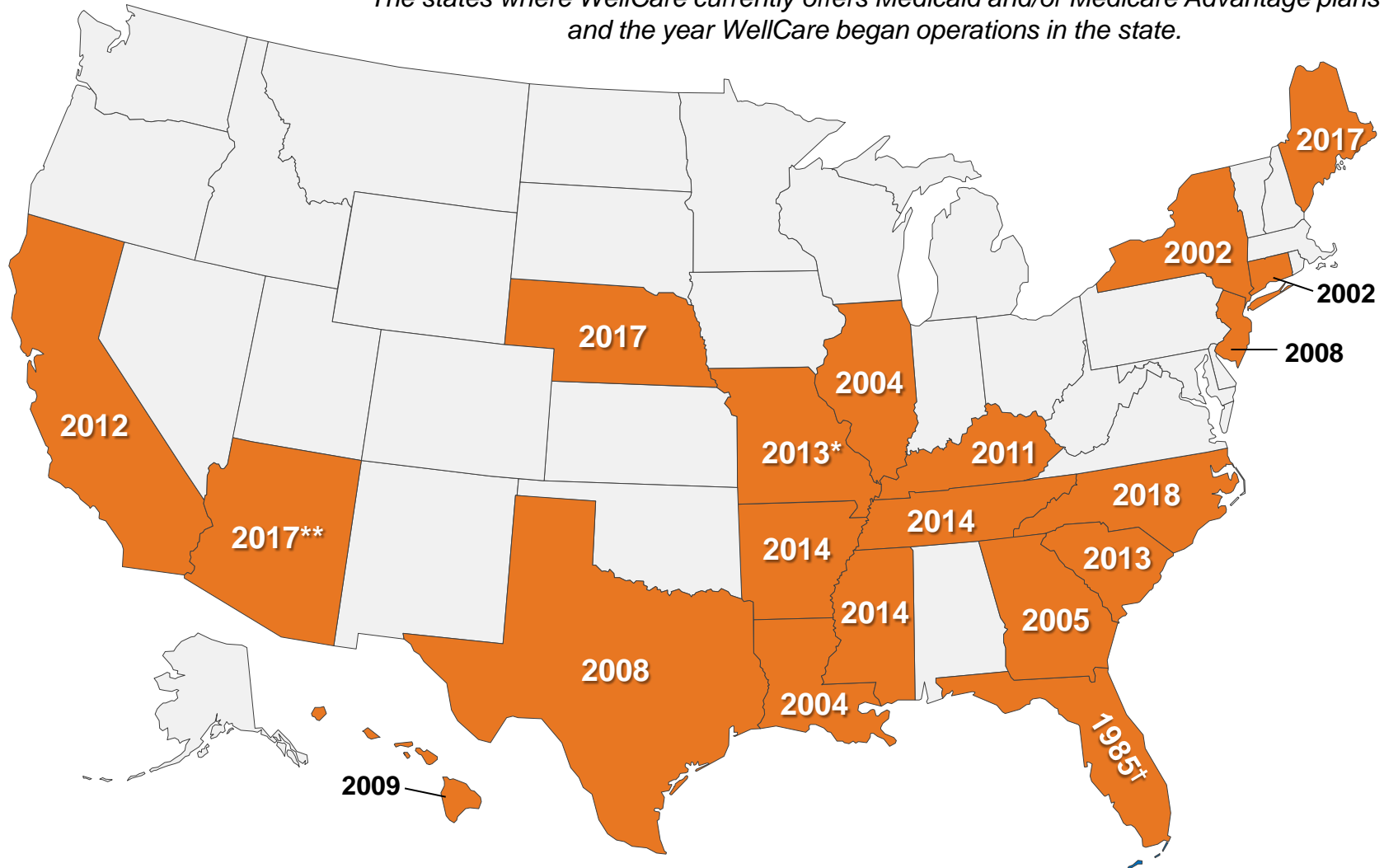
At WellCare, we help reduce costs and improve quality and access for government health programs by embedding ourselves in the communities we serve.

The core elements below contribute to our value proposition:



# Company History & Growth

The states where WellCare currently offers Medicaid and/or Medicare Advantage plans and the year WellCare began operations in the state.

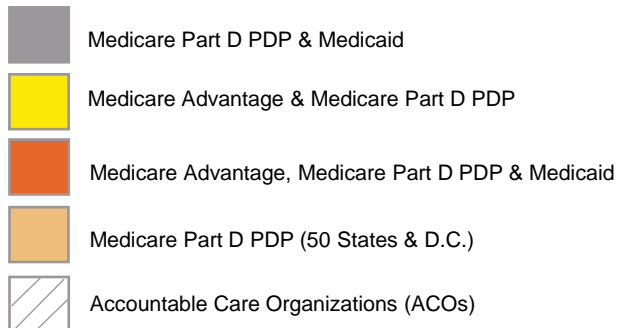
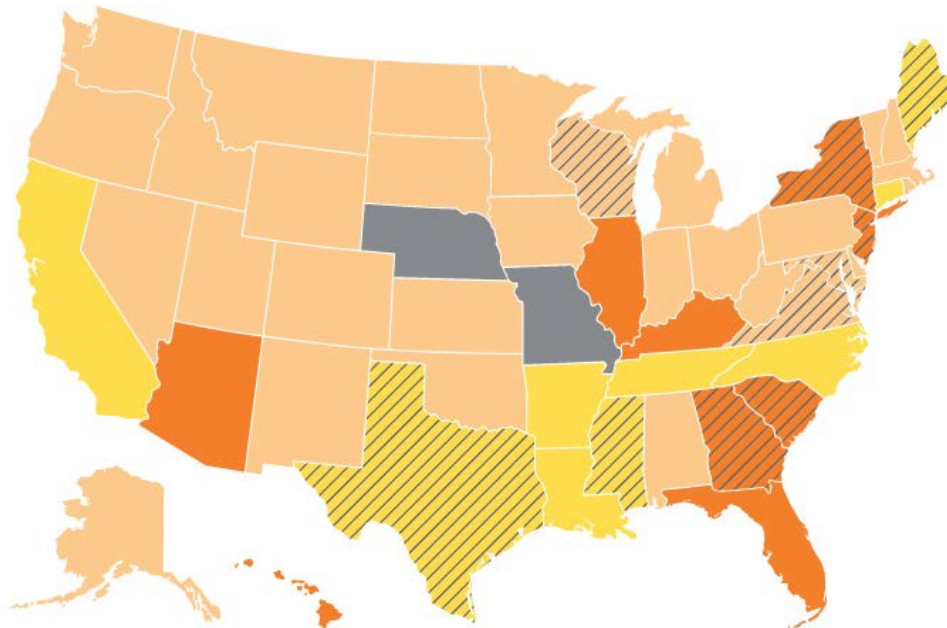


† WellCare of Florida, Inc. was incorporated in 1985 and began offering Medicaid services in Florida in 1994.

\* WellCare acquired Missouri Care in 2013 and offered managed care plans in Missouri through Harmony Health Plan from 2006 – 2014.

\*\* WellCare acquired two Care1st Arizona entities on Dec. 31, 2016. WellCare previously offered Medicare Advantage plans in Arizona through WellCare of Texas from 2013 – 2014.

## Company Snapshot



### Founded in 1985 in Tampa, Florida:

- Serving 4.4 million members nationwide
- 427,000 contracted healthcare providers
- 68,000 contracted pharmacies

### Serving 2.7 million Medicaid members in 11 states:

- Aged, Blind and Disabled (ABD)
- Intellectual Developmental Disabilities (IDD)
- Children's Health Insurance Program (CHIP)
- Family Health Plus (FHP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

### Serving Medicare members in 18 states :

- 496,000 Medicare Advantage members
- 1.2 million Prescription Drug Plan (PDP) members
- 18 Accountable Care Organizations (ACOs)

### Serving the full spectrum of member needs:

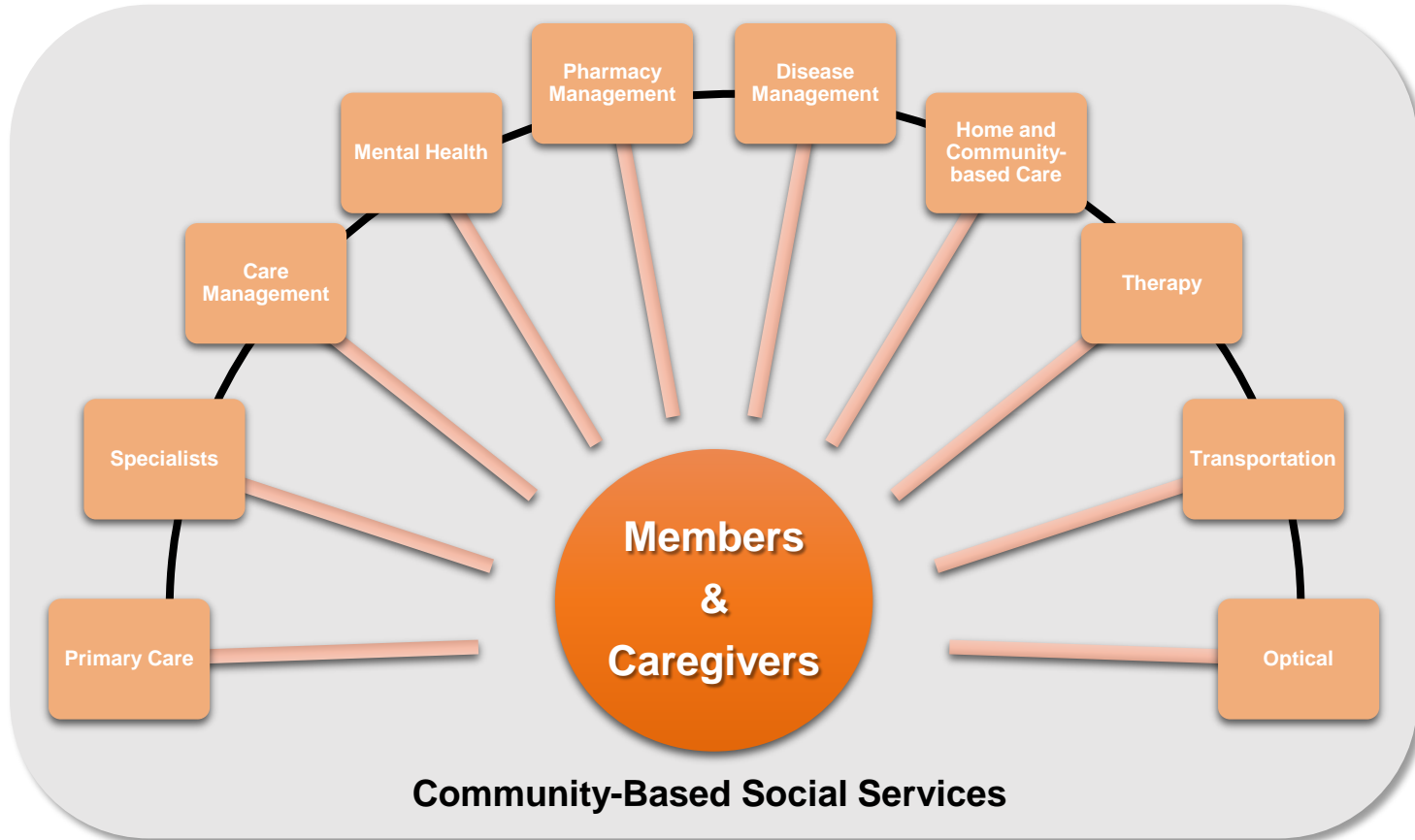
- Dual-eligible populations (Medicare and Medicaid)
- Managed Long Term Services and Supports (MLTSS)

### Spearheading philanthropic efforts in local communities:

- The WellCare Community Foundation
- WellCare Associate Volunteer Efforts (WAVE)
- WellCare Center for CommUnity Impact

### Significant contributor to the national economy:

- 8,900 associates nationwide
- Offices in all states where the company provides managed care
- A Fortune World's Most Admired Company ranked #195 on the Fortune 500



## Integrated Care Management and Coordination of Care

- Enhance quality of life for members and family caregivers
- Provide value to state customers and members
- Significantly decrease inpatient readmissions
- Reduce over-utilization across multiple segments
- Reduce non-emergency ground transportation costs
- Reduce inpatient bed days

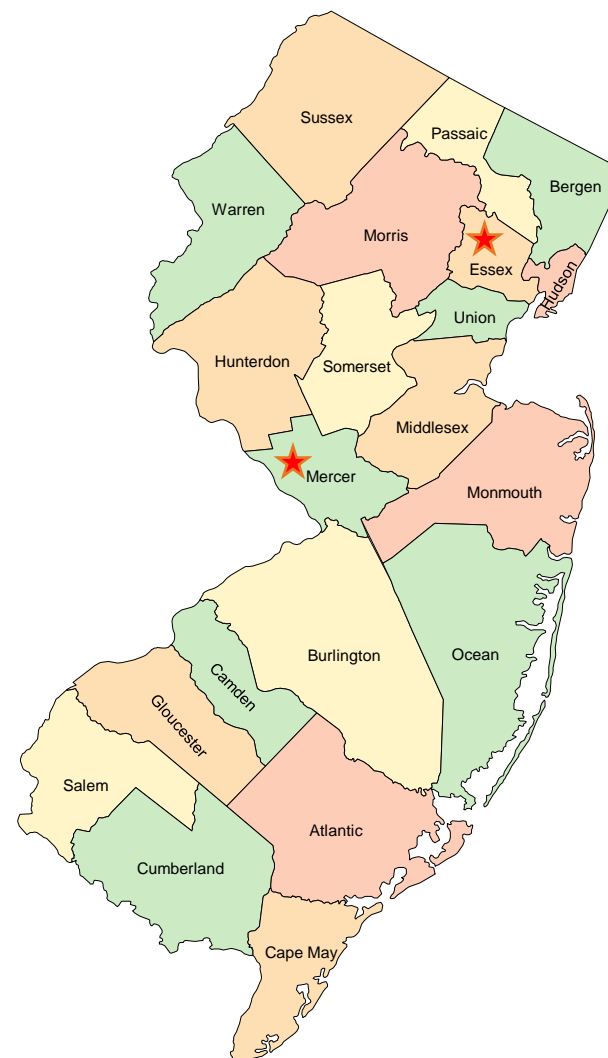
WellCare's direct economic impact on the state of New Jersey  
is \$29 million annually.\*

## In New Jersey, WellCare:

- Serves 127,000 members across the state
- Has a local presence with offices in Newark and Lawrence Township (Mercer County)
- Employs 330 people

 WellCare office

\*Direct economic impact includes employee salaries and facilities in the state.



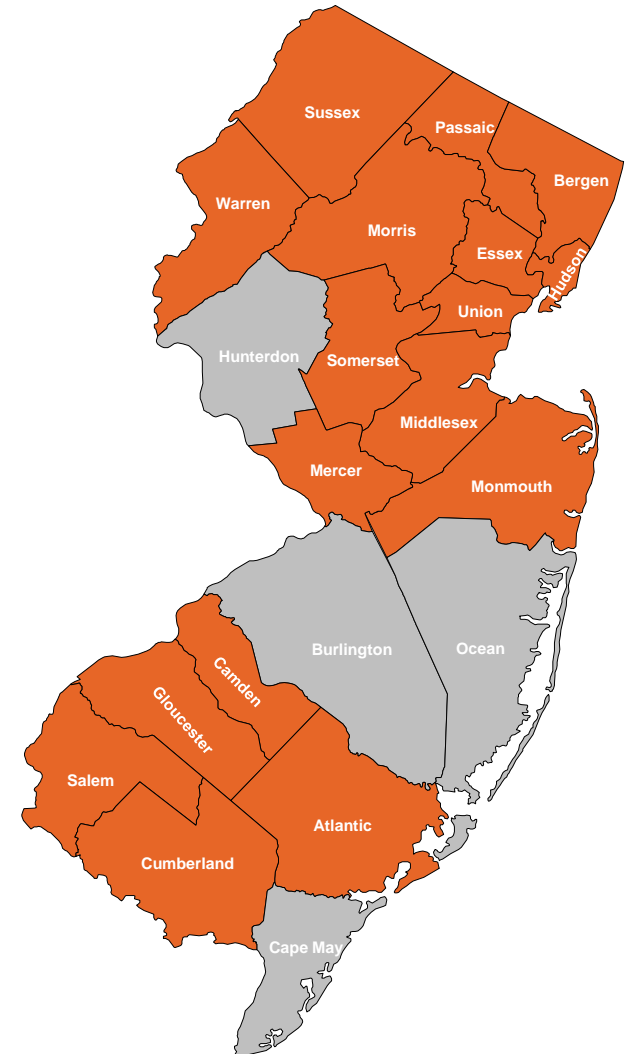
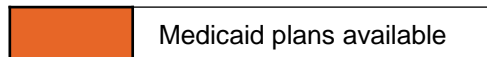


# New Jersey Medicaid Presence

WellCare serves 60,000 Medicaid members in New Jersey.

## New Jersey Medicaid Presence:



- Serves 800 Children's Health Insurance Program (CHIP) members
- Serves 11,000 Aged, Blind and Disabled (ABD) members
- Serves 24,000 Temporary Assistance For Needy Families (TANF) members
- Serves 22,000 expansion members

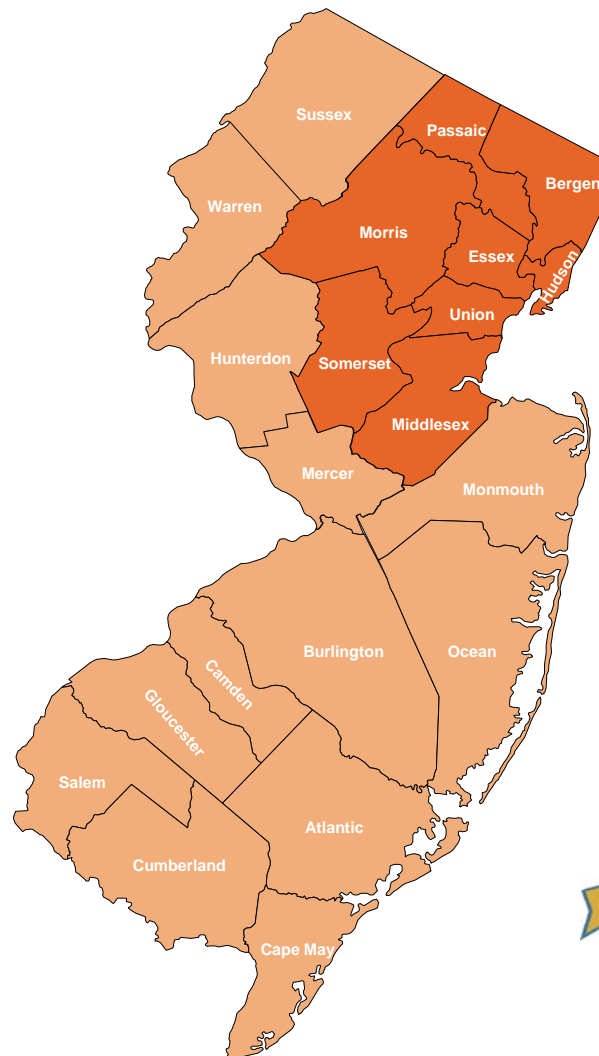


WellCare serves 37,000 Medicare members across the state.

## New Jersey Medicare Presence:

- Serves 4,000 Medicare Advantage members
- Serves 33,000 Medicare PDP members
- All Medicare plans offer a Pay-for-Performance program that promotes the timely completion of healthcare and preventive services, and improves the quality of care for eligible members.
- All Plans Offer:
  - Vision
  - Over-the-counter medication credits
  - Silver Sneakers senior fitness program
- Medicare PDPs available statewide

	Medicare Advantage & PDP plans available
	Medicare PDP plans available




# New Jersey Managed Long Term Services and Supports Presence

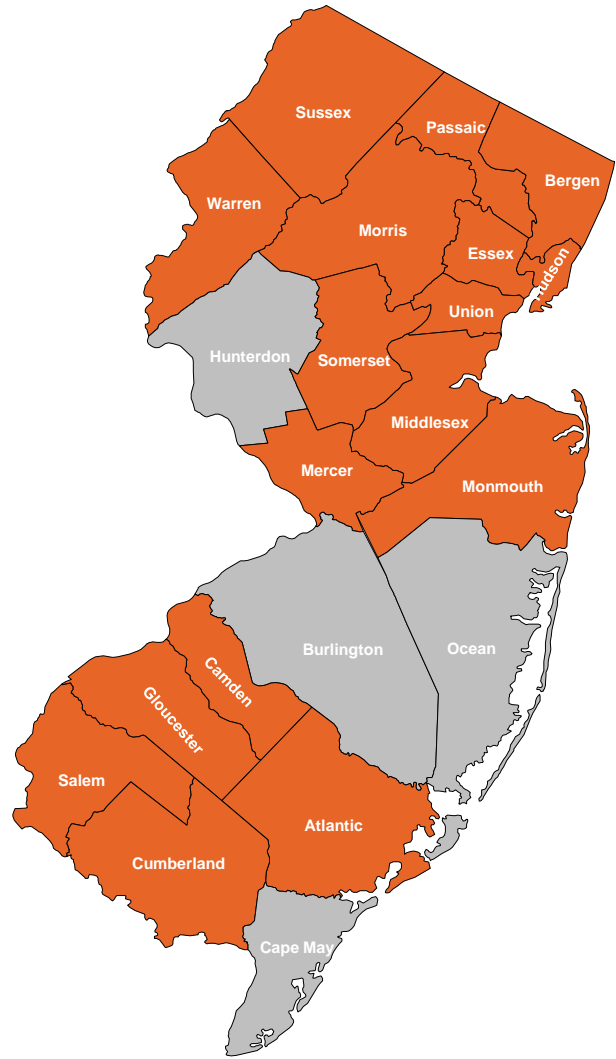


WellCare serves nearly 7,000 MLTSS members in New Jersey.

## WellCare's New Jersey MLTSS Program:

- Helps members live independently in their communities
- Provides care managers to monitor the healthcare needs of members on a regular basis
- Offers cost-savings for state compared to residential care

 MLTSS plans available



All numbers are as of Dec. 31, 2017

WellCare is committed to continually improving the quality of care and service that we provide to our members.

## Access

### Provider Access:

- 3,000 primary care providers
- 11,000 specialists
- 750 behavioral health and substance abuse providers

### Facilities Access:

- 60 hospitals
- 85 federally qualified health centers
- 10 behavioral health facilities

### Geographic Access:

- One primary care provider within 30 minutes for urban counties and 45 minutes for rural counties.
- One hospital within 30 minutes for urban counties and 45 minutes for rural counties.

## Quality

### People:

- Company-wide, WellCare has increased its quality improvement staff by 50%.
- Focused on preventive health, wellness, chronic diseases and care management.
- An enhanced case management model helps to more effectively serve the most medically complex members.
  - The model leverages both field-based and telephonic resources using state-specific, multi-disciplinary care teams.

### Process:

- WellCare has established a long-term target of accreditation for all of its health plans. At this time, the New Jersey plan is tracking very well to meet this goal.

### Technology:

- Company-wide, more than \$60 million has been invested for information technology and integrated, electronic case management to support quality.



Engaging Community Partners in Health



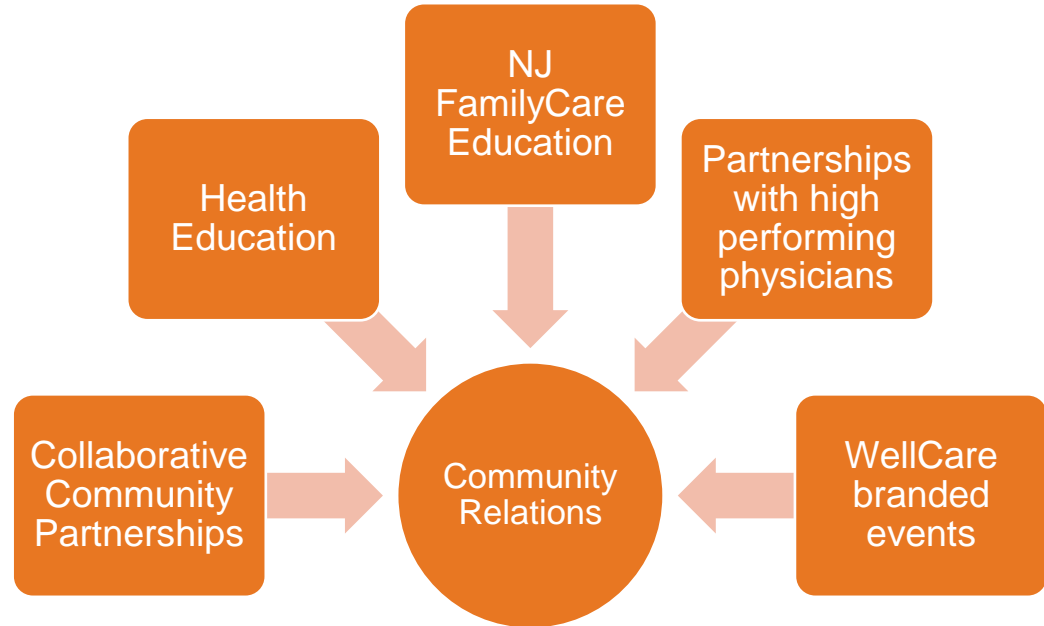
Facilitating Social Service Access and Use



Evaluating Social Services in Healthcare

## The Community Relations team combines marketing and enrollment functions to develop:

- Collaborative partnerships at high-traffic locations, such as FQHCs, WIC offices, health departments and community-based organizations
- Health education outreach efforts sustained by quality department
- WellCare branded events throughout our service area
- Mutually beneficial partnerships with high-performing providers
- Community education opportunities on New Jersey FamilyCare qualifications
- Assist with NJ FamilyCare enrollments



**WellCare strives to help our members and their communities lead better and healthier lives. The WellCare Community Foundation, our employee volunteerism and community relations efforts help to support this mission.**

## **The WellCare Community Foundation**

Established in 2010, it is a nonprofit, private foundation with a mission to foster and promote the health, well-being and quality of life for the poor, distressed and other medically underserved populations – including, those who are elderly, young and indigent – and the communities in which they live.

## **Employee Volunteerism**

WellCare encourages volunteerism to support children and seniors, and those who are low-income or underserved. Employees work in their local communities to raise much-needed funds and to support organizations that offer valuable support to those in need.

## **Community Relations**

The Community Relations program educates and advocates for WellCare members and the community. Through it, we proactively facilitate communications with providers, members and the community to inform, educate, address health issues and encourage preventive healthcare.

**In New Jersey, WellCare supports the work of community organizations and initiatives, including:**

- American Diabetes Association
- American Red Cross
- Arc of New Jersey
- Boys & Girls Clubs
- Bridges Outreach
- Coming Home of Middlesex County
- Community Food Bank of New Jersey
- Get FIT
- Local YMCAs
- New Jersey Association of Mental Health and Addiction Agencies
- New Jersey Primary Care Association
- New Jersey Community Development Corporation
- Partnership for Maternal and Child Health of New Jersey
- Rutgers University Behavior Health Care (COPSA)
- Save Latin America
- Statewide Parent Advocacy Network (SPAN)
- United Way of Northern New Jersey

## ■ Custodial Requests vs Hospice Medicaid Requests for Core Caid, DSNP, MLTSS

- *All documentation should always be faxed to 855-573-2346. This is uploaded permanently into the member's file.*
- **Custodial Care Requests for Core Medicaid Members**
- Members being discharged from SNF or Hospital will receive a 3 day temporary custodial authorization to allow for the admission to the Nursing Facility (NF). Be advised that if the SNF is the NF, the NF will submit the custodial care request.
- All requests need to be faxed to WellCare on a Custodial Request Form in its entirety. The following are also required documentation needed prior to authorization:
  - PASRR Level 1 - PASRR Level 2 is needed if the Level 1 is a positive screen.
  - Clinical/Therapy Notes
  - Med A Exhaustion Letter, if applicable
  - Care Plans
- If a member is requesting admission from home, the member must be assessed and transition to MLTSS before the authorization will be approved.
- Once all documentation has been received and reviewed by a nurse, a 90 day authorization will be granted pending the NJ Choice Assessment to be completed to determine MLTSS eligibility.
- If the member meets the MLTSS eligibility, OCCO will transition the member under the MLTSS plan code and the member will be assigned an MLTSS Case Manager.
- At that time, the authorization will be extended for up to 1 year from the MLTSS transition date and will continue to follow that process upon the anniversary for the NJ Choice Reassessment.
  - *Be aware that your point of contact for authorization issues/concerns should be directed to the MLTSS Case Manager.*



- **Custodial Care Requests for Core Medicaid Members**
- MLTSS members will receive yearly authorizations from the MLTSS transition date.
- At the time of reauthorization, the following documentation should be submitted via fax:
  - Clinical/Therapy Notes
  - Care Plan
- ***\*\*If a member has been discharged and admitted over 24 hours to any other facility, enlisted hospice or discharged home, the NF should follow the process again upon readmission under custodial care\*\****

## ▪ Hospice Request for ALL Members

- Members residing in a NF are eligible to receive Hospice Care.
- All requests need to be faxed to WellCare on a Hospice Request Form in its entirety. The following are also required documentation needed prior to authorization:
  - Clinical/Therapy Notes
  - Physician's Certification
  - Care Plans
- Once all documentation has been received and reviewed by a nurse, a 60 day authorization will be approved.
- The authorization will be granted the Hospice provider. WellCare is not responsible for the NF payment. That is outlined between the Hospice provider and the NF.
- Hospice authorization will be on a continuous 90 day extension if there are no changes.

## ■ Assisted Living Facility Requests (ALF)

- An MLTSS covered benefit.
- Prior to admitting a member to the ALF, the member should already be MLTSS. Otherwise, it is understood that the member will remain private pay until that transition occurs.
- Reach out to the MLTSS CM if the member needs transitioning into a ALF.
- Authorizations are yearly.




## Provider Portal Registration/Account Setup: Users with Existing Portal Accounts



If you have an active username and password on the existing provider portal, you will be able to log into the new portal with the same information.

### Step One:

Go to <https://provider.wellcare.com> and log in with your existing username and password.



WellCare Provider Portal

Provider Login

Username\*  
[input field]

Password\*  
[input field]

Login

Not registered? Register an account  
Forgot Password?  
Forgot Username?

Welcome to the new Provider Portal

The provider portal offers secure access to variety of tools that will make it easier to do business with us.

- Submit Authorizations and Claims
- View Authorization and Claim Status
- View Member Profiles, including
  - Eligibility and Benefits
  - Recent Authorizations
  - Recent Claims
  - Care Gaps
  - Visit History
  - Pharmacy Utilization

## Step Two:

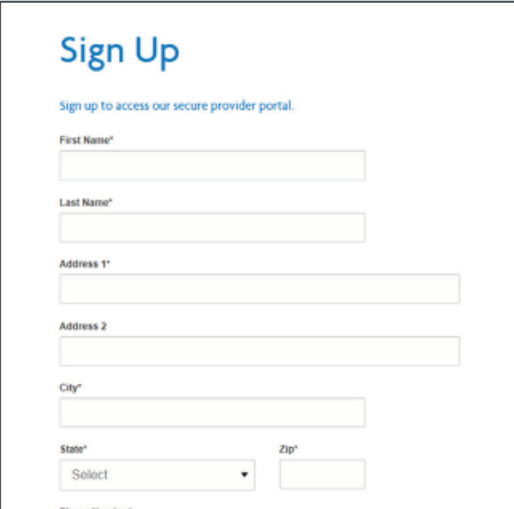
After logging in, you'll be taken to the "Sign Up" screen to complete your registration on the new portal. Please review the information you previously provided for accuracy and enter a phone number. The only field that cannot be changed is your username.

### Important Notes:

- This is the information attached to your web registration. It is not recorded in other WellCare systems.
- You can update your email address in this step. This email address will be tied to your account and used to retrieve your username or password if either are forgotten at any point.

## Step Three:

Once you've completed updating your information on the "Sign Up" screen, you will need to select three different security questions and answers, and agree to the Terms and Conditions.



**Sign Up**

Sign up to access our secure provider portal.

First Name\*

Last Name\*

Address 1\*

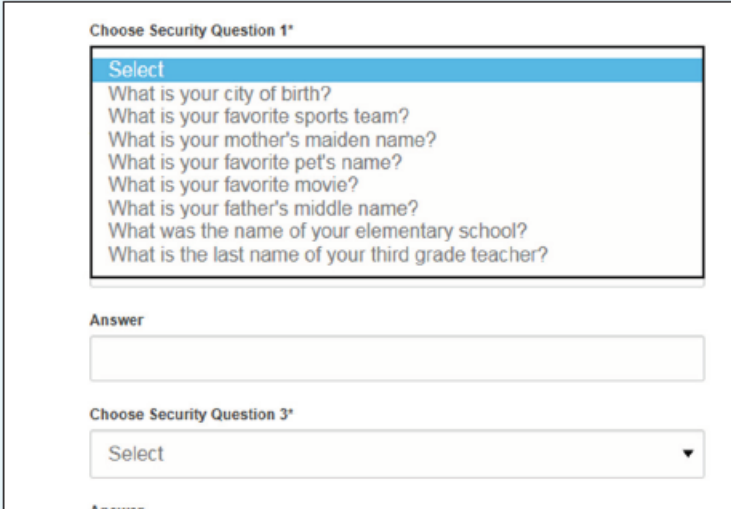
Address 2

City\*

State\*

Zip\*

Phone Number\*



Choose Security Question 1\*

Select

What is your city of birth?

What is your favorite sports team?

What is your mother's maiden name?

What is your favorite pet's name?

What is your favorite movie?

What is your father's middle name?

What was the name of your elementary school?

What is the last name of your third grade teacher?

Answer

Choose Security Question 3\*

Select

Answer

## Provider Portal: **Registration/Account Setup:** **Users with Existing Portal Accounts** *continued*

### **Step Four:**

After completing Steps 1–3, you are taken to the Request Affiliation screen. This is where you have the option to request affiliation to an account at the Contract<sup>†</sup> or Sub-Group<sup>†</sup> level. Once you locate the desired Contract or Sub-Group and submit the request, it is sent to that account's Administrator (Admin) to approve or deny. Please note you will not be able to access tools in the portal until the Admin has approved your request.

### **†Contract Level Affiliation**

A Contract level affiliation request lets you request access to the portal at the contract level.

1. To find your contract, enter the name as it appears on your WellCare contract in the Contract Name field. You may also enter a ZIP code to narrow search results.
2. Select the contract with which you want to affiliate.
3. Consider adding an optional note to the Admin of the account (something that makes you recognizable) and then submit. Your request will be routed to the Contract Admin for review.

# Provider Portal-Contract Affiliation

Almost there! Tell us which provider you want to associate with. ⓘ

### Request Access to Provider/Medical Group

Contract Level Affiliation ⓘ **1**

Sub-Group Level Affiliation ⓘ

Note to Administrator

Almost there! Tell us which provider you want to associate with. ⓘ

### Request Access to Provider/Medical Group

Contract Level Affiliation ⓘ

Contract Name

Contract Zip code

**2**

Select	Contract Name	Address	City	State
<input checked="" type="radio"/>	DEMONAME	100 IPA ADD	TAMPA	FL

1 - 1 of 1 items

Note to Administrator

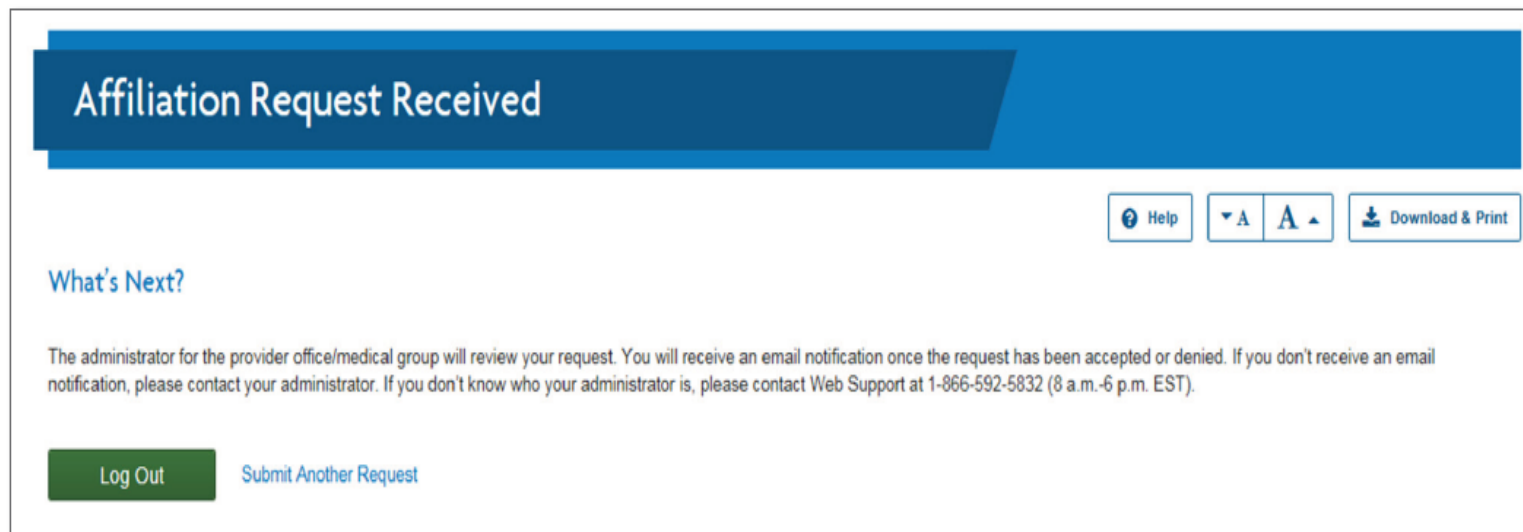
**3**

## Provider Portal: **Registration/Account Setup:** **Users with Existing Portal Accounts** *continued*

### Step Five:

You will see a confirmation message for the submitted affiliation request. You can then submit additional requests or log out. Please remember, you will not have access to the tools in the portal until the Admin of that account has granted your access. Once your Admin grants or denies your request, you will receive an email confirmation.

**Important:** If a Contract Administrator doesn't yet exist for the selected contract, you will see a message indicating that. You will need to contact your Provider Relations Representative, Network Management Specialist, or Customer Service for assistance.



**Affiliation Request Received**

Help   ▾ A   A ▴   Download & Print

**What's Next?**

The administrator for the provider office/medical group will review your request. You will receive an email notification once the request has been accepted or denied. If you don't receive an email notification, please contact your administrator. If you don't know who your administrator is, please contact Web Support at 1-866-592-5832 (8 a.m.-6 p.m. EST).

Log Out   Submit Another Request





Beyond Healthcare. A Better You.