



WellCare Health Plans, Inc.

The Wellcare Group of Companies

*OHANA HEALTH PLAN, A HEALTH PLAN OFFERED BY WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
WELLCARE OF FLORIDA, INC. ♦ COMPREHENSIVE HEALTH MANAGEMENT, INC. ♦ HEALTHEASE OF FLORIDA, INC.
WELLCARE OF NEW YORK, INC. ♦ WELLCARE OF CONNECTICUT, INC. ♦ WELLCARE OF KENTUCKY, INC.
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WELLCARE PRESCRIPTION INSURANCE, INC. ♦ MISSOURI CARE, INC. ♦ WELLCARE OF SOUTH CAROLINA
WELLCARE HEALTH PLANS OF NEW JERSEY, INC. ♦ WELLCARE HEALTH PLANS OF KENTUCKY, INC.

CONFIDENTIAL COMMUNICATION

Fax Transmittal Cover Sheet

To : SUMANA KETHA

Fax : 972-675-7310

If you need to reach us about this request, please call or fax to the toll free number provided to you. If you do not have a contact number, you can call 1-800-351-8777.

NOTES

GLORIA PERRY

Response to authorization request attached.

CONFIDENTIAL

Privacy Notice:

This facsimile message and any attachments are intended for the exclusive use of the addressee(s) and may contain information that is proprietary, confidential and/or exempt from disclosure and may be Protected Health Information. If you are not the intended recipient, please notify us immediately by calling the number below and return the original message to us at the address below via the US Postal Service. We will reimburse you for your postage. If you are a regular recipient of our faxes, please notify us if you change your fax number. Thank you.

Mail: WellCare Health Plans, Inc
Attention: Provider Services, Ren2, 2nd fl.
P.O. Box 31372
Tampa, FL 33631-3372
Calls: 866-485-8434
Faxes: 866-291-3183

Missouri Care Calls: 800-322-6027
Missouri Care Faxes: 866-946-2052



02/02/2017

Member Name: GLORIA J PERRY
Member ID: 17925088
DOB: 8/12/1950

Authorization Number: 121127981
Requesting Provider: SUMANA KETHA 520919
Treating Provider: SUMANA KETHA
Facility:
Effective Date: 1/19/2017
Expiration Date: 3/21/2017
Authorized: 99345 Home visit for an established patient

Please notify the member and other providers, as appropriate, of this authorization determination.

If you are the requesting provider, please ensure that the treating provider and/or facility are aware of this information.

If you are the treating provider, please communicate treatment status and care outcome to the member's PCP on a periodic basis.

Obtaining prior authorization does not guarantee payment, but rather only confirms whether a service meets WellCare's determination criteria at the time of the request. WellCare retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

Claims submitted for payment should include all necessary, complete and compliant data including the authorization number, CPT and ICD-10 codes.

To ALL Medicare and Medicaid providers: You are not allowed to collect or bill for co-payments, coinsurance or deductibles for Medicare Parts A and B covered services (cost-sharing amounts) if the WellCare member you are treating is a dual-eligible member who is held harmless for such cost-sharing amounts by the state Medicaid plan. If WellCare and the state Medicaid agency are in an agreement for WellCare to assume the state's responsibility to pay cost-sharing amounts for dual-eligible members the state holds harmless, then you must accept WellCare's payment as payment in full. When no such agreement exists, you may bill the appropriate state source for such cost-sharing amount. Please check your WellCare Provider Manual for details on whether WellCare is in such an agreement with the state. You will have to be enrolled with the state agency prior to billing the state for cost-sharing amounts. Therefore, if you do not accept Medicaid or are unable to bill the appropriate state source, you must accept WellCare's payment as payment in full. The Physician/Provider agrees to look solely to the plan for payment of amounts due hereunder.

To all MEDICARE providers: Members may be responsible for a sum of co-pays when receiving certain diagnostic services *in addition to* a consult or procedure, depending on how your office bills for those services