



September 2021

Subject: Notice of Termination of WellCare Contract & Notice of Termination of CSCA Delegation Agreement with WellCare

Dear Administrator:

Thank you for providing care for our Connected Senior Care Advantage members in Texas.

Our partnerships are thriving as we continue to serve more seniors in our community through Medicare Advantage health plan agreements with Aetna, Blue Cross, Humana, and UnitedHealthcare and our expansion into the CMS Global Direct Contracting program, Premier Senior Care Direct.

Partner Physician Groups	Brand
Austin Regional Clinic Premier Family Physicians South Austin Medical Clinic Capital Medical Clinic	

We wish to inform you that our contract with WellCare will terminate effective December 31, 2021. In addition, our Delegation Agreement will end concurrently with the termination of our WellCare contract.

As we continue to grow, we have decided to shift our model away from the delegation of health plan services, such as claims payment, authorizations, and credentialing. Starting in 2022, we will no longer be delegated by any health plans.

This letter also serves as a Notice of Termination of your Provider Services Agreement. This Notice of Termination (“Termination”) is being sent pursuant to Section 5.2 (c) (vii) of the Agreement (“Agreement”) and will be effective December 31, 2021, at which time, the Provider Services Agreement will terminate. Effective January 1, 2022, if you have a direct contract with WellCare, please contact Wellcare directly for all services provided to their members.

Thank you again for your commitment to providing care to our Connected Senior Care Advantage (CSCA) members. We will continue to refer our 27,000 Medicare Advantage members to your organization if you are contracted with Aetna, Blue Cross, Humana, or UnitedHealthcare.

The following page contains a list of frequently asked questions (FAQs) regarding this change.

Sincerely,

Kristie Putnam

Kristie Putnam
Regional Market President, Texas

Frequently Asked Questions

1. When will this change become effective?

- Termination of our WellCare contract concurrent with the end of Delegation for the certain services granted by WellCare to CSCA will end as of midnight on 12/31/2021.

2. What are the specific services affected?

- Utilization Management, Claims Payment Services, Credentialing and Provider Services.

3. What impact will this change have on WellCare Medicare Advantage members in 2022?

- WellCare members can keep their primary care physician by changing to a CSCA contracted health plan such as Aetna, Blue Cross, Humana, or UnitedHealthcare. Or, the members can maintain their membership with their WellCare Medicare Advantage plan and choose a new primary care physician who accepts WellCare.

4. What impact will this change have on my practice?

- Starting in 2022, if you hold a contract with WellCare, you will submit claims, credentialing, and authorization requests to Wellness instead of CSCA. If you do not have a contract with WellCare currently and one is not procured by January 1, you would be considered out-of-network by WellCare.

5. Will members be asked to change their Primary Care Physician as a result of this change?

- Members may continue with their designated Primary Care Physician (PCP) but will need to choose a different Medicare Advantage plan from one of the CSCA contracted health plans such as Aetna, Blue Cross, Humana, or UnitedHealthcare.

6. What happens if my claim is sent to CSCA for a service received in 2022?

- The claim will be rejected at the clearinghouse and returned to the provider. To avoid delays in claims payment, please submit claims directly to WellCare starting on 1/1/2022, if that continues to be your patient's health plan.

7. What happens to an authorization that CSCA approved in 2021 for a service that will not occur until 2022?

- CSCA will send WellCare a file of all approved, open authorizations for dates of service in 2022 so that WellCare can apply the authorizations appropriately as claims are received.
- Below is a grid of authorization scenarios dependent on member choice:

If a member...

Chooses to Stay with WellCare	Chooses to stay with CSCA (other contracted Health Plan)	Chooses to move to a Health Plan not contracted with CSCA
Member must choose a new PCP	Member keeps their current PCP	Member must choose a new PCP
Authorizations issued by CSCA in 2021 should be honored by WellCare for dates of service in 2022.	Authorizations issued by CSCA in 2021 will need to be requested again with the new health plan for 2022 dates of service	Authorizations issued by CSCA in 2021 will need to be requested again with the new health plan for 2022 DOS. If a new PCP is not chosen, the provider will be considered non-par. Member and provider will need to adhere to the new health plan's Continuity of Care policies.

8. Where do I call next year if I have a question on how a claim was paid in 2021?

- CSCA will continue to support the Provider Services Line, (737) 236-0999 address any questions on claims incurred in 2021.

9. What if a patient is admitted to an acute hospital in December 2021 and is discharged after January 1, 2022, or later? Where is the claim sent for processing?

- Claims for patients in this situation would be sent to the payer who had claims responsibility on the date of their admission. Therefore, the claim generated for admission in 2021 with a 2022 discharge date should be sent to CSCA for processing.

10. What if a patient is in a facility (other than an acute hospital) or receives services in December 2021 and is discharged after January of 2022 or later? Where is the claim sent for processing?

- Claims would need to be split by dates of service.
- The claims for the 2021 dates of services must be sent to CSCA. The claims with 2022 dates of services must be sent to WellCare or the health plan of record.