

Wellcare By Allwell and Wellcare Changing Peer-to-Peer Review Request and Elective Inpatient Prior Authorization Requirements for Medicare Advantage Plans Effective 11/1/2022

Dear Valued Provider,

To reduce administrative burden on our provider partners, Wellcare By Allwell and Wellcare are making the following changes to our peer-to-peer review request requirements. Wellcare By Allwell will also be updating the elective medical inpatient authorization process. This will impact both Wellcare By Allwell and Wellcare peer-to-peer review request and Wellcare By Allwell elective medical inpatient authorization requests received on or after 11/1/2022.

[Wellcare By Allwell and Wellcare Peer-to-Peer Review Requests](#)

To ensure accurate delivery and reimbursement for medically necessary services to our members, Wellcare By Allwell and Wellcare are updating our requirements for peer-to-peer review request effective 11/1/2022 to the following:

- Peer-to-peer review requests will be allowed up to two (2) business days after Integrated Denial Notice *or* day of discharge, whichever is later.
- Peer-to-peer outreach will be completed within 2 business days of peer-to-peer review request.
- If provider is not reached, a voice mail will be left (if possible) giving provider one business day to respond.
- If the provider does not respond within the stipulated timeframe, Wellcare By Allwell and Wellcare will be unable to proceed with peer-to-peer request.

No changes are being made to existing peer-to-peer timeframes or processes for pre-service requests.

Wellcare By Allwell Elective Medical Inpatient Authorization Process Updates

To provide increased flexibility and better align with industry best practices, we are making the following changes to our elective medical inpatient authorization process for [Wellcare By Allwell](#):

- The prior authorization span for elective inpatient admissions will be increased to 60 (sixty) days for dates of service on or after 11/1/2022.
- If the planned admission date exceeds the authorized date span of 60 days, a new authorization span is required.
- Elective Inpatient Prior Authorization numbers will now start with the prefix of **OP** instead of **IP**.
- Notification of admission is required within one (1) business day of admit. At the time of admission notification, a new authorization number for the admission will be provided with the **IP** prefix. Failure to provide timely notification may result in a denial of payment.

As a reminder for Wellcare By Allwell and Wellcare

All planned/elective admissions to the inpatient setting require ***prior authorization***. Prior authorization should be requested at least five (5) days before the scheduled service delivery date or as soon as need for service is identified. If prior authorization is not on file at the time of elective admission, the service is considered retrospective, and provider should follow the appropriate retrospective request process as communicated in the provider notice. Emergent admissions do not require prior authorization.

Thank you for continuing to provide our Medicare members with high quality and compassionate care. If you have questions about any of this information, please contact Provider Services.

Sincerely,

Wellcare By Allwell and Wellcare