



Provider Frequently Asked Questions

General

What is PACE?

PACE (The Program of All-Inclusive Care for the Elderly) is a comprehensive primary care provider and health plan. We individually coordinate the care of each Participant enrolled in the program using an interdisciplinary approach (See Interdisciplinary Team section below) to care coordination based on his or her needs. The goal of the WelbeHealth PACE program (PACE) is to enable each Participant to remain living in their community and prevent hospital and nursing home admissions.

What is an Interdisciplinary Team?

The PACE model of care is built around an interdisciplinary team (IDT) which includes at least 11 members. The IDT team is comprised of a primary care physician, nurse, social worker, physical therapist, occupational therapist, recreational therapist, dietician, center director, transportation coordinator, personal care worker, and home care coordinator. Each participant is assessed twice a year by the IDT team. Based on the assessments, participant needs are identified, and the team builds an integrated care plan to resolve them.

Is PACE an HMO/PPO?

PACE is a managed care plan that is neither an HMO nor a PPO. We are similar to Medicare Advantage however PACE is required to provide all Medicare and Medicaid covered benefits and additional medically necessary services. PACE organizations develop patient-centered, comprehensive care plans that are not limited to Medicare services only but encompass long-term care services.

When I check eligibility, the patient shows up with Medicare/Medi-Cal.

There are a few months delay before eligibility systems reflect the enrollment in the PACE program. Our Participants maintain Medicare/Medi-Cal eligibility while in the PACE program but are assigned PACE benefit (they disenroll from their previous insurance and re-enroll in the PACE program). Per our agreement, you'll bill us directly for all services rendered.

Scheduling

What is your scheduling process?

Our objective is to make it easy to schedule care for WelbeHealth PACE Participants. Initial and follow-up visit scheduling will be coordinated with your office by the WelbeHealth Advocate Hun. We ask that you not schedule directly with Participants or their families to reduce confusion and no-shows.

We ask that our partners make best effort to schedule PACE participants within 10 calendar days for routine matters, 7 calendar days for urgent requests, and 2 business days for STAT requests.

Who can I contact to schedule follow-up appointments or procedures?

Contact the WelbeHealth Advocate Hub at (650) 336-0300 or email welbehubrequest@welbehealth.com

Will PACE Participants call our office directly to schedule appointments?

The WelbeHealth Advocate Hub manages all scheduling and transporting. This reduces no-shows and confusion. If a Participant or family member does call your office, please re-direct them to speak with our team.

Referrals

Who can refer PACE Participants?

Referrals will always come directly from PACE via fax.

How will we recognize PACE Participants?

The referral order forms will come from [Market] PACE. Our Participants will also have their PACE ID cards and will present them at their appointments.

Authorizations

What is the authorization number?

All referrals that come from WelbeHealth PACE are automatically authorized. We ask that you deliver the services requested on the face sheet as it relates to the scope of care for the diagnosis.

Do I need authorization for additional services?

If needs arise outside the scope of the initial diagnosis or a follow-up appointment is needed, an additional authorization request will need to come from you.

Authorization requests can be submitted via our Provider Portal or by completing an Authorization Request Form and faxing it to (209) 729-5854 using our authorization request form.

Where are your prior-authorization forms located?

On our website at <https://welbehealth.com/partner/> or reach email providers@welbehealth.com

Benefits & Claims

Is there a provider portal to determine eligibility?

Yes, you can verify eligibility using our Provider Portal or contact The WelbeHealth Advocate Hub at (650) 336-0300.

Is there a deductible, co-pay, or out-of-pocket expenses for our Participants?

PACE will cover the entire cost of services and there is no patient liability, deductible, co-pay or out-of-pocket expenses.

When do I need to submit my claims (timely filing requirements)?

Our standard timely filing requirement for claims submission is 90 days, however this could vary based on your specific contract with WelbeHealth.

Do you accept electronic claims?

Yes, we accept both paper and electronic claim submissions. Our electronic payer ID is WBHCA.

Does the plan cover 100% of services?

Yes, we cover 100% of services for our Participants and there is NO cost share for our participants