2025 Provider Manual

Welbe Health

Introduction

Using the 2025 Provider Manual

The 2025 Provider Manual is both a resource for essential information about WelbeHealth policies and procedures and an extension of your Provider Service Contract. This manual is meant to assist you in working with our participants in WelbeHealth's PACE program. Familiarizing yourself with and adhering to the procedures outlined in this manual is required by our Provider Service Contract and will help ensure a mutually beneficial, productive relationship in caring for our participants.

The information provided in this manual is intended to assist providers in navigating the various aspects of participation with the WelbeHealth program. Unless otherwise specified in the Provider Service Contract, the information contained in this manual is not binding upon WelbeHealth and subject to change. WelbeHealth will make reasonable efforts to notify providers of changes to the content of this manual.

This manual is not intended to be a complete statement of all WelbeHealth Plan policies or procedures. Other policies and procedures not included in this manual may be posted on our website or published in specifically targeted communication.

We Want to Hear From You

WelbeHealth's Provider Partnership team is committed to supporting our providers and office staff. If you have any questions, please contact your dedicated Provider Partnership Associate or Coordinator or send an email to providers@welbehealth.com.

Section 1: WelbeHealth Overview

WelbeHealth is mission-driven, value-based organization founded by doctors. WelbeHealth helps seniors thrive and live longer with greater connection, vitality, and meaning through its PACE program. As a public benefit company, WelbeHealth is equally committed to all of our stakeholders, including the broader community, prioritizing corporate responsibility and sustainability.

Our Mission and Values

Welbe Health is an Insurer, Provider and Care Site

- Insurer
  - ✓ A single health plan covering all healthcare needs
  - ✓ Zero out-of-pocket costs for dual eligible participants (Medicare and Medi-Cal), ensuring affordability and comprehensive coverage
- Provider
  - ✓ Primary Care
  - ✓ Social Services
  - ✓ Care plan and Interdisciplinary Team (IDT) support
- Care Site
  - ✓ Primary Care Clinic
  - ✓ PT/OT
  - ✓ Socialization
  - ✓ Nutrition and personal care

What is PACE?

PACE is a Program of All-Inclusive Care for the Elderly. It is a comprehensive, whole person health care program designed to meet the medical, social and personal needs of older adults, enabling them to live safely in their communities.

PACE is a national program sponsored by the Federal government through Medicare and the State governments through Medicaid. PACE serves seniors that meet the following criteria:

- 55+ and deemed nursing home eligible by the state
- Can live safely at home with the support of PACE services
- Live in a PACE service area where the program is offered
- Individuals can be Medicare, Medi-Cal or both (a small percentage pay privately)

If you believe one of your patients would be a good candidate for our program, please complete a patient referral form (Appendix B) and give it to your Provider Partnership Associate.

The PACE model is built around an interdisciplinary team (IDT) approach which includes diverse perspectives working together on behalf of each individual. The team is comprised of an Interdisciplinary Care Team (IDT) that works together to deliver personalized care. This includes the PCP, a registered nurse, Physical and Occupational Therapists, Dietitian, Social Workier, Home Care Coordinator and more.

All care decisions must go through this team, including care plans recommended by external specialists. Unlike traditional healthcare products, in the PACE program, the PCP and IDT make all clinical decisions for all specialties and situations.

When a participant is enrolled in WelbeHealth, their insurance transitions to WelbeHealth for coverage of all care and services. Services are available 24 hours a day, 7 days a week, and 365 days a year. Our day centers provide many services including meals, recreational therapy, physical therapy and Adult Day Health Care. Services not provided at the centers will be provided in the home or by our network of contracted providers, such as you, following the care plan that the IDT has in place for the participant.

The PACE program provides the same benefits that Medicare and Medi-Cal provide to its participants often at no cost and at the discretion of the IDT as well as additional benefits when deemed necessary for the participant. Care benefits include:

Medical Care	Community Based Services

• Physician Care
• Nursing
• Prescription Medications
• Dentistry
• Podiatry
• Optometry
• Audiology
• All Medical Specialties
• Labs, imaging
• Dialysis
• Hospital Care
• Emergency and Urgent Carae
• Short-term rehab and long-term care
	• Rehabilitation Therapies
	  ○ Physical Therapy
	  ○ Occupational Therapy
	  ○ Speech Therapy
	• Engagement Programs
	  ○ Socializing with others
	  ○ Music, cultural events and games
	  ○ Stimulating cognitive activities
	  ○ Group exercise activities
	• Nutritional Support
	  ○ Nutrition Counseling
	  ○ Meals on center days
	• Transportation
	  ○ Rides to and from the WelbeHealth center and appointments

• Palliative Care	• Social Services
	  ○ Connections to community resources
	  ○ Medl-Cal and Medicare benefits support
	  ○ Counseling and psychological services
	  ○ Guidance and support for participants and caregivers including respite care
	• In-Home Services
	  ○ Skilled Home Health (nursing, wound care, medication administration, etc.)
	• Safety Assessment and equipment
	• Personal Care (bathing, dressing, grooming etc.)
	• Chore services (meal preparation, light housekeeping, laundry, etc.)

WelbeHealth Locations

Welbe's first center was opened in Stockon in 2019 and since that time, Welbe has grown to have 11 centers throughout California. We are scheduled to open two more centers and an additional ACS in 2025 and expand into New York in 2026. Addresses of these locations can be found in Appendix E.

Southern California	**Northern California**
North Hollywood	Fresno and Fresno ACS
Pasadena	Modesto ACS
Rosemead	Stockton
Carson	San Jose
Long Beach	Elk Grove (opening July 1, 2025)
Riverside	Visalia ACS (opening July 1, 2025)
Coachella Valley	
San Bernardino (opening July 1, 2025)	

It is expected that providers are contracted for all markets where they have sites in our service areas unless their agreement states otherwise.

Section 2: Provider Network Operations

Credentialing

WelbeHealth's credentialing process enables us to contract with qualified health care providers and to meet the requirements of our contracts with the Centers for Medicare & Medicaid Services (CMS) and the California Departments of Health Care Services (DHCS). The credentialing process ensures that providers are properly educated, trained, and accessible to WelbeHealth's participants.

Although WelbeHealth delegates some credentialing activities to recognized credentialing programs, WelbeHealth always retains the right and the obligation to accept or reject the recommendations of our credentialing delegates. WelbeHealth reviews these credentialing programs on an annual basis.

Information acquired through the credentialing and re-credentialing processes is considered confidential, and WelbeHealth staff and credentialing delegates who have access to the files are responsible for ensuring the information remains confidential, except as otherwise provided by law. WelbeHealth may deny or restrict participation, terminate participation, or take other action in accordance with the provider's written agreement with WelbeHealth and our credentialing policies and procedures.

Initial Credentialing

Each practitioner, facility or ancillary provider must complete a standard application form when applying for initial participation in the WelbeHealth Network. This application may be a statemandated form, or a standard form created by or deemed acceptable by WelbeHealth for practitioners, facilities and ancillary practitioners. The Council for Affordable Quality Healthcare ("CAQH"), a universal credentialing data source is utilized. CAQH is building the first national provider credentialing database system, which is designed to eliminate the duplicate collection and updating of provider information for health plans, hospitals, and practitioners. To learn more about CAQH, visit their web site at www.CAQH.org.

WelbeHealth will verify those elements related to an applicant's legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within the one hundred and eighty (180) calendar-day period prior to the Credentialing Committee making its credentialing recommendation or as otherwise required by applicable accreditation standards.

During the credentialing process, WelbeHealth will review verification of the credentialing data as described in the following tables unless otherwise required by regulatory or accrediting bodies. These lists represent minimum verification requirements.

Practitioners (Providers)

- National Provider Identification number
- License to practice in the state(s) in which the practitioner will be treating Covered Individuals

- Current DEA registration (for relevant practitioners)
- Proof of education (evidence of graduation from applicable professional school and completion of residency or other post-graduate training as applicable) •
- Malpractice claims history
- Malpractice insurance
- Board certification (for relevant practitioners)
- Clinical history
- Work history
- Exclusions and sanctions
- Medicare Opt-Out
- Proof of Enrollment in Medi-Cal & Medicare

Facility and Ancillary (Health Delivery Organizations)

- Good standing with State and Federal government
- CMS/DHCS Certification (if applicable)
- Proof of Accreditation (if applicable)
- Most recent Survey (if applicable)
- Certificate of Insurance
- State License
- Proof of Enrollment in Medi-Cal & Medicare

Re-credentialing

The re-credentialing process incorporates re-verification and the identification of changes in the practitioner's or facility and ancillary practitioner's licensure, sanctions, certification, and/or performance information (including, but not limited to, malpractice experience) that may reflect on the practitioner's, facility or ancillary professional's conduct and competence. This information is reviewed to assess whether practitioners, facility and ancillary providers continue to meet WelbeHealth's credentialing standards.

During the re-credentialing process, WelbeHealth will review verification of the credentialing data as described in the tables under Initial Credentialing unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements. All applicable practitioners and HDOs in the network within the scope of WelbeHealth's Credentialing Program are required to be re-credentialed every three (3) years unless otherwise required by contract or state regulations.

To support certain credentialing standards between the re-credentialing cycles, WelbeHealth has established an ongoing monitoring program. Credentialing performs ongoing monitoring to help ensure continued compliance with credentialing standards and to assess for occurrences that may reflect issues of substandard professional conduct and competence. To achieve this, the credentialing department will review periodic listings/reports within thirty (30) calendar days of the time they are made available from the various sources including, but not limited to, the following:

- Office of the Inspector General (OIG)
- System for Award Management (SAM)

- National Practitioner Data Bank (NPDB)

Updating Provider Information for Directory

Federal and state regulations require that networks are adequate and provider directories are current and accurate. WelbeHealth requires providers to communicate demographic changes that may affect the provider record and directory profile. Changes must be communicated as soon as possible, but no later than 14 days from the date a change is known. This includes any changes related to provider's practice such as:

- Name
- Address
- Phone Number
- TIN
- Adding or terming a provider from a group

WelbeHealth will periodically ask for you to update your information but it is the responsibility of the provider to inform us as soon as possible.

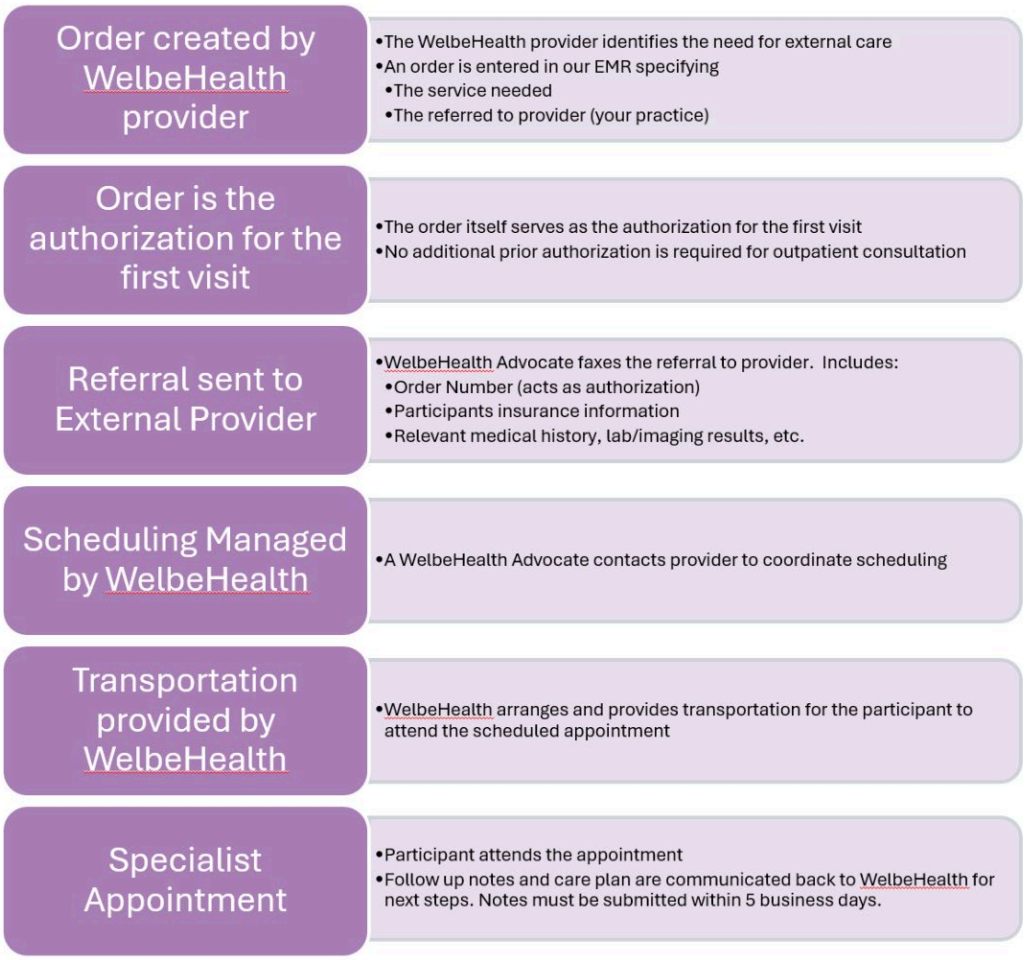
Provider Survey

WelbeHealth conducts a practice survey annually to assess how providers (both physicians and staff) feel about key services we provide. Providers are highly encouraged to participate in the survey. This is an opportunity for providers to help WelbeHealth effect positive changes to its organizational policies and procedures as they relate to participant care processes. The survey is on-line and simple and should take no more than 5 – 10 minutes of your time. You will receive notification about its availability sometime in the fall.

Section 3: Participant Scheduling and Transportation

The PACE program provides all-inclusive care to the elderly with a high touch, very personalized approach. In the PACE model, the PACE primary care providers (PCPs) and PACE interdisciplinary team (IDT) retain responsibility for managing chronic medical and geriatric conditions. The external specialists, an integral part of the participant's care, should work in tandem with the PCP to ensure that the services provided align with the participants' care plan. This unique program relies on processes that may differ from other health plans but are required by Federal and State agencies such as timely return of medical records.

We appreciate our external provider's adaptation to the PACE program processes. This is an overview of an external referral to appointment:



Participant Appointment Scheduling

WelbeHealth is responsible for scheduling appointments and arranging transportation to and from all provider encounters on behalf of WelbeHealth participants. To ensure access and care and safety for our participants, WelbeHealth provides non-emergency medical transportation. These services include not only transportation to and from WelbeHealth day centers, but also to doctor's appointments and other healthcare facilities in the community. The transportation is designed to accommodate both ambulatory and non-ambulatory participants in a safe manner.

All appointments for our participants must be scheduled through a WelbeHealth Advocate at WelbeHealth's call center (HUB). We are scheduling appointments, transportation and other factors requiring careful coordination. **Providers should not directly schedule appointments with WelbeHealth participants. This may cause confusion and missed appointments.**

When scheduling an appointment for a participant new to your practice, please inform the WelbeHealth Advocate if there is paperwork that needs to be completed prior to the visit. Our participants may need assistance with this process and we will ensure that it is done prior to the appointment if needed.

Once a referral order is sent to your practice via fax, a WelbeHealth Advocate will reach out to your office directly to schedule an appointment. Once the appointment has been scheduled, you will receive a fax that includes the order number (which acts as the authorization), participant's insurance information (including copy of their ID card), and relevant medical history Including pertinent imaging or lab results.
If an appointment needs to be cancelled or rescheduled, WelbeHealth should be notified of the cancellation or request to reschedule as soon as possible. WelbeHealth will notify the participant of the cancellation or rescheduled date. Please contact WelbeHealth at (650) 336-0300 or email welbehubrequest@welbehealth.com regarding cancellations or reschedules. Please also attempt to notify WelbeHealth with a minimum of 72 hours notice when possible.

All appointment reminders should be sent to WelbeHealth directly and not to the participant. WelbeHealth is responsible for conducting appointment reminders for all participants. Appointment reminders directly from external providers to WelbeHealth participants can cause confusion.

Follow up appointments do not require prior authorization but must be approved by the IDT or the participant's PCP. Based on the consult notes received, and whether the PCP deems the appointment necessary, the PCP will submit an order to a WelbeHealth Advocate in our HUB which will trigger the appointment scheduling process.

Although the process is to wait for WelbeHealth to call the provider to schedule an appointment, if you need to schedule a follow-up appointment or other service, please contact WelbeHealth HUB at (650) 336-0300 or email welbehubrequest@welbehealth.com.

We ask that we are informed at least 7 days in advance for all follow-up appointments that are needed to ensure that the participant can be notified and transportation can be arranged. If the follow up requires prior authorization, please submit the authorization request in advance of scheduling appointment. Office visits do not require authorizations past the first consultation.

If an appointment requires specific preparation or requirements, please inform the WelbeHealth Advocate when scheduling the appointment. We will ensure that the participant is appropriately prepared as requested.

If WelbeHealth needs to cancel an appointment on behalf of a participant, your office will receive a fax cancellation notification. If WelbeHealth needs to cancel a surgical procedure, your office will receive a phone call followed by a fax cancellation notification.

We ask that our provider partners make best efforts to schedule WelbeHealth participants within 30 calendar days for routine matters and 2 business days for STAT requests.

Should your office have a high volume of appointments that require scheduling we also offer alternatives for scheduling such as scheduled telephone calls, email process and more. If interested please reach out to your Provider Partnership Associate.

Transportation

The majority of our participants utilize the transportation services we provide. Welbe drivers are highly trained and an important member of the care team. For transportation to provide consistent and quality service for all Participants, transportation staff need cooperation from Participants and contracted providers, by making sure Participants are ready and prepared when the driver arrives for transport.

Should a participant need ambulatory help, an escort may accompany them for their assistance and safety. Please note that the drivers cannot act as escorts for the participants. Special transportation needs (e.g. wheelchair, assisted mobility) will be communicated when scheduling.

For participant pick up, please call the WelbeHealth HUB at (650) 336-0300.

Section 4: Eligibility

Every WelbeHealth participant receives an insurance identification card that will detail the participant's name and identification number. This card identifies them as a WelbeHealth participant and should be presented to physicians and other providers when seeking healthcare services. If a WelbeHealth participant is requesting service and is unable to present an identification card, please contact a WelbeHealth's Advocate at our HUB at (650) 336-0300. A copy of the participant's ID card and/or referral can be sent by fax upon request.

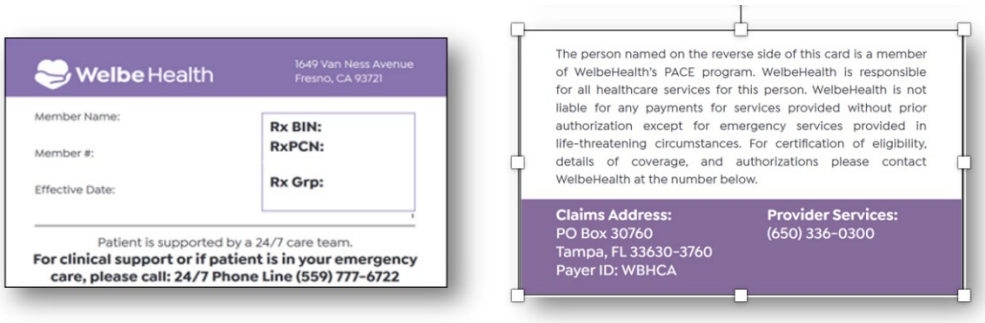
Although participants should present an ID card when they arrive at your office, to ensure that the participant is currently enrolled with WelbeHealth, providers should utilize the provider portal to verify eligibility at https://welbehealth.quickcap.net/.

Providers should contact WelbeHealth at (650) 336-0300 in the event that emergent care is needed (see below for definition of emergent care). We have a nurse on staff 24/7 to respond to emergent situations. Regardless of whether a participant has an identification card, providers should verify participant eligibility at the time of service to ensure s/he is enrolled in WelbeHealth. Failure to do so may affect claims payment.

WelbeHealth provides coverage for the treatment of an emergency medical condition, which is defined as a life-threatening medical condition, if not diagnosed and treated immediately, emergent medical conditions could result in serious and permanent damage to your health. Examples of an emergency can include but are not limited to:

- Chest pain/symptoms of a heart attack
- Unexpected or sudden loss of consciousness
- Severe difficulty breathing
- Symptoms of a stroke

Sample ID card:



Section 5: Authorization for Services

WelbeHealth maintains a "Right Care, Right Place, Right Time" Program to evaluate medical necessity and manage the quality and cost of health care services delivered to participants. All services are evaluated either prospectively, concurrently, or retrospectively to determine medical necessity based on standard criteria. WelbeHealth's approach ensures quality, cost-effective care by evaluating:

- Medical Necessity
    - Services align with participants' diagnosis and are delivered appropriately utilizing evidence-based guidelines such as Milliman (MCG).
- Contracted Providers
    - Clinical Support Decision (CDS) review staff must approve use of non-contracted providers when services are unavailable in network.
- Service Justification
    - Hospital admission and length of stay are monitored
- Resource Utilization
    - Ensures services are neither over-utilized nor under-utilized
- Regulatory Compliance
    - Adheres to guidelines such as National Coverage Decisions, and Medicare/Medi-Cal standards.

Authorization Necessity

Initial visits do not require an authorization as they are automatically authorized via the order placed by the PCP. Follow up visits also do not require an authorization if no other services are rendered. There are certain services that require approval by WelbeHealth before they are provided to participants. Prior authorization is based upon the clinical documentation and ensures services are medically necessary and aligned with the participant's care plan.

A comprehensive list of services requiring prior authorization is available on our website at https://welbehealth.com/partner/. The authorization listing is subject to change and WelbeHealth will make reasonable efforts to notify providers of changes to the content of the list.

The following services do not require an authorization:

- Preventative services
- Sexually transmitted disease services
- HIV testing

Authorization Submission

If you need to request prior authorization for additional services, please submit a prior authorization request. Authorization requests should be submitted through the Provider Portal (https://welbehealth.quickcap.net/). If necessary, you may fax your request with an authorization request form and clinical documentation to (209) 729-5854.

Please visit our website at https://welbehealth.com/partner/ for a copy of the Authorization Request Form and to view the Prior Authorization List sorted by service type, place of service.

In order to meet CMS regulations within the PACE program (Final Rule 42 CFR 460.70), WelbeHealth will review and respond to authorization requests within 2 days of submission.

Urgent and Emergency Care

WelbeHealth provides coverage for the treatment of an emergency medical condition, which is defined by a life-threatening medical condition, if not diagnosed and treated immediately, emergent medical conditions could result in serious and permanent damage to your health. Examples of an emergency can include but are not limited to:

- Chest pain/symptoms of a heart attack
- Unexpected or sudden loss of consciousness
- Severe difficulty breathing
- Symptoms of a stroke

Inpatient and outpatient emergency health services are covered both inside and outside of the WelbeHealth service area. Prior authorization is not required for emergency care. In the event of an emergency, WelbeHealth instructs its participants to seek immediate care, or call 911 for assistance. WelbeHealth will not deny payment if a WelbeHealth contracted health care provider instructs a participant to seek emergency services.

Enrollment in WelbeHealth includes coverage for post-stabilization care, defined as services provided after an emergency that a treating physician views as medically necessary after an emergency medical condition has been stabilized.

Urgent Care includes inpatient or outpatient services that are necessary to prevent serious deterioration of your health resulting from an unforeseen illness or injury where treatment cannot be delayed until the participant can return to our service area.

Urgent care services are covered for participants. Providers must notify WelbeHealth within 24 hours or the next business day of providing emergency or urgent services to an WelbeHealth participant, or if the participant is admitted to a hospital.

Participants are encouraged to always carry their WelbeHealth identification card and to notify WelbeHealth should they need urgent or emergency care.

Section 6: Claims and Payment

Requirements for a Complete Claim

Providers are responsible for submitting a complete claim for all services provided to or on behalf of participants. A complete claim should be billed on a UB04, CMS1500 or ADA claim form and is considered a clean claim when all required fields are completed and free of errors.

Claims Submission Timelines

All contracted providers are required to submit claims within the timely filing limits indicated in the provider contract. Non-contracted providers must submit claims within three hundred and sixty-five days (365) of the last date of service on the claim.

If a claim is not submitted within the appropriate time frame, the claim will be denied. Provider can submit a claim or dispute ta timely filing denial if a good cause for delay can be presented. Requests for a claim's adjustment, corrections or reconsideration for an adjudicated claim must also be received within the timely filing limits indicated in the provider contract, or three hundred and sixty-five days (365) for non-contracted providers.

Extenuating circumstances causing delay would include, but is not limited to:

- A catastrophic event that substantially interferes with normal business operations of the provider
- Administrative delays or errors by WelbeHealth or our governing agencies (DHCS, CMS)
- Other special circumstances reviewed and approved by WelbeHealth

Consideration will be given for extenuating circumstances provided that complete documentation is submitted to justify the delay.

Claims Submission Process

WelbeHealth accepts and strongly encourages providers to submit claims electronically through Electronic Data Interchange (EDI) or if you are a contracted provider through our Provider Portal. To help our environment and avoid waste, paper claims should only be used when additional documentation is needed for processing. The advantages if submitting an electronic claim versus a paper claim include:

- Faster, more expedient payment of your claims
- Electronic receipt acknowledging your claim (EDI vendor)
- Improved claims tracking, status reporting and processing time
- Cost effectiveness

Electronic payor ID : WBHCA

**Providers that do not have a clearinghouse can utilize Office Ally free of charge

Provider Portal: (contracted providers only)
https:/welbehealth.quickcap.net/

Paper claims should be submitted to:

Attn: Claims Department
WelbeHealth
PO Box 30760
Tampa FL 33630-3760

Payment of Claims

WelbeHealth shall process all Clean Claims within thirty (30) business days of receipt. A Clean Claim means one which can be processed without obtaining additional information from the provider of the service or from a third party. It does not include a claim from a provider who is known to be under investigation for fraud or abuse, a claim under review for medical necessity or a claim for which there is no authorization, or the claim does not match the services authorized via the authorization.
Payment for services rendered is subject to verification that:

- The participant was enrolled in WelbeHealth at the time the service was provided;
- The service was delivered to the patient (cancelled services are not eligible for payment); and,
- The provider was compliant with WelbeHealth Prior Authorization policies at the time of service.

Claims that are not clean may be denied. Provider agrees that in the event of a denial of payment for services rendered to Participants, that provider shall not bill, charge, seek payment or have any recourse against Participant, Medicare, or Medicaid for such services.

Medicare and Medicaid will not be responsible for claims for the participant while they are enrolled as a participant of WelbeHealth. All claims for services provided to WelbeHealth participants must be submitted to WelbeHealth.

Contracted providers can review claim status, as well as view and download EOBs for processed claims, through the Provider Portal at https://welbehealth.quickcap.net/. If there are questions concerning claim status or adjustments please contact a WelbeHealth Advocate at (650) 336-0300.

Electronic Funds Transfer (EFT)

We offer Electronic Funds Transfer capabilities to allow direct deposit reimbursements. To register, complete an EFT form located in Appendix B or at https:/welbehealth.com/partners/ and submit with a voided check to providers@welbehealth.com. Providers receiving direct deposit reimbursements by EFT will still receive a mailed EOB. Additionally, EOBs can be downloaded from the Provider Portal at https://welbehealth.quickcap.net/.

Payment terms are defined in provider contracts with WelbeHealth. The amount of payment for services provided is affected not only by the terms in the contract, but also by the following:

- Participant's eligibility at the time of service
- Whether services provided are covered services
- Whether services provided are medically necessary

- Whether services were without the prior approval of WelbeHealth, if prior approval is required
- Amount of the provider's billed charges•
- Adjustments of payments based on coding edits described below

A provider who receives reimbursement for services rendered to WelbeHealth Participants must comply with all federal laws, rules, and regulations applicable to individuals and entities receiving federal funds, including without limitation Title VI of the Civil Rights act of 1964, Age Discrimination Act of 1975, Americans with Disability Act, and Rehabilitation Act of 1973.

Nothing contained in the provider Agreement or this Manual is intended by WelbeHealth to be a financial incentive or payment which directly or indirectly acts as an inducement for providers to limit medically necessary services.

WelbeHealth applies the CMS site-of-service payment differentials in its fee schedules for CPT codes based on the place of treatment (physician office services versus other places of treatment).

Participant Billing

Balance billing of a WelbeHealth PACE participant is prohibited under federal and state regulation and your contract with WelbeHealth.

Pursuant to Section 2.3 of the Provider Service Contract and in accordance with state and federal law, participating physicians and other providers may not bill or attempt to obtain reimbursement from a WelbeHealth PACE participant, or any person acting on behalf of a participant, for any Medicare or Medi-Cal covered services. Medi-Cal members are not liable for any amount.

Dual eligible beneficiaries are individuals with both Medicare and Medi-Cal. Medicare providers (like doctors and hospitals) cannot bill dual eligible beneficiaries for Medicare cost sharing, such as co-pays, co-insurance or deductibles. Even if a Medicare provider is not enrolled in Medi-Cal, the provider may not bill the dual eligible beneficiary.

Section 7: Provider Appeals and Disputes

WelbeHealth contracted providers receive compensation for services rendered according to their Service Agreement. All providers have the right to appeal WelbeHealth decisions related to authorization, modification, deferral, or denial of services, or the processing or payment/nonpayment of a claim.

Submitting Appeals/Disputes

To submit a dispute or appeal, contracted providers should submit a provider dispute online through the provider portal.Non-contracted providers must submit the dispute using the Provider Dispute Resolution (PDR) form located at http:welbehealth.com/partners/ and fax the dispute to

Please allow 30 business days for WelbeHealth to review and respond to your appeal.

Corrected Claims

There may be times when a claim was not completed correctly and you would like to modify a claim already submitted. Examples: revisions to coding, dates, billed amounts or member details. WelbeHealth treats corrected claims as replacement claims. When a corrected claim is submitted, it is important that you follow the corrected claims process by clearly identifying that the claim is a correction rather than an original claim. This includes using the proper format, by claim form type and loop/segment for EDI claims.

To cancel or retract a claim please send an email to providers@welbehealth.com.

Submitting Additional Documentation

If additional documentation is requested or required to process and/or adjust a previously processed claim, please submit the documentation along with a Correspondence Cover Page which can be found in Appendix X. The Correspondence Cover Page should be used after the submission of a claim which has resulted in a request for documentation by WelbeHealth; or if the provider feels additional documentation is warranted to process or adjust a previously received/processed claim.

Please send this completed form and requested documentation to: providers@welbehealth.com or mail to:

Attn: Claims Department
WelbeHealth
PO Box 30760
Tampa FL 33630-3760

Section 8: Operational Guidelines

Ancillary Services

Laboratory

WelbeHealth is contracted with both Quest and LabCorp with sites across California. If you need lab work done on a participant, specify that in your consult notes and the participant's PCP and IDT will review and order if necessary. You should not be ordering any laboratory testing directly for the participants.

Imaging

WelbeHealth is contracted with an extensive network of radiology providers throughout California. While you may do a plain film x-ray within your office, all other services require the approval of the PCP and IDT. Include what is needed in the consult note and if the service requires a prior authorization, submit the authorization so that it is in the system when the PCP writes the order so that participant care is not delayed.

Prescription Drugs

WelbeHealth does not have a formulary and will cover any medically necessary prescription or over -the-counter medications if they are approved by the IDT and included in the Participant's plan of care. All prescriptions must be written by a WelbeHealth provider for automatic coverage.

WelbeHealth has a closed pharmacy network and exclusively uses CareKinesis, a pharmacy which provides all medications directly to our Participants via mail order. In some instances, with WelbeHealth's prior approval, prescriptions may be filled at an alternative pharmacy if necessary.

Outside Medications

If a Participant obtains an outside prescription from a specialist or from the Emergency Department, call the WelbeHealth afterhours number so that the Participant's Primary Care Provider can review and approve the medication. Prescriptions not ordered by a WelbeHealth contracted provider will not be refilled, nor will they be separately paid.

After Hours Care

Providers should contact Welbe Nurse Advocates by calling (650) 336-0300. For any urgent needs please ask for the Welbe Nurse Advocate Supervisor on-call. All Welbe Nurse Advocates can also be reached at nightlynavigators@welbehealth.com.

Should you have a need to make sure a participant receives important medication and it's after hours or on the weekend, please phone the Welbe Nurse Advocate at (650) 336-0300 and they will be happy to assist you.

Translation Services

Provider partners are responsible for providing all translation and interpretation services to their patients. To facilitate effective communication and ensure that our participants receive the care they need, WelbeHealth recommends the following:

- Qualified interpreters:
  - Providers must utilize qualified interpreters who are proficient in both the participant's language and medical terminology. This is essential for ensuring accurate and culturally sensitive communication.
- Confidentiality and Privacy:
  - All communication with interpreters must adhere to HIPAA and PAC/DHCS/CMS privacy regulations.
- Informed Consent:
  - Providers should obtain informed consent from participants for all language assistance services.
- Cultural Competency:
  - Providers are expected to strive to provide culturally sensitive care that meets the unique needs of their diverse patient population.

If you encounter a language barrier, or if you know that this will be an issue while scheduling the appointment, please communicate with the WelbeHealth HUB at (650) 336-0300 for support.

Please note that neither our drivers nor escorts are qualified translators and cannot function in that capacity.

Electronic Tools

Provider Portal

The WelbeHealth Provider Portal allows you to quickly get the answers you need so you can save valuable time and get better documentation and visibility. With the Provider Portal you can:

- ✓ Check eligibility
- ✓ Submit prior authorizations and check status
- ✓ Submit claims and check reimbursement status
- ✓ Download EOBs
- ✓ Submit provider disputes

Your Provider Partnership team will help you get up and running on this system. Your Provider Partner Coordinator will ensure you have an account and provide you with the log in information and the Provider Partnership Associate will conduct on-site trainings at your office.

There is a detailed user guide that has step-by-step instructions for accessing and navigating the portal. Passwords expire every 90 days. Please use the "forgot password" button on the page to reset it. Alternatively, contact providers@welbehealth.com for assistance.

Electronic Claims Submission

The fastest and easiest way to submit claims to WelbeHealth is directly from your system through our clearinghouse, Office Ally. Our electronic payer ID is WBHCA.

Electronic Funds Transfer (EFT)

You can save time by receiving direct deposit of payments. To do this, send your request to providers@welbehealth.com and we will contact you to start the process.

WelbeHealth Partners Web Page

Many resources are available from the Partners page of the WelbeHealth website such as;

- Authorization request and post-care coordination forms
- Prior authorization list
- Provider Partnership contact list by market
- Provider Manul

Our Partners page is found at https://welbehealth.com/partners/

Section 9: Provider Responsibilities

Expectations

The government expects WelbeHealth and all our contractors and providers to follow all laws, rules, regulations, and contract requirements and conduct business in an ethical manner. This means:

- Providers will always act in the best interests of our program participants, including the protection of participants' rights.
- Providers will avoid conflicts of interest. Where potential conflicts exist, providers are expected to disclose the conflict to WelbeHealth and work with us to successfully resolve it.
- Providers will treat participants with dignity, respect and fairness. Participants will not be discriminated against based on race, color, religion, gender, sexual orientation, age, disability, or any other protected characteristic.
- Providers will protect the confidentiality of participant information and any confidential information of WelbeHealth.
- Providers will obey all laws, rules, regulations, and contract requirements.
- Providers will report any known or suspected instances of unethical or illegal behavior and will not retaliate against any staff participant who in good faith reports any such concern.
- Provider shall report timely any and all suspected non-compliance to WelbeHealth compliance hotline. The compliance hotline can be reached by calling 844-986-1440. Additional information can be found on the website Compliance Hotline
- Provider shall act to resolve deficiencies, ethical and services issues and non-compliant practices in coordination with the WelbeHealth Compliance Officer.
- Provider shall submit evidence of initial and annual compliance training upon request from WelbeHealth..

Providers are expected to have written policies and procedures that guide staff in complying with regulatory and contractual requirements. Staff should also be trained annually on compliance and fraud, waste and abuse. WelbeHealth may ask for copies of these training records.

Providers are obligated to review the WelbeHealth policies and procedures attached within the Provider Manual. These documents may be updated at any time and are subject to change.

Providers are expected to check the government sanction and exclusion databases monthly to ensure that they, their employees, and their subcontractors are not excluded from participating in government programs. There are companies that provide monitoring service or you can monitor by going to the government sites (www.sam.gov and http://exclusions.oig.hhs.gov/). Providers need to keep documentation of this monthly monitoring activity. WelbeHealth may ask for this documentation as proof the monitoring is being performed.

- Provider is expected to understand and adhere to the contract provisions at all times.
- Provider is required to provide compliance and fraud, waste and abuse training for all staff and annually document training in staff files.

- Validate monthly that employees have not been listed on the Office of Inspector General exclusion list. http://oig.hhs.gov/fraud/exclusions.asp
- Provider shall immediately notify WelbeHealth if they as a provider or any of their employees appear on the exclusion list. WelbeHealth shall provide a global authorization upon initial referral of a participant to contracted providers. Provider shall render services necessary as it relates to the participant's diagnosis. If additional needs arise outside of the scope of the initial diagnosis, the provider is expected to contact the participant's Care Team to obtain an additional authorization.
- Written notice of any change in the type, scope or location of delivery of services shall be provided to WelbeHealth at least ninety (90) days prior to the effective date of the change.
- Provider must only bill for services actually provided. Submitting claims for services that were not provided – even if authorized – is illegal (fraud).
- Provider shall send written notice to WelbeHealth within five (5) days of any legal, governmental or other action initiated against provider.
- Provider shall notify WelbeHealth's Provider Partnership Department at providers@welbehealth.com of any changes in address, telephone number, or other contact information, such as email address or contract administrator name. Additionally, changes to provider rosters should also be communicated.
- WelbeHealth expects providers to demonstrate sensitivity to cultural diversity and to honor participants' beliefs. Providers are expected to foster staff attitudes and interpersonal communication styles that respect participants' cultural backgrounds.
- Providers are required to notify Adult Protective Services (APS) of any suspected abuse including physical abuse, abandonment, isolation, financial abuse or neglect.

Participant Rights

When enrolled in a PACE program, participants have certain rights and protections. The PACE program must fully explain these rights to all participants or someone acting on their behalf in a way that they can understand at the time they join. As a provider, you have the responsibility to respect every participant's rights. Please see Appendix C for an overview of the PACE participants' rights.

Record Keeping

All network providers must maintain and upon request furnish to WelbeHealth all information requested by WelbeHealth related to the quality and quantity of services provided through their contract. This includes written documentation of care and services provided, including dates of services, time records, invoices, contracts, vouchers or other official documentation evidencing in proper detail the nature and propriety of the services provided. Network providers should submit progress notes to WelbeHealth within 5 calendar days of care delivery for non-urgent referrals and 24-hours for urgent referrals or those requiring an urgent change to participants treatment regimen including change of medication.

If the provider is recommending any changes to a patient's treatment regimen provider shall maintain books and records, including Participant medical records, pertaining to actions performed pursuant to this Contract by the provider in a form consistent with and in compliance with provisions of all applicable state and federal laws. For PACE-

funded services, records must be retained for a minimum of ten (10) years after termination of services as specified in this Contract or from the date of completion of any audit, whichever is later.

Medical Records Submission

Medical Records submission (consult notes) are an important part of a participant's care plan and are critical to our process. CMS regulations within the PACE program (Final Rule 42 CFR 460.70) dictate that the PCP/IDT review and make treatment decisions within 7 days of being seen by an external provider. WelbeHealth receives your recommended care plan via the consult notes which is why it is essential that they are sent in to WelbeHealth within 5 days for regular appointments and 2 days for STAT appointments. In addition, delays in receiving this important information can lead to delays in a participant's care decisions and delivery.

What to Send:

- Clinical visit notes including the following details:
    - Date of visit
    - Diagnosis (Dx)
    - Summary of visit
    - Recommended treatment plan (e.g. prescriptions, testing, future appointments)
    - Signature of treating physician

  Note: Only current visit information is required. Historical information is already in the participant's chart at WelbeHealth.

How to Send:

- Preferred Methods
    - Email via secure email to medrechub@welbehealth.com
    - Smartsheet upload (see Provider Partnership Associate for information)
    - Electronic upload (see Provider Partnership Associate to discuss this option)
    - Only as necessary, via fax to the numbers listed below

Market	Clinic Fax Number
Fresno	**(833) 963-2082**
Modesto	**(833) 573-2336**
Stockton	**(844) 548-3818**
San Jose	**(833) 449-4676**
Carson	**(833) 973-3630**
Long Beach	**(855) 712-7837**
North Hollywood	**(833) 471-5322**

Rosemead	**(833) 471-4510**
Pasadena	**(855) 245-2961**
Riverside	**(833) 450-5967**
Coachella Valley	**(833) 450-5964**
Elk Grove	**TBD**
Visalia ACS	**TBD**
San Bernardino	**TBD**

HIPAA

Based on the services you provide on behalf of WelbeHealth you may be provided with protected health information (PHI). This information includes all medical and care-related services you provide. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) you are responsible to keep this information secure. Information must not be left out where anyone can read it, including paper records and emails, and should be protected against theft.

The law also requires you to only share PHI with the participant's consent in all but a limited number of situations. Any loss, theft, misuse, or accidental disclosure of PHI must be reported to WelbeHealth's Compliance Department and may also need to be reported to the government under the breach notification requirements.

There are government resources available to assist you to understand your obligations. These include:

- http://www.hhs.gov/ocr/privacy/index.html
- http://www.cms.gov/Regulations-and-Guidance/HIPAAAdministrative-Simplification/HIPAAGenInfo/index.html

Please contact our Provider Partnership Team or Compliance Department if you have questions or concerns about HIPAA. WelbeHealth is concerned with protecting participant privacy and is committed to complying with the Health Insurance and Portability Act (HIPAA) privacy regulations. Generally, covered health plans and covered providers are not required to obtain individual participant consent or authorization for use and disclosure of Protected Health Information (PHI) for treatment, payment and health care operations. Activities such as: care coordination, reviewing the competence of health care professionals, billing/claims management, and quality improvement fall into this category. If you have further concerns, please contact your Provider Partnership Associate or Coordinator or email providers@welbehealh.com.

Individuals should be notified in writing or e-mail if that is their preferred method of contact, and be provided with basic information about the breach, such as:

- When the breach happened, when the event was discovered, and a brief statement about what happened
- What type of PHI was breached

- Things that the individual can do in order "to protect themselves from potential harm resulting from the breach"
- What corrective actions and investigation the covered entity is doing to prevent future breaches and mitigate losses; and contact information for the individual to use in case of any questions.

In addition to disclosure accounting, the individual is also entitled to receive a copy of his or her electronic health record, if they request; this information may be sent to the individual, or another person designated by individual.

Fraud, Waste and Abuse

WelbeHealth operates a comprehensive compliance program that actively investigates allegations of fraud, waste and abuse on the part of providers and participants. WelbeHealth is required to report to DHCS all suspected fraud, waste or abuse (FWA).

- Fraud – is defined as an intentional deception, false statement or misrepresentation made by an individual with knowledge that the deception could result in unauthorized benefit to that individual or another person. Claims submitted for services not provided are considered fraudulent.
- Waste – is defined as failing to control costs or using Medicare or Medicaid funds to pay for services that are not determined to be necessary.
- Abuse – is defined as practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business or medical practices. The primary difference between fraud and abuse is "intent". Poor recordkeeping, lack of understanding of care responsibilities or reporting obligations may result in an investigation for abuse.

The following are some examples of fraudulent, abusive, and unacceptable practices that are prohibited by WelbeHealth:

- Submission of false information for the purpose of obtaining greater compensation than that to which the provider is legally entitled (i.e., up coding or unbundling of charges)
- Billing for services not rendered or billing in advance of care
- Knowingly demanding or collecting any compensation in addition to claims submitted for covered services (except where permitted by law)
- Ordering or furnishing inappropriate, improper, unnecessary or excessive care services or supplies
- Failing to maintain or furnish, for audit and investigative purposes, sufficient documentation on the extent of care and services rendered to participants
- Offering or accepting inducements to influence participants to join the plan or to use or avoid using a particular service.
- Submitting bills or accepting payment for care, services or supplies rendered by a provider who has been disqualified from participation in the Medicare or Medicaid programs.

Providers must comply with federal laws and regulations designed to prevent fraud, waste and abuse, but not limited to, applicable provisions of federal criminal law, the False Claims Act, the anti-kickback statute, and the Health Insurance Portability and Accountability Act administrative simplification rules, applicable state and federal law,

including, but not limited to, Title VI of The Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act and all other laws applicable to recipients of federal funds from which payments to providers under this Agreement are made in whole or in part, and all applicable Medicare laws, regulations, reporting requirements, and CMS instructions.

Suspected cases of fraud and abuse are reported to the appropriate state agency. Providers who suspect fraud, waste and abuse on the part of another provider or a participant should contact the WelbeHealth Compliance Hotline by calling 844-986-1440. Additional information can be found on the website Compliance Hotline.

Remember, you may report anonymously as WelbeHealth abides by a zero-tolerance against noncompliance. All contacts will be treated confidentially.

Oversight, Monitoring and Auditing (OMA)

WelbeHealth providers oversight of claims processing through monitoring, reviewing, and measuring claims payments and denial processing, provider dispute mechanisms and assessing for demonstrable and unjust payment patterns on an on-going basis. Audits of processed claims and disputes are conducted annually or throughout the year, as necessary. Audits include review and evaluation of specific claims disputes, adjustments, reports, written policies and procedures and contracts; management involvement and oversight, claims processing systems and functions, dispute resolution mechanism and regulatory and contractual compliance. These audits are conducted in accordance with WelbeHealth standards and state and federal requirements. Audits of claims are required to cure any deficiencies in the claims system, manual processing and identify potential fraud, waste or abuse in order to bring deficiencies into contractual and regulatory compliance.

Gifts and Entertainment

As we operate a federally-funded program and in order to avoid even the appearance of improper conduct, WelbeHealth discourages providers and vendors from offering gifts to our staff and participants. WelbeHealth limits vendor gifts to staff to $20 per employee per year and $100 across all employees per year. Gifts include business meetings over meals or coffee, physical gifts, gift certificates, and tickets to sporting and other entertainment events. Financial support to attend conferences or seminars would be a legitimate business expense and would not be considered a gift. It is our hope that this policy will eliminate real or imagined bias by regarding selection of providers for participant services. Providers who may be in doubt of what is considered an acceptable or unacceptable item should ask Provider Partnership for clarification and assistance.

Gender Affirming Care

SB 923, the Transgender, Gender Diverse, and Intersex (TGI) Inclusive Care Act, was signed into law in September of 2022. It ensures respectful, inclusive, and culturally competent care for TGI individuals.

Cultural competency training is required for all providers and staff in patient care roles. It focuses on inclusive language (names, pronouns, terminology), TGI health disparities and reducing barriers to care and the history of TGI exclusion and oppression.

It is imperative that the patient experience respects the choices of the participant including using gender neutral language, avoiding assumptions about gender identity and providing affirming care.

All providers in the WelbeHealth network must complete the competency training. If you have not already completed this course, please register and complete the TGI cultural competency training. You may register through WelbeHealth's preferred vendor, Sage, by emailing kcushing@sageusa.org. Training through Sage costs $25 and is the provider's responsibility.

Once training is competed, an attestation must be submitted to document that you are in compliance. Only one attestation per group is required, listing all providers. If you have already completed the training, you can attest through our online form located at http:/welbehealth.com/partners.

The WelbeHealth provider directory allows providers to be recognized for offering gender affirming care. Contact providers@welbehealth.com or talk to your Provider Partnership Associate for assistance.

Section 10: Quality Management

WelbeHealth strives to deliver outstanding services so participants can achieve their goals and desired outcomes. Delivering quality care is a strategic objective and is driven each year by the Annual Quality Plan.

- WelbeHealth conducts formal Quality Improvement (QI) projects as defined and reviewed by state and federal agencies.
- WelbeHealth strategically selects meaningful projects that will benefit the participants
- Measures and evaluates the quality of the Care Management activities to improve the participants' experience, which include but are not limited to:
    - Participant Satisfaction Survey
    - Care Management process monitoring
    - Regulatory audit readiness/corrective action planning
    - Practice Guidelines
    - Consumer and provider input to Quality Plan
    - Integrate other organizational plans with the Quality Program

WelbeHealth encourages its network providers to communicate feedback on how we can continue with our strong tradition of delivering quality care.

Quality Improvement Plan and Policies

The policies and procedures in Appendix E impact provider processes over the course of business with WelbeHealth. These documents may be updated at any time and are subject to change. In the event of a material change to these documents, WelbeHealth will make all reasonable efforts to notify you in advance of such changes through provider bulletins, provider newsletters, and other mailings. In such cases, the most recently published information shall supersede all previous information and be considered the current directive. Other policies and procedures not included in this manual may be posted on our website or published in specially targeted communications.

WelbeHealth conducts an annual evaluation of our quality programs which can be found at https://welbehealth.com/partners/. We welcome all feedback to any of our quality programming.

Section 11: Contact Lists

Provider Partnership Contacts

Provider Partnership Associate is your provider relations representative that is in the field and visits you in person. They can help with training, address concerns and answer questions. Please email them if you would like them to visit your office.

Provider Partnership Coordinator is your in-house provider relations contact that works to support the Associate and your practice. They are happy to answer questions while they also research issues to provide resolutions to practices.

Jennifer Willson
Sr. Director, Provider Partnerships
jennifer.willson@welbehealth.com

Sierra Ligot
Sr. Manager, Provider Partnerships
sierra.ligot@welbehealth.com

Amanda Barraza
Supervisor, Provider Partnerships
amanda.barraza@welbehealth.com

	Provider Partnership Associate	Provider Partnership Coordinator
Fresno	Tricia Kasparian tricia.kkk@welbehealth.com	Diana Le diana.le@welbehealth.com
Modesto	Gena Welch gena.welch@welbehealth.com	Seta Dakessian seta.dakessian@welbehealth.com
Stockton	Gena Welch gena.welch@welbehealth.com	Seta Dakessian seta.dakessian@welbehealth.com
San Jose	Samantha Gonzalez samantha.gonzalez@welbehealth.com	Dalina Le dalina.le@welbehealth.com
Carson	Ashley Castaneda ashley.castaneda.com	Seta Dakessian seta.dakessian@welbehealth.com
Long Beach	Ashley Castaneda ashley.castaneda.com	Seta Dakessian seta.dakessian@welbehealth.com
North Hollywood	Chelsie Alejos chelsie.alejos@welbehealth.com	Amanda Barraza (interim) Amanda.barraz@welbehealth.com
Rosemead	Jennifer Cabral jennifer.cabral@welbehealth.com	Amanda Barraza (interim) Amanda.barraz@welbehealth.com
Pasadena	Jennifer Cabral jennifer.cabral@welbehealth.com	Amanda Barraza (interim) Amanda.barraz@welbehealth.com
Riverside	Melissa Rueda melissa.rueda@welbehealth.com	Dalina Le dalina.le@welbehealth.com
Coachella Valley	Tammy Cherry tammy.cherry@welbehealth.com	Dalina Le dalina.le@welbehealth.com

	Provider Partnership Associate	Provider Partnership Coordinator
Elk Grove	TBD	TBD
Visalia	TBD	TBD
San Bernardino	TBD	TBD

Key Contacts and Resources

General Questions	**WelbeHealth Advocate HUB Provider Line: (650) 336-0300** or **welbehealthhubrequest@welbehealth.com** or **providers@welbehealth.com**
Scheduling	**WelbeHealth Advocate HUB Provider Line: (650) 336-0300** Schedule all appointments through the HUB so we can coordinate care and arrange transportation. Do not schedule appointments directly with participants.
Authorizations	**Submit via the Provider Portal** or **FAX: (209) 729-5854** Initial referrals by WelbeHealth are automatically authorized. Follow-up visits do not require authorization. To determine if a service requires authorization, visit welbehealth.com/partners. Only the CPT codes listed require authorization. Authorizations submitted via the portal will be reviewed within five (5) business days.
Claims	You may submit claims via the portal or via a clearinghouse. **WelbeHealth's electronic payer ID is WBHCA**.
Clinical Documentation	Submit clinical documentation via secure email to **medrechub@welbehealth.com** Submit clinical notes following every visit within (7) business days. Send STAT/urgent consult notes within (2) business days.
Provider Portal	To request a portal account, send an email to **providers@welbehealth.com**

Medical Practice Leadership

WelbeHealth's Medical Practice leadership team has deep experience in the healthcare industry.

Michael Le MD
Chief Medical Officer
michael.le@welbehealth.com

David Hirota MD
Chief Clinical Officer
david.hirota@welbehealth.com

Colin Robinson MD
Regional Medical Director
Colin.robinson@welbehealth.com

Sabrina Villalba MD
Regional Medical Director
Sabrina.villalba@welbehealth.com

For more information about our medical leadership go to https:/welbehealth.com/partners/our-providers/

Medical Practice Leadership (Centers)

Market	Medical Leadership
Fresno	Jason Desadier DO Associate Medical Director jason.desadier@welbehealth.com
Modesto	Rosalio Rubio MD Medical Director rosalio.rubio@welbehealth.com
Stockton	Armen Isaiants MD Medical Director Armen.Isaiants@welbehealth.com
San Jose	Nancy Chen MD Medical Director Nancy.chen@welbehealth.com
Carson	Aparna Akolar MD Medical Director Aparna.akolar@welbehealth.com
Long Beach	Roberto Diaz Del Carpio MD Associate Medical Director Robert-Diaz-Del-Carpio@welbehealth.com
North Hollywood	Danielle Basurco MD Medical Director Danielle.basurco@welbehealth.com
Rosemead	Andy Chen MD Medical Director Andy.chen@welbehealth.com
Pasadena	Eric Tam MD Associate Medical Director Eric.tam@welbehealth.com
Riverside	Jae Yang MD Medical Director Jae.yang@welbehealth.com
Coachella Valley	Jae Yang MD Medical Director Jae.yang@welbehealth.com
Visalia ACS	TBD

Market	Medical Leadership
Elk Grove	TBD
San Bernardino	TBD

Appendix A: Revision History

Version	Date	Change Description
1	4/18/25	Initial Manual
2	05/02/25	Updated Authorization Necessity, page 17

Appendix B: Participant Bill of Rights

When you join a PACE program, you have certain rights and protections. WelbeHealth, as your PACE program, must fully explain and provide your rights to you or someone acting on your behalf in a way you can understand at the time you join.

At WelbeHealth, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medicaid and Medicare covered items and services, and other services determined to be necessary by the interdisciplinary team across all care settings, 24 hours a day, 7 days a week.

Our staff and contractors seek to affirm the dignity and worth of each Participant by assuring the following rights:

You have the right to treatment.

You have the right to treatment that is both appropriate for your health conditions and provided in a timely manner. You have the right:

- To receive all the care and services you need to improve or maintain your overall health condition, and to achieve the best possible physical, emotional, and social well-being.
- To get emergency services when and where you need them without the PACE program's approval. A medical emergency is when you think your health is in serious danger— when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States and you do not need to get permission from WelbeHealth prior to seeking emergency services.

You have the right to be treated with respect.

You have the right to be treated with dignity and respect at all times, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment and in an accessible manner.
- To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms.
- To be encouraged and helped to use your rights in the PACE program.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the PACE Center.
- To not have to do work or services for the PACE program.

- To have all information about your choices for PACE services and treatment explained to you in a language you understand, and in a way that takes into account and respects your cultural beliefs, values, and customs.

You have a right to protection against discrimination.

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your:

- Race
- Ethnicity
- National Origin
- Religion
- Age
- Sex
- Mental or physical disability
- Sexual Orientation
- Source of payment for your health care (For example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at the PACE program to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 1-800- 368-1019. TTY users should call 1-800-537-7697.

You have a right to information and assistance.

You have the right to get accurate, easy-to-understand information, to have this information shared with your designated representative, who is the person you choose to act on your behalf, and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the PACE program interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and PACE participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- To have the enrollment agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from the PACE program. The PACE program must also post these rights in a public place in the PACE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the PACE program. This includes telling you which services are provided by contractors instead of the PACE staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.

- To be provided with a copy of individuals who provide carerelated services not provided directly by WelbeHealth upon request.
- To look at, or get help to look at, the results of the most recent review of your PACE program. Federal and State agencies review all PACE programs. You also have a right to review how the PACE program plans to correct any problems that are found at inspection.

Before WelbeHealth starts providing palliative care, comfort care, and end-of-life care services, you have the right to have information about these services fully explained to you. This includes your right to be given, in writing, a complete description of these services and how they are different from the care you have been receiving, and whether these services are in addition to, or instead of, your current services. The information must also explain, in detail, how your current services will be affected if you choose to begin palliative care, comfort care, or end-of-life services. Specifically, it must explain any impact to:

- Hospital services
- Long-term care services
- Nursing services
- Social services
- Dietary services
- Transportation
- Home care
- Therapy, including physical, occupational, and speech therapy
- Behavioral health
- Diagnostic testing, including imaging and laboratory services
- Medications
- Preventative healthcare services
- PACE center attendance

You have the right to change your mind and take back your consent to receive palliative care, comfort care, or end-of-life care services at any time and for any reason by letting WelbeHealth know either verbally or in writing.

You have a right to a choice of providers.

You have the right to choose a health care provider, including your primary care provider and specialists, from within the PACE program's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services. You have the right to have reasonable and timely access to specialists as indicated by your health condition.

You also have the right to receive care across all care settings, up to and including placement in a long-term care facility when WelbeHealth can no longer maintain you safely in the community.

You have a right to participate in treatment decisions.

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf as your designated representative. You have the right:

- To be fully informed of your health status and how well you are doing, to make health care decisions, and to have all treatment options fully explained to you. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this may affect your physical and mental health.
- To fully understand WelbeHealth's palliative care, comfort care, and end-of-life care services. Before WelbeHealth can start providing you with palliative care, comfort care, and end-of-life care services, the PACE program must explain all of your treatment options, give you written information about these options, and get written consent from you or your designated representative.
- To have the PACE program help you create an advance directive, if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

You have a right to have your health information kept private.

- You have the right to talk with health care providers in private and to have your personal health care information kept private and confidential, including health data that is collected and kept electronically, as protected under State and Federal laws.
- You have the right to look at and receive copies of your medical records and request amendments.
- You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800- 537- 7697.

You have a right to make a complaint.

- You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with your PACE program.
- You have the right to a fair and timely process for resolving concerns with your PACE program. You have the right:
- To a full explanation of the complaint process.

- To be encouraged and helped to freely explain your complaints to PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.
- **To contact 1-800-Medicare for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.**

You have the right to request additional services or file an appeal.

You have the right to request services from WelbeHealth, its employees, or contractors, that you believe are necessary. You have the right to a comprehensive and timely process for determining whether those services should be provided. You also have the right to appeal any denial of a service or treatment decision by the PACE program, staff, or contractors.

You have a right to leave the program.

If, for any reason, you do not feel that the PACE program is what you want, you have the right to leave the program at any time and have such disenrollment be effective the first day of the month following the date WelbeHealth receives your notice of voluntary disenrollment.

Additional Help:

If you have complaints about your PACE program, think your rights have been violated, or want to talk to someone outside your PACE program about your concerns, call 1-800-MEDICARE or 1-800-633-4227 to get the name and phone number of someone in your State Administering Agency.

Participant Responsibilities

We believe that you and your caregiver play crucial roles in the delivery of your care. To assure that you remain as healthy and independent as possible, please establish an open line of communication with those participating in your care and be accountable for the following responsibilities:

You have the responsibility to:

- Cooperate with the Interdisciplinary Team in implementing your care plan.
- Accept the consequences of refusing treatment recommended by the Interdisciplinary Team.
- Provide the Interdisciplinary Team with a complete and accurate medical history.
- Utilize only those services authorized by WelbeHealth.
- Take all prescribed medications as directed.
- Call the WelbeHealth physician for direction in an urgent situation.
- Notify WelbeHealth within 48 hours or as soon as reasonably possible if you require emergency services out of the service area.
- Notify WelbeHealth when you wish to initiate the disenrollment process.
- Notify WelbeHealth of a move or lengthy stay outside of the service area.

- Pay required monthly fees as appropriate
- Treat our staff with respect and consideration.
- Not ask staff to perform tasks that they are prohibited from doing by PACE or agency regulations.
- Voice any concerns or dissatisfaction you may have with your care.
- WelbeHealth will make every reasonable effort to provide a safe and secure environment at the center. However, we strongly advise participants and their families to leave valuables at home. WelbeHealth is not responsible for safeguarding personal belongings

Appendix C: WelbeHealth Center Addresses

All WelbeHealth Centers and Clinics are open Monday through Friday, 8:00 am – 4:30 pm. The Clinic fax number is where you can send medical records/consult notes.

Fresno Center
1649 Van Ness Avenue
Fresno CA 93721

Fresno Street Clinic
7110 Fresno Street, #140
Fresno CA 93720
Clinic Fax #: (833) 963-2082

Modesto ACS
1224 Scenic Drive
Modesto, CA 95350

Coffee Road Clinic
500 Coffee Road
Modesto CA 95355
Clinic Fax #: (833) 573-2336

Stockton Center
582 East Harding Way
Stockton CA 95204
Clinic Fax #: (844) 548-3818

San Jose Center
1799 Hamilton Avenue
San Jose CA 95125
Clinic Fax #: (833) 449-4676

Carson Center
20920 Chico Street
Carson CA 90746
Clinic Fax #: (833) 973-3630

Long Beach Center
1220 East 4th Street
Long Beach CA 90802
Clinic Fax #: (855) 712-7837

North Hollywood Center
11633 Victory Boulevard
North Hollywood CA 91606
Clinic Fax #: (833) 471-5322

Rosemead Center
8399 Garvey Avenue
Rosemead CA 91770
Clinic Fax #: (833) 471-4510

Pasadena Center
50 Alessandro Place, Suite A20
Pasadena CA 91105
Clinic Fax #: (855) 245-2961

Riverside Center
2799 Gateway Drive
Riverside, CA 92507
Clinic Fax #: (833) 450-5967

Coachella Valley Center
46805 Dune Palms Road
La Quinta, CA 92253
Clinic Fax #: (833) 450-5964

Visalia ACS
(opening July 2025)
Information to come
Visalia, CA XXXXX
Clinic Fax #: TBD

San Bernardino
(opening July 2025)
1819 North Western Avenue
San Bernardino, CA 92411
Clinic Fax #: TBD

Elk Grove
(opening July 2025)
7560 Sheldon Road
Elk Grove, CA 95758
Clinic Fax #: TBD

Appendix D: Forms

WelbeHealth provides **all-inclusive support for seniors,** including medical, dental, social and much more.

Welbe Health

welbehealth.com

Are you 55 years or older?

Do you have Medicare and Medi-Cal?

If so, you may qualify for WelbeHealth services at no cost! To learn more, visit welbehealth.com or call us today.

We currently serve the areas of:

- Fresno
- Long Beach
- North Hollywood
- Pasadena
- Rosemead
- Stockton/Modesto
- San Jose

Call us to learn more at (888) 551-0307.

Welbe Health

Provider Attestation

I confirm that _____ has signed an agreement with WelbeHealth PACE and by my signature below, as the authorized representative of the Provider and/or Group, hereby attest that I understand my responsibilities as a WelbeHealth Partner.

By checking the boxes below, I attest that I have received and reviewed the following items:

WelbeHealth PACE Provider Manual: I fully understand that the information contained in the Provider Manual is intended to train Provider partners in navigating various services, policies, and procedures on behalf of the WelbeHealth PACE program. I further acknowledge that the Provider Manual shall be utilized as a resource to access important information, including claims and referral instructions, in addition to the policies included in the presiding Agreement with Coastline PACE.	☐
Quick Reference Guide: I have received a copy and will share this copy with all office staff.	☐
Scheduling: I understand WelbeHealth has a Central Scheduling Team who coordinates all appointments and transportation for PACE participants.	☐
Clinical Documentation Process: I understand clinical case notes must be submitted following every PACE participant visit directly to PACE clinical E-fax within (7) business days. STAT/Urgent orders consult notes should be sent within (2) business days.	☐
Authorizations: I understand that WelbeHealth provides an authorization upon referral and any additional visits and/or services must be requested.	☐
Credentialing: I have gathered and submitted all Provider and/or Group information requested by WelbeHealth for credentialing purposes, including but not limited: - Provider Roster - Complete and signed W9 Form	☐
I am aware of who is my assigned Network Associate is, and understand I am able to reach out to them directly on the event I have any questions or items I need to discuss.	☐

_____ _____

Signature of Authorized Representative

Printed Name of Authorized Representative

_____ _____

Date Signed

Authorized Representative's Title

WelbeHealth EFT Enrollment Form

Welbe Health

Please Email Completed Form to:Providers@welbehealth.com

Incomplete or illegible enrollment packages will be returned unprocessed.

A copy of a voided check or bank authorization letter for the account receiving the direct deposit must be attached.

DEPOSIT SLIPS ARE NEVER ACCEPTED UNDER ANY CIRCUMSTANCES.

PROVIDER NAME (REQUIRED)	**MEDICARE PROVIDER NUMBER** (Required for Institutional only)
ADMINISTRATIVE CONTACT: First, Last (REQUIRED) Email: _____ (REQUIRED)	**TAX ID NUMBER:** (REQUIRED)
TITLE: (REQUIRED)	**PHONE NUMBER:** (REQUIRED)

BANK INFORMATION ☐ Bank Account Change Only / **Request Type:** ☐ Professional ☐ Hospital

NAME ON BANK ACCOUNT (REQUIRED)	
ACCOUNT TYPE (REQUIRED) ❑ CHECKING ❑ SAVINGS	
BANK NAME (REQUIRED)	**BRANCH NAME**(REQUIRED)
BANK ADDRESS (REQUIRED)	**BANK PHONE NUMBER** (REQUIRED)
ACCOUNT NUMBER (REQUIRED)	**TRANSIT/ABA NUMBER** (REQUIRED)

You are authorizing Welbe Health to deposit payments for claims to the account listed above.This is a legal document. ***An authorized signer on the bank account must sign this form.***

PRINT NAME: (REQUIRED) _____

SIGNATURE: (REQUIRED) _____

TITLE: (REQUIRED) _____

PHONE NUMBER: (REQUIRED) _____

DATE SIGNED: (REQUIRED) _____

FAX NUMBER: _____

Please allow up to 4-6 weeks for EFT payments to begin. Once EFT payments begin, funds will be deposited into your bank account.

Welbe Health

Authorization Request Form

For all authorization requests, please fax this completed form and clinical documentation to **(209)-729-5854**

For any questions regarding this authorization, scheduling, or verification of In Network Providers, please contact:
Telephone: (650)-336-0300 or **Email**: WelbeHubRequest@welbehealth.com

Market

- ☐ Carson (CAR): 20920 Chico Street, Carson, CA 90746 | Clinical Notes Fax: (833) 973-3630
- ☐ Coachella Valley (CVY): 46805 Dune Palms Rd, La Quinta, CA 92253 | Clinical Notes Fax: (833) 450-5964
- ☐ Long Beach (LAC): 1220 E. 4th Street, Long Beach, CA 90814 | Clinical Notes Fax: (855) 712-7837
- ☐ Modesto (MOD): 1224 Scenic Drive, Modesto, CA 95350 | Clinical Notes Fax: (833) 573-2336
- ☐ North Hollywood (NOH): 11633 Victory Blvd. Ste 100, North Hollywood, CA 91606 | Clinical Notes Fax: (833) 471-5322
- ☐ Pasadena (PAC): 50 Alessandro Pl. A20, Pasadena, CA 91105 | Clinical Notes Fax: (855) 245-2961
- ☐ Riverside (RIV): 2799 Gateway Drive, Riverside, CA 92507 | Clinical Notes Fax: (833) 450-5967
- ☐ Rosemead (ROS): 8399 Garvey Ave, Rosemead, CA 91770 | Clinical Notes Fax: (833) 471-4510
- ☐ San Jose (SJC): 1799 Hamilton Ave, San Jose, CA 95125 | Clinical Notes Fax: (833) 449-4676
- ☐ Fresno (SEQ): 1649 Van Ness Ave, Fresno, CA 93721 | Clinical Notes Fax: (833) 963-2082
- ☐ Stockton (STN): 582 E. Harding Way, Stockton, CA 95204 | Clinical Notes Fax: (844) 548-3818

Type of Request

☐ New ☐ Post Service ☐ Modification

If this request is to modify an existing authorization, please provide authorization #:

_____

Urgency

Requests submitted as an urgent referral when standard timeframes could seriously jeopardize the participant's life or health or ability to attain, maintain, or regain maximum function ☐ Urgent ☐ Routine

Member Information

Full Name:
Date of Birth:
ID Number:

Servicing Provider/Referred To

***Required if requesting services will be authorized to someone other than referring**

☐ MD ☐ Vendor ☐ Lab ☐ Facility ☐ Other

Name:
Address:
Phone:
NPI:

Referring Provider

Full Name:
Specialty:

Place of Service

☐ ASC ☐ Home Care Agency ☐ Long Term Care
☐ In-Office ☐ Home Visit ☐ Inpatient Hospital
☐ Other (explain): _____ ☐ Outpatient Hospital

Date of Service and Location address (if scheduled):

Requesting Office Information

Contact:
Phone: ***Ext.***
Fax:

Please enter all codes requested with a description:

Emergency, preventive, sexually transmitted disease services and HIV testing do not require authorization.

ICD-10 Primary Dx Code:
ICD-10 Additional Dx Code (s):
CPT/HCPCS Code (s):
CPT/HCPCS Code Description:

# of Units being requested:

☐ Hours ☐ Days ☐ Months ☐ Visits ☐ Dosage

If applicable:

Service Start Date:
Service End Date:

Patient Clinical Information Needed

History and physical and/or consultation notes including:

Clinical findings (i.e., pertinent symptoms and duration)	Prior conservative treatments, duration, and response
Comorbidities	Past and present diagnostic testing and results
Activity and functional limitations	Treatment plan (i.e., surgical intervention)
Family history if applicable	Consultation and medical clearance report(s), when applicable
Reason for procedure/test/device, when applicable	Radiology report(s) and interpretation (i.e., MRI, CT, discogram)
Pertinent past procedural and surgical history	Laboratory results

Welbe Health

CORRESPONDENCE COVER PAGE

- ***Note: Submission of this form constitutes agreement not to bill the participant***

This form is intended to be used for submission of additional documentation requested or required to process and/or adjust a previously processed claim. If you need to submit corrections to a previously submitted claim, **do not** use this form, please follow the "Corrected Claim submission" guidelines.

Please send this completed form and requested documentation to:
providers@welbehealth.com , or mail to
Attn: Claims Department WelbeHeath PO Box 30760, Tampa, FL 33630-3760

PROVIDER INFORMATION

Rendering Provider/Facility Name:	NPI:
Pay To Affiliate Name:	Contact Name:
Provider Billing Address:	Phone #:
City/State:	Zip Code:

PARTICIPANT INFORMATION

Participant Name:	WelbeHealth ID #:
Participant Date of Birth:	Patient Acct. #:

CLAIM INFORMATION (*Send one cover page per claim*)

Claim #:	Service Date(s):
Service Type (*check only one*):	☐ Inpatient ☐ Outpatient ☐ Professional ☐ Dental
Appeal/PDR # (*if applicable*):	Authorization # (*if applicable*):

Reason for documentation submission:

- ☐ Claim/Claim line denial
- ☐ Appeal/PDR Determination Letter
- ☐ Authorization/MND Denial
- ☐ Timely Filing

Requested documentation your attaching:

- ☐ Check/Remittance Advice (RA)
- ☐ Consent Form
- ☐ Proof of timely filing
- ☐ ER/Trauma Report/Notes
- ☐ Invoice/MSRP/Itemized Statement
- ☐ Medical Records
- ☐ W-9 Form (signed)
- ☐ Physician's Referral
- ☐ Transportation Report
- ☐ Other Supporting Documents (***please provide detail on what documentation is being submitted and why***)

Welbe Health

Provider Appeal/Dispute Resolution Request (PDR)

Note: submission of this form constitutes agreement not to bill the participant

- **Contracted providers**: Please submit your request through our portal at https://welbehealth.quickcap.net/ > Click on the PDR module (left hand side) > PDR Submission/Search > Add (then complete all the required fields).
- **Non-contracted providers**: Please complete and send this form (***all fields required***) and any pertinent documentation to: WelbeHealth, Attn: PDR Department, PO Box 30760, Tampa, FL 33630-2760, or via email: Providerappeals@welbehealth.com

PROVIDER INFORMATION

Rendering Provider/Facility Name: _____ NPI: _____
Pay to Affiliate Name: _____ Contact Name: _____
Provider Billing Address: _____ Phone #: _____
City/State: _____ Zip Code: _____

PARTICIPANT INFORMATION

Participant Name: _____ Welbe ID#: _____

Participant Date of Birth: _____ Patient Acct. #: _____

DISPUTE TYPE

☐ Denied Services Dispute*
- ☐The entire claim was denied
- ☐The following services were denied:

If denial was for additional information only, do not submit using this form. Please submit via Correspondence Cover Page.

☐ Underpaid Services Dispute

☐ Overpaid Services Dispute (*If an overpayment exists, please select one option below*)
- ☐ We will mail a refund check to WelbeHealth.
- ☐ Please offset only this refund from future claim payments.

CLAIM INFORMATION

WelbeHealth Claim #: _____
Service Date(s): _____
Expected Pay Amount: _____

ADDITIONAL DISPUTE INFORMATION

Signature Date

Appendix E: WelbeHealth Quality Improvement Plan 2025

WelbeHealth PACE

Quality Improvement Plan

2025

Purpose

A. The WelbeHealth PACE QI Program is designed to promote quality services and achieve desired outcomes for all PACE enrollees through systematic, objective, ongoing monitoring and evaluation of data that identifies the program's strengths and areas for improvement.

Goal

A. The goal of the QI Program is to accurately assess current performance and to improve future performance of PACE for clinical and non-clinical services.

Objectives

- To ensure effective, timely and safe delivery of care;
- To immediately address problems that directly or potentially threaten the health and safety of a participant;
- To oversee contracted provider and alternative care setting (ACS) (if applicable) performance including compliance with participant rights and service provision requirements;
- To ensure that all PACE staff and contracted providers including ACS staff are educated and involved with the development and implementation of the QI activities, and are aware of the results of these activities;
- To ensure that each employee and contracted employee understands their role in the QI program including upholding participant rights;
- To involve participants and caregivers in the QI activities;
- To monitor participant/caregiver satisfaction and to incorporate consumer feedback into program improvements;
- To ensure the accuracy and completeness of all data used for outcome monitoring and reporting;
- To ensure compliance with CMS and the State of California contractual and regulatory requirements including all areas of the participant Bill of Rights.

Quality Improvement Process

A. The WelbeHealth PACE QI process assesses the quality of program services, identifies and prioritizes opportunities for program improvement, organizes subcommittees or task forces to develop and implement program improvements, and performs root causes and selects interventions to improve quality in all program areas.

B. The improvement cycle includes collecting baseline data, identifying the problem, planning the improvement, implementation of interventions, measurement of the results of the interventions and analysis of outcomes, resulting in a continuous improvement process.

C. WelbeHealth PACE shall develop an annual QI Plan that shall:

- Identify areas in which to improve or maintain the delivery of services and participant care including areas identified during mock audits, CMS and DHCS audits;
- Set priorities for QI t, considering the prevalence and severity of identified problems and give priority to improvement activities that affect clinical outcomes;
- Develop and implement plans of action to improve or maintain quality of care; and
- Document and disseminate the results of the quality assessment and improvement activities to the PACE staff, ACS staff (if applicable), and subcontractors.

D. The annual QI Plan shall be presented to the Board for approval and revised if necessary.

E. WelbeHealth PACE has adopted the PDCA (Plan, Do, Check, Act) model for QI: i.

Plan

- Find a process to improve
- Organize to improve it
- Clarify knowledge
- Understand variation
- Select an improvement ii. Do
- Pilot the Improvement iii. Check
- Measure the results of the intervention
- Analyze outcomes

iv. Act

- Standardize the improvement or start over
- Develop and implement mechanisms for sustaining the improvement with appropriate measurement

Quality Improvement Program Oversight and Structure

A. **The WelbeHealth PACE Board of Managers (Board)** has ultimate oversight responsibility for the QI Plan, and the annual evaluation of the prior year's QI Plan. The Medical Director or designee shall present the QI Plan to the Board annually. At each regular Board meeting, the Medical Director or designee shall review the outcomes of quality improvement activities with the Board. The Board votes to approve both the plan for the upcoming year and evaluation of prior year's plan.

B. **The Medical Director** shall have overall accountability for the QI Program.

C. **The Executive Director and Quality Improvement Director** shall provide direction to the center team for QI Program implementation.

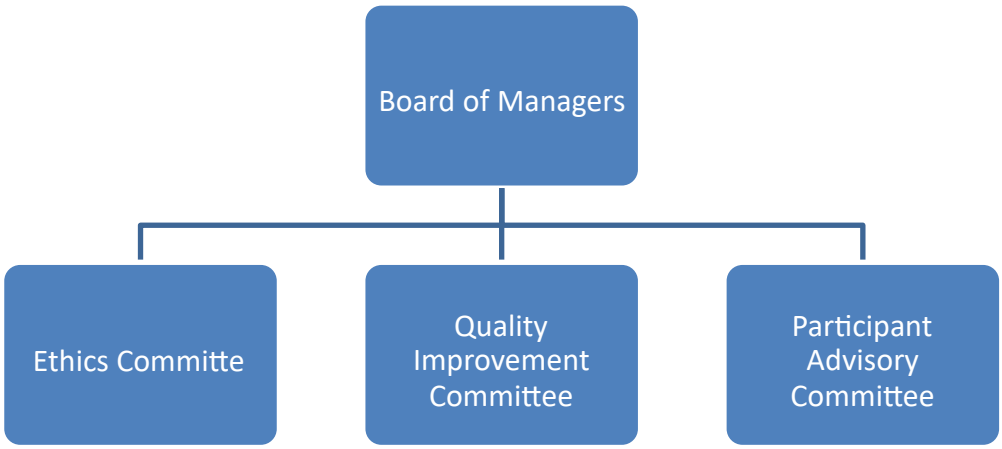
D. **The QI team** is responsible for the monitoring and evaluation of the QI Program, including development of QI reports and the tracking, analysis, and trending of data to be used in assessing the quality of WelbeHealth PACE services.

E. **The Center Leadership team** is responsible for implementation of QI activities to meet QI plan goals and improve care where areas are identified.

F. **The Ethics Committee** shall provide guidance to the WelbeHealth PACE Board of Managers and staff on ethical dilemmas.

G. **Participant Advisory Committee (PAC)** shall be established to provide advice to the governing body on matters of concern to participants. The PAC shall report directly to the WelbeHealth PACE Board of Managers.

Quality Improvement Organization Structure



Implementation of the Quality Improvement Plan

A. Responsibility for QI: The Medical Director, Executive Director, and QI Director with assistance from the QI Committee, and Central QI team shall be responsible for:

- Developing mechanisms for collecting and evaluating program information, identifying problems, formulating recommendations, disseminating information, implementing corrective actions, and evaluating the effectiveness of action(s) taken;
- Reviewing the QI Plan annually and making recommendations concerning the formulation, revision or implementation of the policies governing both clinical and non-clinical services including, but not limited to, admission and discharge policies, medical supervision and plans of care, emergency care, provision of services, clinical records, personnel qualifications, and program evaluation;
- Providing technical assistance regarding individual service problems;
- Participating in program evaluation;

- Participating in the development and ongoing review of written policies and procedures and standards of participant care, provision of services and quality management;
- Reviewing the adequacy and effectiveness of quality management and utilization activities;
- Developing mechanisms for evaluating responsiveness of the grievance process;
- Collecting and analyzing information about voluntary and involuntary disenrollment;
- Ensuring that PACE staff, ACS staff and contracted providers are involved in the development and implementation of the QI Plan;
- Facilitating the formation of QI subcommittees or task forces to address specific QI initiatives;
- Reviewing trends of participant incidents and initiate action to improve participant safety to reduce risk;
- Immediately addressing and then correcting any identified problem that may threaten the health and safety of participants;
- Reviewing facility safety trends and responding as necessary to ensure a safe environment for participants;
- In coordination with management, setting priorities for QI considering prevalence and severity of identified problems and giving priority to improvement activities that affect clinical outcomes;
- Continuously monitoring progress toward goals and applying improvement and problem-solving processes as necessary to ensure satisfactory outcomes;
- Developing and providing reports of QI activities to be distributed to PACE stakeholders;
- Developing an annual QI Plan that addresses findings of the previous year and seeks to improve its weakest areas and maintain its strongest.

B. Quality Data Sources

WelbeHealth monitors a robust set of metrics to drive quality outcomes for our participants. All metrics include a baseline and goal. Metrics are outlined in two tiers.

i. Tier 1 metrics are priorities identified by the Chief Medical Officer, Chief Operating Officer, VP of Quality Operations, and designated market team members. They will meet the minimum standards for PACE Quality Data requirements. At a minimum these will include at least one metric in each of the following areas: physiological well-being, functional status, cognitive status, social/behavioral status, quality of life, participant satisfaction,

utilization measures, competency completion, service delivery, and non-clinical areas. These measures will be determined by:

- Clinical and non-clinical goals
- Measures from mock audit and regulatory audit outcomes
- Pilot measures with the goal to build new programming and establish benchmarks
- Previous years measures for improvement or to maintain outcomes.
- A subset of standard data measures specified by CMS and the state administering agency and those developed by organizations, such as the National PACE Association.

ii. Tier 2 metrics are identified by WelbeHealth are chosen by the Chief Medical officer and monitored by the Chief Clinical Officer and Medical Director. Tier 2 measures are available for the QIC committee to utilize as needed.

Based on the measures selected, aggregated outcome data shall be reviewed for trends, patterns, and opportunities for improvement. Variations in the outcomes shall be evaluated from the program and individual participant viewpoints. When adverse practice variations are identified, a plan shall be developed and implemented to identify more effective practices whenever possible. The QI Director and Medical Director, with assistance from Central QI and the QI Committees when needed, shall develop methodologies and audit tools to be used for periodic monitoring to ensure that QI measures are sustained over time.

C. Because the process of service delivery in a PACE program requires the interdisciplinary team (IDT) to identify participant problems, determine appropriate treatment outcomes, select interventions, and evaluate the outcomes of care for all participants, the IDT is in a unique position to provide PACE management with structured feedback on the performance of the program and suggest ways in which performance can be improved. QI initiatives and activities shall respond to the feedback and suggestions from the IDT, participants, caregivers, staff, and contractors.

D. Staff Awareness

i. All newly employed and contracted PACE staff shall be made aware of the QI program during initial orientation, and as particular issues of quality arise. Staff shall be made aware of results and outcomes of the QI program activities and studies though presentations to staff and QI program reports. Urgent QI Issues

i. Policies, procedures, or practices that are found by any member of the WelbeHealth PACE staff to threaten the immediate health and safety of participants or staff shall be immediately reported by that individual to the Executive Director, Medical Director, and the QI Director. The QI Director in partnership with the department Director, will conduct a root cause analysis with the appropriate staff and develop a corrective action plan within 24 hours

to remediate the identified deficiencies. Urgent corrective measures shall be discussed immediately during IDT meetings when appropriate with participants. Policies and procedures shall be amended to ensure the health and safety issues identified have been resolved. The plan shall include an explanation of the problem, who shall be responsible for implementing the corrective plan, the time frame for each step of the plan, and an evaluation process to determine effectiveness. The management team of WelbeHealth PACE shall be responsible for ensuring compliance with the plan of action and the appropriate policies and procedures to prevent recurrence. Participant Involvement in QI

ii. WelbeHealth PACE shall encourage PACE participants to participate in quality improvement activities. Opportunities include the Participant Advisory Committee, and Participant Council.

E. Committees with Community Input

i. WelbeHealth PACE shall provide opportunities for community input. The QI Committee will include at least one community member, who may be a contracted provider. Community members or contracted providers may be invited to participate in other QI subcommittees and task forces. ii. The committee shall:

(a) Evaluate data collected pertaining to quality outcome measures.

(b) Address the implementation of, and results from, the QI plan.

(c) Provide input related to ethical decision making, including end-of-life issues and implementation of the Patient Self-Determination Act.

F. Alternative Care Setting (ACS) Involvement in QI

i. WelbeHealth PACE shall provide opportunities and encourage ACS staff to participate in the QI program. An ACS staff member (i.e. Program Director or designee) and other appropriate staff will be invited to attend the QIC meetings and may be invited to participate in other QI subcommittees and task forces, asked to provide specific QI data about the ACS and made aware of results and outcomes of the QI program activities and studies through the QI program reports.

Methodology Established to Measure Performance

A. Utilization of PACE services

i. To ensure that participants receive the appropriate level of care, WelbeHealth PACE shall use its own utilization data to compare with other PACE sites across the State or country through CalPACE or National PACE Association. The data shall identify variations from national benchmarks for services such as center

attendance, emergency care, inpatient hospitalization, and nursing home care. This information shall be gathered annually by the central quality team, reviewed by WelbeHealth PACE key stakeholders (and provided annually to the QIC and the appropriate QI subcommittees). The information shall help the organization evaluate utilization as it relates to quality of care and the organization's fiscal well-being. Identified problems shall be evaluated, recommendations developed, and corrective actions taken to address inappropriate over or under utilization.

B. Caregiver and participant satisfaction

i. WelbeHealth PACE shall conduct participant satisfaction surveys for each participant through a contract with Vital Research who developed the I-SAT Measurement program for PACE. All active participants including those in the hospital, nursing homes, or home bound shall be invited to participate. In the event the participant is not able to answer the questions, a designated representative shall be asked to complete the survey process. In addition, a separate caregiver satisfaction survey may be administered.

ii. Results of the survey shall be presented to the Department of Health Care Services (DHCS), Board of Managers, management, the Professional Medical Advisory Committee, the Participant Advisory Committee, and staff.

iii. If participants are not satisfied with their care during the discipline specific reassessment process, the interdisciplinary team (IDT) member shall inform them of their right to and offer to file a grievance.

iv. Participant satisfaction shall also be monitored through the grievance data and from feedback of the Participant Advisory Committee.

v. Identified dissatisfaction trends shall be addressed through the Plan, Do, Check and Act methodology, regardless of the source of information.

C. Measures derived from participant assessment data

i. WelbeHealth PACE shall collect data and measure outcomes related to physiological well-being, functional status, cognitive status, mental health, social/behavioral functioning, and quality of life. The IDT shall collect this data during initial assessments of new enrollees and reassessments of enrolled participants. At a minimum, the following outcome data will be collected during assessments:

- Physiological
- Functional
- Cognitive status
- Social/behavioral functioning
- Quality of Life ii. The quality team shall be responsible for compiling the results of the data collected. This data is used to assess the effectiveness of care delivery and to determine if individual and organization-level outcomes are achieved.

iii. Results shall be reviewed during QIC meetings by the center QI Triad, QIC and relevant QI subcommittees. When problems are identified, action plans shall be developed, implemented, and outcomes shall be presented and evaluated.

D. Effectiveness and safety of staff-provided and contracted services i. Clinical

a. WelbeHealth PACE shall ensure the safety and effectiveness of services provided by staff and contractors including competency of clinical staff, promptness of service delivery and achievement of treatment goals and outcomes. Competency of employed or contracted staff shall be assessed through review of licenses and/or certifications upon time of hire and through the discipline-specific competency assessment process conducted by the contracted agency. In addition, WelbeHealth PACE shall conduct facility reviews of contracted facilities such as SNFs (Skilled Nursing Facility), Assisted Living
Facilities (ALFs), ACS to ensure health and safety of participants served by these facilities.

b. WelbeHealth PACE shall test the competency of its clinical and direct care staff upon employment and annually thereafter. The competency assessment will demonstrate that all direct care staff have the minimum skills and knowledge necessary to safely provide care and achieve the desired outcomes for participants.
c. Training shall be provided to team members as needed to improve skills and knowledge, as new techniques are introduced, and as new team members are hired.
d. Outcomes of competency testing shall be collected, and the data will be used to identify and address staff training needs.
e. All medical providers shall be credentialed at the time of the initial contract agreement and according to re-credentialing procedures.
f. Service delivery shall be monitored during regular IDT care planning and briefing meetings, through the annual participant survey, annual staff survey and feedback during other meetings such as the Participant Council.
g. Medical Records shall be reviewed for completeness through random medical chart audits by the QI team.

ii. Non-Clinical

a. Safety shall be measured for non-clinical areas such as, but not limited to, such as grievances and appeals, transportation services, meals, life safety, and environmental issues. The data will be collected through incident reports, and ongoing safety assessments.
b. Vans shall be inspected daily, pre- and post-trip. Plant safety inspections shall be done monthly by the designated PACE leadership team members.

The results of those inspections will be shared with WelbeHealth PACE leadership monthly. In addition, the QI team will perform quarterly facility audits with the results shared with the WelbeHealth PACE leadership team. Problems shall be addressed as soon as identified within each area.

c. Areas identified as having trends related to safety issues shall be addressed through action plans using the Plan, Do, Check and Act methodology.

E. Grievances and Appeals

i. WelbeHealth PACE shall continuously monitor outcomes related to participants' grievances and appeals. Participants shall be informed about the grievance and appeal process upon enrollment and at least annually. All participants and caregivers shall be encouraged to use the grievance and appeals process as an opportunity for program improvement. All grievances and appeals shall be recorded, analyzed, and trended by the QI team. The QI team is responsible for ensuring timely processing of grievance resolutions, timely coordination of appeals processing and identifying quality improvement opportunities.

ii. The Grievances and Appeals process applies to all clinical and non-clinical areas.

F. Standard Quality Measures

i. To reduce risks to health and safety WelbeHealth PACE shall monitor the following quality data:

- Abuse
- Adverse drug reactions
- Adverse outcomes
- Burns
- Deaths
- Elopement
- Emergency & Urgent care visits
- Equipment-related occurrences
- Falls with injury
- Falls without injury
- Fires/other disasters
- Food-borne outbreak
- Immunizations- pneumococcal, influenza, and COVID vaccines
- Infectious disease outbreak
- Media related event
- Medication administration errors (without an Adverse Effect)
- Medication related occurrence
- Motor vehicle accidents
- Pressure injury

- Restraint use
- Suicide attempt/suicide
- Unexpected deaths ii. As required by CMS, WelbeHealth PACE shall submit this data and any required corresponding root cause analyses (RCA) quarterly via HPMS (Health Plan Management System) and via email to DHCS.

iii. The information shall be collected, tracked, analyzed, and trended quarterly by the QI team. Data will be reviewed by the QIC for process improvement opportunities and reported to the Board of Managers, management, staff and State and Federal regulators as required. Areas identified as needing improvement shall be addressed through the Plan, Do, Check and Act methodology.

iv. WelbeHealth PACE will report incidents as outlined in the most recent guidelines issued by Centers for Medicare and Medicaid Services (CMS).

v. Quality data submitted to HPMS will be discussed with the CMS and DHCS account managers on a quarterly basis.

Clinical and Professional Practice Standards

A. WelbeHealth PACE may use the following resources in developing clinical practice guidelines and professional practice standards.

- National PACE Association Primary Care Model Practices
- American Geriatrics Society
- American College of Physicians,
- OSHA (Occupational Safety and Health Administration) guidelines
- CDC (Centers for Disease Control) recommendations

B. Additionally, WelbeHealth PACE shall set internal standards on outcomes for nursing home and hospital stays, participant satisfaction and internally established care goals for frequently managed medical conditions as determined by the Medical Director.

C. Professional practice standards for clinical staff shall be based on sources such as the

Academy of Nutrition and Dietetics, American Nurses Association, American Therapeutic Recreation, American Physical Therapy Association, and the American Occupational Therapy Association as a benchmark for professional standards of practice. The Medical Director and QI Director shall identify practice standards that do not meet these sources' criteria and create action plans to bring all professional standards into compliance.

Data Integrity

A. WelbeHealth PACE staff shall submit accurate data and will verify the integrity of the data through auditing of its data collection sources and systems.

B. The QI team shall select several indicators each quarter and shall audit samples of data from original source documents (ER visits, infection logs, etc.) to verify the accuracy and completeness of the data.

C. Any issue with accuracy of data shall be directed to the VP of Quality Operations and Executive Director. Problems with data integrity will be resolved through action plans based on the Plan, Do, Check and Act methodology.

D. The QI team shall be responsible for analyzing the results of the data integrity assessment outcomes and incorporate the outcome data and plans in its QI reports to the QICand Board.

Quality Improvement Committee Descriptions

A. **The Ethics Committee** shall assist WelbeHealth PACE by reviewing and helping to address ethical dilemmas, including end of life issues on behalf of the participants and implementation of the Patient Self-Determination Act. Through this committee, WelbeHealth PACE will be able to receive guidance on ethical issues faced by the organization.

   The Ethics committee shall meet as needed and report through the Executive Director to the WelbeHealth PACE Board of Managers. The Chair will be appointed by the CMO. Each meeting will require at least the chair and two other committee members.

   Committee members can include representation from Executive Directors, Medical

   Directors, CMO, COO, VP QI Operations, Quality Directors, Behavioral Health Specialists. For In California, this meeting will serve as the Ethics meeting for all programs.

   i. **The Participant Advisory Committee** (PAC) shall be established to provide advice to the governing body on matters of concern to participants. The PAC shall report directly to the WelbeHealth PACE Board of Managers. The market Executive Director shall appoint a PAC Liaison who will attend all PAC meetings and report the findings to the Board of Managers as the participant representative. Participants and participants' representatives shall constitute a majority of the membership. Other membership shall include a QI team representative and Board member liaison. The PAC Liaison shall report the PAC issues, ideas and recommendations to the Board. The PAC Liaison shall report

the Board's response to the PAC at its next regular meeting. QI team representative shall report a summary of the PAC meetings and outcomes quarterly to the Board of Managers. The PAC is intended to help improve service delivery within the PACE program through increased consumer feedback and recommendations within the QI structure. This committee shall meet on a quarterly basis, facilitated by the Executive Director and coordinated by the QI team. Interpreters should be included as required to ensure all committee. members can participate in their preferred language. For markets with multiple centers they will follow this structure: 2025 Participant Advisory Committee Charter _ Multicenter Markets.

ii. The function of the PAC is to:

a. Advise the WelbeHealth PACE administration on areas of consumer satisfaction and quality of care
b. Review themes of participant satisfaction survey results, and generate suggestions based on the results
c. Advise the Executive Management Team and the Board on matters of concern to participants and caregivers
d. Advise WelbeHealth PACE staff in matters related to the quality of services, including but not limited to:

- Transportation Services
- Clinical and Medical Services
- Home Care Services
- Dietary Issues
- Organizational Improvement issues
- Contracted Services
- Services provided by members of the Interdisciplinary team

e. Assist WelbeHealth PACE to identify, and address participant needs and concerns, particularly regarding quality of care
f. Advisement on educational and operational issues affecting groups who may or may not speak a primary language other than English and cultural competency
g. Address trends from the QI Plan.

B. **The Quality Improvement Committee (QIC)** shall be responsible for implementation of planned quality activities and creating opportunities for staff participation in the QI process. The committee shall meet at least quarterly and more often if needed to review critical indicators such as adverse participant outcomes, concerns about over or under utilization of services or other clinical areas that may pose a serious threat to participant health or safety. The Medical Director shall serve as QIC chair. Members of the QIC shall at least include the Medical Director, Executive Director, QI team member, Center Director or Day

Center Manager, Clinic Supervisor, Social Work representative, Home Care Coordinator, Transportation Coordinator, Rehabilitation representation, at least one contracted provider, and ACS representative (if applicable). Additional disciplines to be included as appropriate on the agenda.

C. **Quality Improvement Subcommittees** may be established to address specific quality issues such as infection and exposure control, utilization, safety, emergency preparedness, etc. Members of the QI subcommittees may include members of the interdisciplinary team, other PACE staff, ACS staff and contracted providers. The goals of the QI subcommittees shall be to take actions to improve care and incorporate actions into standard of practice.

D. **The Participant Council** may be established to create an opportunity for participants to provide feedback on issues. Separate from the PAC, the Participant Council is a best practice that QI Committees may recommend implementing to increase participant engagement in the quality program. The Participant Council is managed at the discretion of the Executive Director.

Additional Quality Assessment Activities

A. WelbeHealth PACE shall identify additional QI activities. PACE shall identify QI activities in service areas such as social services, recreation, rehabilitation, clinical services, transportation, dietary, medical records, and in-home services for development of QI projects. The projects shall be based on input from the Participant Council, Customer Satisfaction Surveys, the Participant Advisory Committee, Clinical outcomes, and analysis of other data.

B. WelbeHealth PACE shall furnish data and information pertaining to participant care activities and outcomes to CMS and DHCS quarterly.

C. WelbeHealth PACE shall report inpatient and outpatient encounter data and any other data required by CMS to develop a risk adjustment methodology for PACE. WelbeHealth PACE shall evaluate, and report participant care statistics, inpatient and outpatient encounter data and all other data required or requested by CMS or DHCS. WelbeHealth PACE shall capture all standard ICD-10 codes and use the most recently adopted CPT and DRG coding.

Confidentiality

A. All incident and investigation reports related to QI activities shall be maintained in a confidential manner and should be shared on a minimum necessary rule or as needed for participant care. Only individuals directly involved in monitoring and evaluation activities or individuals representing accreditation, certification and other review entities shall be permitted access to all QI documents.

WelbeHealth shall maintain a process to ensure rules of confidentiality are maintained in quality improvement discussions as well as avoidance of conflict of interest on the part of the QI committee members and participants. The Executive Director of WelbeHealth PACE shall determine any exceptions.

Regulation/Reference/Statute

References
22 CCR §75059: Quality Assurance Evaluation Program
28 CCR §1300.70: Health Care Service Plan Quality Assurance Program
42 CFR §460.62: Governing Body
42 CFR §460.130: Quality Improvement General Rule
42 CFR §460.132: Quality Improvement Plan
42 CFR §460.134: Minimum Requirements for Quality Improvement
42 CFR §460.136: Internal Quality Improvement Activities
42 CFR §460.138: Committees with Community Input
DHCS PACE Boilerplate Contract (October 2022)

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Executive Director Name & Signature Date

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WelbeHealth PACE Board Chair Name & Signature Date