



Email sent July 3, 2019, to Melissa Scarborough, CMS Dallas Regional Office.

Melissa,

Thank you for your time on the phone yesterday morning. I am hoping this email explains the dire necessity of intervention by CMS regarding some very concerning Wellcare Texan Plus issues in Harris County, Texas. Please know that this is just a small picture of the whole situation. If you or anyone at CMS need more information, please let me know.

HCMS is also very concerned about the Centene buyout of Wellcare in Harris County Texas. If the massive issues are not fixed, then Centene is going to inherit all the patient health care problems. Physicians have gotten out of Wellcare, especially after they heard about Centene. A buyout on top of another buyout is really going to cause havoc here.

Genevieve Davis at TMA did send an email with her concerns to CMS, I believe it went to the Atlanta office, in January, about the problems in Texas with the Wellcare-Texan Plus transition. To date, Genevieve has not heard back from CMS. She told me she has left messages at the Atlanta office, with no return phone call. Hence, my outreach to you. We really need help from CMS to deal with all the Wellcare issues that are causing canceled surgeries, delayed care in oncology, procedure delays, patients paying out of pocket when they should not be and medication delays.

HCMS has met with Wellcare local office 4 times and corporate 2 times in Houston. Our last meeting was today from 2-3:30 for an update on issues. Most of the issues causing most of the problems are "reconfiguration" of the system. That is the conclusion we obtained from what we have been told at today's meeting. These issues are now over 6 months old. These configurations should have been made prior to the transition to the Wellcare platform on Jan. 1, 2019.

#### **Short synopsis**

As you know, Wellcare bought Universal American (Texan Plus MAP) in April 2017. [On January 1, 2019 Universal American \(UAM\) integrated into WellCare Health Plan systems and platforms.](#) This transition was unsuccessful which has caused major physician issues. Physician issues have caused a domino effect to their Medicare patients. Wellcare did not have any contingency plan in place to prepare for a potential system failure. Hence, the patient issues and physician administrative burdens began first week of January 2019 and continue today.

#### **Some examples of Issues with system transition failure, and domino effect to patient care**

1. Prior to the transition, Texan Plus system had many subsystems due to 7 different pods of physicians and Texan Plus delegating administrative services to some of these pods. There are also several IPAs involved. The configuration of this system is very complicated. Hence, the system transition from Texan Plus to Wellcare was not successful.
2. Physician portal was shut down due to configuration issues, hence all referrals, prior auths, etc. were being done via phone and we suggested fax, which they did start doing after the fact. Additionally, Wellcare did not have a contingency plan in place. In January HCMS met with the local Wellcare CEO and COO to ask about a contingency plan to which the contingency plan was created at that meeting, not prior to conversion. Prior auths and referrals were taking from over a week to several weeks to deny or approve. Wellcare had to hire over 50 people to the phone center to handle all the calls. Which, did not help the situation because Tampa FL 1-800 was telling physicians no prior auths were needed, which the local Wellcare execs were telling HCMS they were needed in



certain circumstances. This caused delays in patient surgeries, procedures, etc. This was caused by the failed transition and has not been completely successfully reconfigured to date.

3. The system transition failure caused all of the different pod groups of physicians to be out of network with Wellcare Texan Plus. Wellcare had to and is still manually reconfiguring their system to designate physicians to the right pod. This should have happened prior to the transition. Now, patients are seeing their physicians and are deemed out of network, so the physicians are getting denials for prior auth and referrals.
4. There are also delegated companies like Evicore for radiology and oncology preauths for certain pods. This was not and still is not configured correctly. If the physician deemed out of network, they will deny the prior auth and no procedure is done which is delaying care. Oncologists are trying to get cancer patients radiology procedures. Also, out of network physicians cannot get patients their medications.
5. Delegated physician pods that can work within the Wellcare system are seeing real time band aids being used to correct issues which then create another administrative problem somewhere else. This is going on right now with Wellcare. I was at one of the pod offices on Monday morning to talk to the staff. Their issues are in the above attached summary of issues.
6. Cancellation of surgeries – Several surgery groups and ophthalmology groups have had to cancel surgeries. Examples are in the attached emails.
7. Wellcare Texan Plus covers the administration of Part B injectable or infusion drugs. The charges for the drugs are subject to a 10% co-insurance, which is the patient's responsibility. The charges for administration are not subject to any co-insurance. However, Wellcare's system is configured to apply a 10% co-insurance to the administration codes as well as the drugs. Although this has been brought to Wellcare's attention on numerous occasions, the system has not been reconfigured. TexanPlus members are being charged for a 10% co-insurance that is not their responsibility.

Sincerely,

Patricia Harris, RN, BHA  
*Senior Vice President*