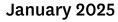
Arizona Medicare Quick Reference Guide



wellcare.com/Arizona/Providers/Medicare



CONVENIENT SELF-SERVICE

Wellcare understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks. The Provider Portal is the fastest way to get help with those routine tasks. Keep this Guide accessible to make pre-visit planning and post-visit tasks quick and easy.

	Portal	Chat	(IVR) Interactive Voice Response
Authorization Requirements/Status	Fastest Result	<u>Available</u>	Available
Authorizations Request	<u>Fastest Result</u>	<u>Available</u>	N/A
Benefit/Copayment Information	Fastest Result	<u>Available</u>	Available
Claims/Reconsiderations/ Appeals Status	Fastest Result	<u>Available</u>	Available
Eligibility Verification	Fastest Result	<u>Available</u>	Available
Submit Appeals/Claims/ Claims Disputes/Corrections	<u>Fastest Result</u>	<u>Available</u>	N/A

HELPFUL LINKS

Portal Registration	Joining our Network	Resources
Portal Training	<u>Forms</u> (AOR, Auth, Claims and more)	(Manual and Guides)
	(AON, Auth, Claims and more)	

PROVIDER SERVICES PHONE (IVR): 1-855-538-0454 (TTY: **711**)

For Contracting, Language Line and Provider Complaints:

NETWORK MANAGEMENT

Phone: 1-602-778-1800 or 1-877-778-1855 (Options in order: 5, 7)
Fax: 1-602-778-1875 | Email: sm_az_pno@care1staz.com

OTHER PHONE NUMBERS

CARE AND DISEASE MANAGEMENT REFERRALS

Phone: **1-866-635-7045** (TTY: **711**) | Fax: **1-866-287-3286** Hours: M-F, 8 a.m.-7 p.m. Eastern .1Standard Time

RISK MANAGEMENT FRAUD, WASTE & ABUSE HOTLINE 1-866-685-8664

COMMUNITY CONNECTIONS HELP LINE 1-866-775-2192

BEHAVIORAL HEALTH CRISIS

24 hours a day, members should call Member Services.

NURSE ADVICE LINE 1-800-581-9952 (24 hours)

NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process.

This guide is not intended to be an all-inclusive list of covered services under the Health Plan.

Wellcare does not accept handwritten, faxed or replicated claim forms. Wellcare does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.

HEALTH PLAN PARTNERS

Contracted Networks

HEARING

HCS Phone: **1-866-344-7756**

VISION

Premier Phone: 1-855-879-1453

DENTAL

DentaQuest Phone: 1-833-206-6287

LABS

Sonora Quest

HOME HEALTH

Tango Phone: 1-888-705-5274 or 1-602-395-5100

Fax: 1-877-612-7066

DME

Preferred Homecare Phone: **1-480-446-9010** Fax: 1-480-446-7695

TRANSPORTATION

MTM dba MTBA Phone: 1-855-824-5702

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES

EDI team: **EDIBA@centene.com** or call Provider Services.

PREFERRED EDI CLEARINGHOUSE

Availity: 1-800-282-4548.

Web portal for direct data entry (DDE) claims: availity.com/Essentials-Portal-Registration.

PAYER IDs: 14163 (CH - Chargeable) 59354 (RF - Reporting only)

Visit our **Claims** page to locate detailed claims information, addresses, claim forms and guidelines.

Timely Filing guidelines: 180 days from date of service.

Register: payspanhealth.com or call 1-877-331-7154. Email: providersupport@payspanhealth.com.



MAIL PAPER CLAIMS TO:

Wellcare

Attn: Claims Department

P.O. Box 31372

Tampa, FL 33631-3372

PRIOR AUTHORIZATION (PA)

A Pre-Auth Needed tool is available to determine if prior authorization is required. Detailed Prior Authorization list and important PA information can be found in the **Prior Authorization Guide**. Most current information can be found within the Pre-Auth tool.

For fastest results, submit requests **online** using the associated **PA forms**.

Medical Fax: 1-833-562-7172

Behavioral Health Fax: Outpatient 1-855-710-0160; Inpatient 1-855-710-0159

Pharmacy Medical Requests Fax: 1-888-871-0564

Urgent Authorization Requests and Admission Notifications: Call 1-855-538-0454 and follow the prompts.

Notification is required for Inpatient Hospital admissions by the next business day (except normal maternity delivery admissions). Phone authorizations must be followed by a fax submission of clinical information.

PHARMACY SERVICES

PHARMACY SERVICES Phone: 1-855-538-0454

RX BIN RX PCN RX GRP 610014 MEDDPRIME 2FFA

610014 MAC 2FHU (MA only)

MAIL ORDER

Express Scripts® Phone: **1-833-750-0201** (TTY: **711**)

24 hours a day, 7 days a week

SPECIALTY PHARMACY

AcariaHealth™

Phone: **1-866-458-9246** (TTY: **1-855-516-5636**)

Monday-Thursday, 8 a.m. to 7 p.m., Friday, 8 a.m. to 6 p.m. ET.

Fax: **1-866-458-9245**



AcariaHealth™ Pharmacy #26, Inc. 8715 Henderson Rd. Tampa, FL 33634

MEDICAL ONCOLOGY SERVICES

Evolent Phone: **1-888-999-7713**

MEDICATION APPEALS

Submit a <u>Medication Appeal Request form</u> with supporting documentation by fax or mail within 60 days

from the date of the denial notice.



Wellcare

Attn: Pharmacy Appeals Department

P.O. Box 31383

Tampa, FL 33631-3383

COVERAGE DETERMINATION REQUESTS

Fax: **1-866-388-1767**

Fax: **1-866-388-1766**

Electronic Prior Authorization (ePA):

account.covermymeds.com

Access the **Pharmacy page** for Pharmacy related information and forms, including:

- Coverage Determination Request Form and exceptions
- · Other Request forms such as Injectible Infusion
- Formulary
- Express Scripts Mail Order Service
- Home Infusion/Enteral Services
- and more