

Provider's Frequently Asked Questions



General Questions

Who is my Wellcare Provider Relations/Engagement Account Manager?

- Visit the [Wellcare's Provider Relations Contact List](#) webpage to see a full list.

Can I see Wellcare members if Wellcare is not sold in my county, but I am a Wellcare contracted provider?

- Yes, any Wellcare contracted provider can see any member enrolled with Wellcare, regardless of location.

Can Wellcare members have Medicaid with a different Managed Care Organization (MCO)?

- Yes, Wellcare members may have Medicaid through a different MCO.
- For dual coverage members, Wellcare claims will crossover to Medicaid. We will coordinate benefits on the payment of the Medicare claims.

Where can I find a list of Wellcare's covered services?

- All Wellcare benefits plans include all the benefits traditionally covered by Medicare plus added benefits identified in the Wellcare benefits plan's coverage.
- Providers can help members with questions about 2025 benefits and covered services by referencing the Member's Evidence of Coverage link below.
 - [Dual Liberty \(HMO-POS D-SNP\)](#)
 - [Dual Access \(HMO-POS D-SNP\)](#)
 - [Dual Reserve \(HMO-POS D-SNP\)](#)
 - [Simple \(HMO-POS\)](#)

What services need prior authorization?

- The fastest and most efficient way to determine services that require a prior authorization is by using the [Prior Authorization Tool](#).

Provider Contracting and Credentialing

Does being contracted with Medicaid automatically contract my provider office with Wellcare?

- No, providers must establish a specific Medicare contract through the Network Contracting department, visit [Join our network](#) to start the process.

Do providers need to be credentialed with Medicare to be credentialed with Wellcare?

- No, as part of our credentialing process, we validate the CMS certification. If a provider is already credentialed for Medicaid or Marketplace, they do not have to go through the credentialing process again until recredential.

How can I service members for vision, dental or hearing?

- Providers who would like to service Wellcare members for routine vision, dental or hearing need to contract with our select vendors:
 - Vision: Premier 1-866-434-0024
 - Dental: DentaQuest 1-844-284-8817
 - Hearing: HearUSA 1-877-541-0056



Claims and Billing

What is Wellcare's Payer ID?

- Payer IDs: 14163 (CH – Chargeable); 59354 (RF – Reporting Only)

What is the timeframe to file a claim?

- The timely filing guidelines is 180 calendar days from the date of service or from the date of discharge (for inpatient services).
- Claims payment disputes must be submitted in writing within 90 calendar days of the date of the Explanation of Payment.

What are the ways to submit a claim?

- Submitting electronic claims is the recommended method –
 - Sign up for the [Provider Portal](#) or
 - Register for [Availity](#) (for support call 1-800-Availity (282-4548)
 - Note: Availity is Wellcare's preferred provider portal.
- Mail paper claims to:
Wellcare
Attn: Claims Department
P.O. Box 31372
Tampa, FL 33631-3372

What is Wellcare's fee schedule?

- Wellcare uses the Medicare fee schedule.

Where do I submit claims for vision, dental, or hearing?

- Claims for routine visits/exams are processed through our selected vendors. Claims that are medical in nature should be submitted to Wellcare via Provider Portal or Availity.

Resources

What resources are available to help providers navigate Wellcare?

- The [Provider Resources](#) webpage includes, but are not limited to the following guides:
 - Medicare Advantage Provider Manual
 - Provider Resources Guide
 - Self-Service Quick Reference Guide
 - Iowa Medicare Quick Reference Guide
 - Appeals/Reconsiderations and Grievance Guide
 - Claims, Disputes and Recovery/CCU Guide
 - Pharmacy Guide
 - [Wellcare's Provider Relations Contact List](#)