

New York Medicare Quick Reference Guide

wellcare

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wellcare.com/New-York/Providers/Medicare

CONVENIENT SELF-SERVICE

Wellcare partners with **Availity Essentials**, a multi-payer portal, to offer select secure provider portal services. Availity Essentials is the fastest way to get help with routine tasks. Our current secure provider portal will continue to remain active and available to you.

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

HELPFUL LINKS

Portal Registration

Joining our Network

Resources (Manual and Guides)

Portal Training

Forms (AOR, Auth, Claims and more)

PROVIDER SERVICES PHONE (IVR): 1-844-429-5825 (TTY: 711)

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 Standard 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)

HEALTH PLAN PARTNERS

Contracted Networks

HEARING

HearUSA

Phone: **1-877-541-0556**

VISION

Davis Vision

Phone: **1-800-601-3383**

DENTAL

DentaQuest

Phone: **1-833-493-0652**

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.

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:

availability.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.

EFT

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**

PHARMACY SERVICES

PHARMACY SERVICES

Phone: **1-855-538-0454**

Rx BIN

610014

610014

Rx PCN

MEDDPRIME

MAC

Rx GRP

2FFA

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

Evolut

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

MEDICATION APPEALS

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

Submit a **Medication Appeal Request form** 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**

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 Injectable Infusion
- Formulary
- Express Scripts Mail Order Service
- Home Infusion/Enteral Services
- and more

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: 1-877-277-1805

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.

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.