

# New York Medicare Quick Reference Guide



January 2025

[wellcare.com/New-York/Providers/Medicare](https://wellcare.com/New-York/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                     | <b><u>Fastest Result</u></b> | <b><u>Available</u></b> | Available                        |
| Authorizations Request                                | <b><u>Fastest Result</u></b> | <b><u>Available</u></b> | N/A                              |
| Benefit/Copayment Information                         | <b><u>Fastest Result</u></b> | <b><u>Available</u></b> | Available                        |
| Claims/Reconsiderations/<br>Appeals Status            | <b><u>Fastest Result</u></b> | <b><u>Available</u></b> | Available                        |
| Eligibility Verification                              | <b><u>Fastest Result</u></b> | <b><u>Available</u></b> | Available                        |
| Submit Appeals/Claims/<br>Claims Disputes/Corrections | <b><u>Fastest Result</u></b> | <b><u>Available</u></b> | 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

**Premier**

Phone: **1-866-419-2057**

#### 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](mailto: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](http://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](http://payspanhealth.com) or call **1-877-331-7154**.

Email: [providersupport@payspanhealth.com](mailto: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

#### 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

#### **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](http://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: 1-833-562-7172**

**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.

**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.**