

# Arizona Medicare Quick Reference Guide



January 2025

[wellcare.com/Arizona/Providers/Medicare](https://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	<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/ 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/ Claims Disputes/Corrections	<b><u>Fastest Result</u></b>	<b><u>Available</u></b>	N/A

## HELPFUL LINKS

**Portal Registration**

**Portal Training**

**Joining our Network**

**Forms**

(AOR, Auth, Claims and more)

**Resources**

(Manual and Guides)

**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](mailto: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](mailto: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](http://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.

### 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

## 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

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](https://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