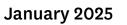
# Illinois Medicare Quick Reference Guide



wellcare.com/Illinois/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	<u>Fastest Result</u>	<u>Available</u>	Available
Authorizations Request	<u>Fastest Result</u>	<u>Available</u>	N/A
Benefit/Copayment Information	<u>Fastest Result</u>	<u>Available</u>	Available
Claims/Reconsiderations/ Appeals Status	Fastest Result	<u>Available</u>	Available
Eligibility Verification	<u>Fastest Result</u>	<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 (Manual and Guides)

Portal Training Forms (AOR, Auth, Claims and more)

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

<u>HCS</u> Phone: **1-866-344-7756** 

## VISION

<u>Premier</u> Phone: **1-855-865-9724** 

## DENTAL

**DentaQuest**Phone: **1-844-822-8111** 

## TRANSPORTATION

**ModivCare**Phone: **1-866-393-2157** 

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: 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: <u>payspanhealth.com</u> or call 1-877-331-7154. Email: <u>providersupport@payspanhealth.com</u>.



## **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**

New Century Health 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

# **PRIOR AUTHORIZATION (PA)**

A <u>Pre-Auth Needed tool</u> is available to determine if prior authorization is required. Detailed Prior Authorization list and important PA information can be found in the <u>Prior Authorization Guide</u>. 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.