Indiana Medicare Quick Reference Guide

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wellcare.mhsindiana.com

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 **Availity 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	(IVR) Interactive Voice Response
Authorization Requirements/Status	**Fastest Result**	Available
Authorizations Request	**Fastest Result**	N/A
Benefit/Copayment Information	**Fastest Result**	Available
Claims/Reconsiderations/Appeals Status	**Fastest Result**	Available
Eligibility Verification	**Fastest Result**	Available
Submit Appeals/Claims/ Claims Disputes/Corrections	**Fastest Result**	N/A

HELPFUL LINKS

Portal Registration | **Joining our Network** | **Forms** (AOR, Auth, Claims and more) | **Resources** (Manual and Guides)

PROVIDER SERVICES PHONE (IVR): 1-800-977-7522 (TTY: **711**)

OTHER PHONE NUMBERS

CARE AND DISEASE MANAGEMENT REFERRALS
Fax: **1-844-208-4156**

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
1-800-977-7522 (TTY: **711**) **(24 hours)**

HEALTH PLAN PARTNERS

Contracted Networks

HEARING
HCS
Phone: **1-866-344-7756**

VISION
Premier
Phone: **1-888-285-2895**

DENTAL
DentaQuest
Phone: **1-833-206-6290**

TRANSPORTATION
ModivCare
Phone: **1-866-393-2159**

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.

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CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES
EDI team email: **EDIBA@centene.com**
Phone: **1-800-225-2573, Ext. 6075525**

PREFERRED EDI CLEARINGHOUSE
Availity: **1-800-282-4548**.
Web portal for direct data entry (DDE) claims:
availity.com/Essentials-Portal-Registration.

PAYER ID: 68069

Visit our **Provider Resources** 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 3060
Farmington, MO 63640-3822

PHARMACY SERVICES

PHARMACY SERVICES
Phone: **1-800-867-6564**

Rx BIN	Rx PCN	Rx GRP
610014	MEDDPRIME	2FFA
610014	MAC	2FHU (MA only)

SPECIALTY PHARMACY
AcariaHealth™
Phone: **1-855-535-1815** (TTY: **1-855-516-5636**)
Monday–Thursday, 8 a.m. to 7 p.m.,
Friday, 8 a.m. to 6 p.m. ET.

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

MAIL ORDER
Express Scripts®
Phone: **1-833-750-0201** (TTY: **711**)
24 hours a day, 7 days a week

MEDICAL ONCOLOGY SERVICES
Evolent
Phone: **1-888-999-7713**

COVERAGE DETERMINATION REQUESTS
Fax: **1-866-226-1093**
Electronic Prior Authorization (ePA):
account.covermymeds.com

Access the **Pharmacy Benefits** tab for Pharmacy related information, including:

- **Coverage Determination Request Form** and exceptions
- **Prior Authorization Information**
- **Pharmacy Forms**
- **Formulary**
- Express Scripts **Mail Order Service**
- Home Infusion/Enteral Services
- and more

PRIOR AUTHORIZATION (PA) LIST

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: 1-844-208-4156

Behavioral Health Fax: 1-877-725-7751

Pharmacy Prior Authorizations Fax: 1-800-977-8226

***Urgent* Authorization Requests and Admission Notifications: 1-800-977-7522**

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 By Allwell does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.