

**Important Telephone Numbers**

<b>Customer Service</b> HealthEase HealthEase Kids Staywell Staywell Kids TTY/TDD	(800) 278-0656 (800) 278-8178 (866) 334-7927 (866) 698-5437 (877) 247-6272	<b>Personal Health Advisor</b> Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week.	(800) 919-8807
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**Pharmacy Services**

<b>Pharmacy Services</b> <b>Drug Evaluation Review (DER) Fax</b> <b>Pharmacy After Hours/Weekends (WHI)</b> <i>Group Numbers</i> 806257 Staywell 816257 Staywell Kids 826257 HealthEase/ HealthEase Kids <b>Web-Based Information</b> <ul style="list-style-type: none"> <li>Pharmacy updates</li> <li>Preferred Drug List (PDL)</li> <li>Drug Evaluation Review (DER) forms</li> <li>Participating pharmacies</li> </ul>	(877) 647-7473 (866) 825-2884 (877) 647-7473  <a href="http://www.wellcare.com">www.wellcare.com</a>	<b>Authorization Required</b> <ul style="list-style-type: none"> <li>drugs not listed on the Preferred Drug List (PDL)</li> <li>some drugs on the PDL require a DER</li> <li>duplication of drug therapy</li> <li>dosing that exceeds the FDA daily or monthly quantity maximum</li> <li>most self-injectable and infusion drugs</li> <li>brand name requests when a generic exists</li> <li>drug that has a step edit and the first line therapy is inappropriate</li> <li>prescriptions that exceed \$1,000/prescription (some exceptions apply) and/or plan limitations</li> </ul>
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**Claims**

<b>EDI Questions and Assistance</b> (800) 960-2530 x4096  <table border="0"> <tr> <td><b>EDI Partners</b></td> <td><b>EDI Payer ID</b></td> <td><b>Contact</b></td> </tr> <tr> <td>ACS EDI Gateway, Inc.</td> <td>77004</td> <td>(800) 987-6720</td> </tr> <tr> <td>Availity</td> <td>14163</td> <td>(800) 282-4548</td> </tr> <tr> <td>Emdeon (former WebMD®)</td> <td>14163</td> <td>(800) 845-6592</td> </tr> <tr> <td>SSI Group</td> <td>14163</td> <td>(800) 880-3032</td> </tr> <tr> <td>RelayHealth (McKesson)</td> <td>14163</td> <td>(800) 522-6562</td> </tr> <tr> <td>ZirMed</td> <td>14163</td> <td>(877) 494-7633</td> </tr> </table> <b>Encounter Data Submissions</b> 59354	<b>EDI Partners</b>	<b>EDI Payer ID</b>	<b>Contact</b>	ACS EDI Gateway, Inc.	77004	(800) 987-6720	Availity	14163	(800) 282-4548	Emdeon (former WebMD®)	14163	(800) 845-6592	SSI Group	14163	(800) 880-3032	RelayHealth (McKesson)	14163	(800) 522-6562	ZirMed	14163	(877) 494-7633	<b>Claims Department</b> (800) 278-5155  Mail medical paper claim submissions to:  WellCare Health Plans, Inc. Claims Department, Florida Region P.O. Box 31372 Tampa, FL 33631-3372  <b>Electronic Funds Transfers &amp; Remittance Advice (EFT/ERA)</b> Customer Service See numbers above Web Address <a href="http://www.payspanhealth.com">www.payspanhealth.com</a>
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**Risk Management**

<b>Trust Program Hotline</b> (report suspected fraud & abuse) <b>AHCA Provider / Subscriber Assistance Panel</b>	(866) 678-8355 (888) 419-3456
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**Member Appeals**

A provider may file an appeal on behalf of the member with the member's written consent.	
Mail or fax all member appeals with supporting documentation to: WellCare Health Plans, Inc.  Attn: Appeals Department Fax: (866) 201-0657 P.O. Box 31368 Tampa, FL 33631-3368	Appeals may also be called into Customer Service using the appropriate telephone number from above. Please note that all appeals filed verbally also require a signed, written appeal.

**Member Grievances & Provider Complaints**

A provider may file a written grievance on behalf of the member with the member's written consent. Additionally, a provider may file a complaint in reference to a claim denial or any other administrative issue such as WellCare's policies and procedures or authorization/referral process. Submit your complaint in writing within 45 calendar days of the event giving rise to the complaint, via mail or fax to:	
WellCare Health Plans, Inc. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384	Fax: (866) 388-1769

**Contracted Networks**

<b>Behavioral Health - Harmony Behavioral Health</b> (877) 712-5340 <b>Chiropractics - Chiro Alliance Corp.</b> (800) 278-0656 <b>Dental - Atlantic Dental (ADI)</b> (800) 964-7811 <b>Durable Medical Equipment</b> (view county listing) <i>ALL-MED</i> (800) 369-1416 - Fax submissions (800) 722-4148 <i>ATENDA</i> (888) 914-2201 - Fax submissions (888) 914-2202 <i>WellCare</i> (800) 351-8777 Standard Requests – Fax to: (888) 914-2202	<b>Hearing Services – HearUSA</b> (800) 278-0656 <b>Home Health Care Services – ATENDA</b> Urgent Requests (888) 914-2201 <b>Physical/Occupational/Speech Therapy</b> <i>American Therapy Administrators (POS11)</i> (888) 550-8800 <b>Vision*</b> <i>Premier Eye Care (PCPs call for authorizations)</i> (800) 738-1889 Ophthalmology <i>Advantica (Customer Service)</i> (866) 468-0450 Optometry *Vision benefits may vary from county to county.
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NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised June 20, 2008) WCPC-WCM-EAS-EHK-WMC-001

**This guide does NOT apply to the following:** Pinellas County Health Services, WellCare Choice Medicare members, medical groups/IPA delegated for utilization management (required to follow the specific medical group/IPA referral and authorization requirements) or services covered under a specific network arrangement.

**Utilization Management (UM) Department - Authorizations**

**URGENT Authorization Requests and Admission Notifications** - Call (800) 351-8777 and follow the prompts.

To notify the Plan of unplanned inpatient hospital admissions within the next business day (except normal maternity delivery admission). A telephone authorization must be followed by a fax submission of clinical information -- by the next business day.

**Authorization Required**

**Standard Authorization Requests**

Fax your request to the numbers listed below. Note that \*Place of Service codes are specified for some services. Please include CPT and ICD-9 codes with your authorization request.

Specialists must coordinate all services with the member's PCP (see referral area below).

**PCPs are required to obtain authorizations for all out-of-network services**

- submit the fax to appropriate numbers below
- emergent services rendered in emergency rooms and urgent care centers (22 & 23)\* **DO NOT** require authorization.

**Ancillary Services Requests – Fax: (877) 431- 8859**

- occupational, physical and speech therapy (22)\*
- occupational, physical and speech therapy (11)\*  
 - see *Contracted Networks on page 1*

**Home Health Care and Durable Medical Equipment**

- home health care services (12)\* - see *Contracted Networks on page 1*
- all durable medical equipment purchases greater than \$500, including orthotics & prosthetics – see *Contracted Networks on page 1*
- all durable medical equipment rentals – see *Contracted Networks on page 1*

**Inpatient Authorizations – Fax: (877) 431-8860**

- all inpatient hospital admissions (21)\*
- clinical updates for continued length-of-stay
- behavioral health or alcohol or substance abuse - see *Behavioral Health - Contracted Networks on page 1*
- newborn deliveries by the next business day
- rehabilitation facility admissions (61)\*
- skilled nursing facility admissions (31 & 32)\*

**Outpatient Authorizations – Fax: (800) 935-5752**

- chemotherapy - see *Pharmacy Services on page 1 to call for authorization*
- cosmetic procedures (ALL)\*
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests
- investigational and experimental procedures & treatment
- radiology – **only** MRA, PET, SPECT (ALL)\*
- rehabilitation facility services (62)\*
- skilled nursing facility services (31 & 32)\*

**Notification Required**

**Prenatal Notifications – Fax: (877) 647-7475**

- submit notification of pregnancy within 30 days of first prenatal visit

**No Authorization Required**

**Emergency and Urgent Care**

- urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)\*

**Specialists**

- office visits and treatment (11)\*
- all office (11)\* diagnostic tests and procedures considered by the plan to be part of routine office visit (11)\* **except** cosmetic procedures, MRA, PET and SPECT.

**Radiology**

- radiology services **excluding** MRA, PET, SPECT

**Ultrasonography**

- diagnostic ultrasounds
- OB ultrasounds (ALL)\*

**Services**

- all services performed in an outpatient hospital or ambulatory surgery center (22 & 24)\* **excluding** those items listed as requiring authorization
- observation stays (22)\*
- all transportation services
- cardiac & pulmonary rehabilitation programs
- dialysis
- family planning services
- health department services (vaccines, sexually transmitted diseases, rabies) (71)\*
- hospice care services
- laboratory tests by an in-network provider **excluding** cytogenetic, reproductive or molecular tests
- nutritional counseling
- pain management treatment
- respiratory therapy treatments
- sterilization procedures (11, 22, 24)\* - submit signed consent form with the claim

**Referrals**

WellCare supports the concept of the PCP as the “medical home” for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility (11, 50, 71 & 72)\*. The specialist must document the receipt of the request for a consultation and the reason for the referral in the medical record.

**No communication with the Plan is necessary.**

**\*Place of Service Codes (POS)**

11 - Office	50 – FQHC
12 – Home	61 – Inpatient Rehab
20 - Urgent Care Facility	62 - Outpatient Rehab
21 - Inpatient Hospital	65 - ESRD
22 - Outpatient Hospital	71 – Public Health Clinic
23 - Emergency Room	72 - Rural Health Clinic
24 - Ambulatory Surgery Center	81 - Laboratory
31 - Skilled Nursing Facility	
32 - Nursing Facility	