Navigating Wellcare's Interactive Voice System

WELLCARE'S PHONE ACCESS GUIDE

Claims

1. Say "Claims" or press 1
2. Say or enter your Wellcare Provider ID, NPI or Tax ID
3. Say or enter the member ID number
4. Say or enter the member's date of birth
5. Say or enter the date of service
6. Say or enter billed amount

Authorizations

1. Say "Authorizations" or press 2
2. For behavioral health say "Behavioral" or press 1
3. For medical say "Medical" or press 2
4. For prescription drug or auth requiring administration of drugs, say "Drugs" or press 3

Medical or Behavioral

1. To have a request form faxed to you say "Forms" or press 1
2. To find out if you need authorization for services say "Services" or press 2
3. For the status of an existing authorization say "Status" or press 3

Services:

1. Say or enter your Wellcare Provider ID, NPI or Tax ID
2. Say or enter the member ID number
3. Say or enter the member's date of birth
4. Say or enter the two-digit POS where services were rendered
5. Say or enter the date of service
6. Say or enter the diagnosis code

Wellcare By `Ohana Health Plan Provider Service
Medicare: **1-866-319-3554** (TTY **711**)

Helpful Tips

For faster service, please have the following information ready: Wellcare ID, NPI or Tax ID, Member ID and Date of Birth

When prompted, make a selection. You can say: "Claims", "Authorization", "Eligibility", "Pharmacy", "Web Support", or "Something Else" (for questions that are not member-specific).

Status:

1. Say or enter your Wellcare Provider ID, NPI or Tax ID
2. Say or enter the member ID number
3. Say or enter the member's date of birth
4. Say or enter the two-digit POS where services were rendered

Eligibility (including co-pays and out-of-pocket)

1. Say "Eligibility" or press 3
2. Say or enter your Wellcare Provider ID, NPI or Tax ID
3. Say or enter the member ID number
4. Say or enter the member's date of birth

Pharmacy or Prescription Benefit Inquiries (Medicare)

1. Say "Pharmacy" or press 4

Obtain a CVS Mail Order Information (fax number for prescriptions, address, phone number):

1. Say "CVS Caremark Information" or press 1

Request a coverage determination form faxed:

1. Say "Form" or press 2
2. Say or enter the member ID number
3. Enter fax number for form to be faxed to

Receive status of coverage determination:

1. Say "Status" or press 3
2. Say or enter your Wellcare Provider ID
3. Say or enter the member ID
4. Say or enter the member's DOB

Prescription processing information:

1. Say "Processing Information" or press 4
2. Say or enter the member ID

Web Support

1. Say "Web Support" or press 5
2. Say or enter your Wellcare Provider ID, NPI or Tax ID