

Important Telephone Numbers

Provider Services Eligibility verification, Claims, Utilization Management, Language Line and Provider Complaints	1-866-536-2275	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-855-582-6172
Behavioral Health Crisis Line	1-800-411-6485	TTY	711
Care Management Referrals TTY – 711	1-866-635-7045	Risk Management Fraud, Waste, and Abuse Hotline	1-866-678-8355
Hours	Fax: 1-866-287-3286 M-F 8-7 p.m. Eastern	Disease Management Referrals	1-877-393-3090
Community Connection Help Line	1-866-775-2192	Provider Resource Guide	

Claim Submission Inquiries

Submission Inquiries:

Support from Provider Services

1-866-536-2275

For inquiries related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

Electronic Funds Transfer & Electronic Remittance Advice:

Register online using the simplified, enhanced provider registration process: PaySpan.com or call **1-877-331-7154**. For more details on PaySpan®, please refer to your [Provider Manual](#).

Clearinghouse Connectivity

WellCare has partnered with Change Healthcare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare or in some cases your existing clearinghouse, billing service or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting Change Healthcare to establish free connectivity to WellCare for your EDI transactions.

Change Healthcare offers Submitter/Client Connectivity Services at **1-877-411-7271**. All Clearinghouses, Practice Management Vendors, or Billing Services may call Change Healthcare, formerly known as RelayHealth at **1-800-527-8133** for connectivity services.

ConnectCenter™ for physicians offers a web browser for direct data entry (DDE) or batch upload capability **at no cost to you for you**. To sign up go to <https://physician.connectcenter.changehealthcare.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at **1-877-411-7271**. Direct questions regarding functionality of ConnectCenter to the Clearinghouse at **1-800-527-8133 opt 2**.

- Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter.
- Only WellCare submissions are free of charge. Please ensure you use vendor code 212750 when you register.
- Providers are required to use the WellCare Payer ID 14163 for FFS submissions sent through Connect Center.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDs)

Claim Type	Fee For Service	Encounter
Professional	1844	3211
Institutional	8551	4949

WELLCARE PAYER IDs – If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to the file type (Fee-For-Service or Encounters):

Claim Type	Fee For Service (CH – Chargeable) Submissions	Encounter (RP – Reporting only) Submissions
Professional or Institutional	14163	59354

Paper Submission Guidelines

WellCare follows the Centers for Medicare & Medicaid Services' (CMS) guidelines for paper claim submissions. Since Oct. 28, 2010, WellCare accepts only the original "red claim" form for claim and encounter submissions. **WellCare does not accept handwritten, faxed or replicated claim forms.**

Claim forms and guidelines may be found on our website: www.wellcare.com/New-York/Providers/Health-Insurance-Marketplace/Forms

Mail paper claim submissions to:

WellCare Health Plans
Claims Department
P.O. Box 31372
Tampa, FL 33631-3224

Claim Payment Disputes

The Claim Payment Dispute process is designed to address claims when there is disagreement regarding reimbursement. Claim payment disputes must be submitted in writing to WellCare within **90 calendar days** of the date on the EOP. Mail all claim payment disputes with supporting documentation to:

WellCare Health Plans
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

Note: Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to the Appeals (Medical) address in the section below. Examples include EOP Codes DN001, DN004, DN038, DN039, VSTEX, DMNNE, HRM16 and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals PO Box. Include all substantiating information like a summary of the appeal, relevant medical records and member specific information.

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format.

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Claim Payment Policy Disputes

The Claims Payment Policy Department has created a new mailbox for provider issues related strictly to payment policy. Disputes for payment policy related issues must be submitted to WellCare in writing within **90 calendar days** of the date of denial on the EOP. Please provide all relevant documentation, which may include medical records, in order to facilitate the review.

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

WellCare Health Plans
Attn: Claims Payment Policy Disputes
P.O. Box 31426
Tampa, FL 33631-3426

Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX:

By Mail (U.S. Postal Service) Phone: 1-844-458-6739

OPTUM
P.O. Box 52846
Philadelphia, PA 19115
By Delivery Services (FedEx, UPS)

OPTUM
458 Pike Rd
Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX:

WellCare Health Plans
CCR Pre-pay
P.O. Box 31394
Tampa, FL 33631-3394

Mail all disputes related to Explanation of Payment Codes RVLTX:

WellCare Health Plans
CCR Post-pay
P.O. Box 31395
Tampa, FL 33631-3395

Recovery/Cost Containment Unit (CCU)

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

WellCare Health Plans, Inc.
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

If you do not agree with this proposed WellCare overpayment notification related to adjustments **RVXX (Except RV059 which should refer to the Claim Payment Disputes section above)**, you may request an Administrative Review by submitting your request in writing within **45 days** of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position. Your Administrative Review request should be sent to:

WellCare Health Plans, Inc. Fax: 813-283-3284
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within **30 days** of the date of WellCare's receipt of your request. If you do not object or render payment within such time period we will take action to recover the above listed amount as allowed by law, or applicable, the contract between you and WellCare.

Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228, or RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member's name, member's identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered. Your dispute should be sent to:

COTIVITI HEALTHCARE Fax: 1-203-202-6607
Attn: WellCare Clinical Chart Validation
Hillcrest III Building
731 Arbor Way, Suite 150
Blue Bell, PA 19422

Provider Identified Refund(s) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID and can be sent to:

WellCare Health Plans, Inc.
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

Note: For single claim checks, please use the [Refund Check Informational Sheet](#) to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the [Refund Referral Grid](#) and email all supporting documentation, including the grid, to OverpaymentRefunds@wellcare.com to assist with expedited posting. Please note that only check referrals will be accepted by this email box. anything other than check referrals will not be responded to and will be closed.

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Appeals (Medical)

Providers may file an appeal on behalf of the member with his/her written consent through the member appeals process. Providers may also seek an appeal through the Appeals Department within **90 calendar days** of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16 and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information like a summary of the appeal, relevant medical records and member specific information.

Mail or fax medical appeals with supporting documentation to:

WellCare Health Plans Fax: **1-866-201-0657**
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

Grievances

Member grievances may be filed verbally by calling Customer Service or submitted in writing via mail or fax.

Mail or fax member grievances to:

WellCare Health Plans Fax: **1-866-388-1769**
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384
Email: operationalgrievance@wellcare.com

WellCare Partners

eviCore fka CareCore National

eviCore is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: [Advanced Radiology](#), [Cardiology](#), [Lab Management](#), [Pain Management Program](#), [Physical and Occupational Therapy](#) and [Sleep Diagnostics](#).

Contact eviCore for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting).

Please click on the hyperlinks above for a listing of the specific services and related criteria included in the eviCore programs.

Web submissions are fast and convenient. If the procedure requested meets clinical criteria, the web provides an immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the [eviCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services **1-888-333-8641**

HealthHelp®

HealthHelp will manage Radiation Therapy Services and Medical Oncology.

HealthHelp is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: [Radiation Therapy](#) and [Medical Oncology](#).

Contact HealthHelp for all **authorized-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs.

Member eligibility and authorization request materials may be accessed via the [HealthHelp Portal](#). A searchable [Authorization Lookup](#) also available online to check the status of your authorization request and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services **1-888-210-3736**

Contracted Networks

Dental	Healthplex	1-888-468-2183	Vision	Superior Vision	1-866-819-4298
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Chiropractic Services **Triad Healthcare** **1-800-409-9081**

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Pharmacy Services

Pharmacy Services 1-866-536-2275

Including after-hours and weekends (CVS Caremark)

	Rx BIN	Rx PCN	Rx GRP
Essential Plans	004336	ADV	RX8902

Exactus™ Pharmacy Solutions (Specialty) 1-866-458-9246
exactus@wellcare.com TTY: 1-855-516-5636
 Fax: 1-866-458-9245

Medication Appeals Fax: 1-888-865-6531

Mail [medication appeal forms](#) with supporting documentation to:

WellCare Health Plans
 Attn: Pharmacy Appeals Department
 P.O. Box 31398
 Tampa, FL 33631-3398

Medication appeals may also be initiated verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

Formulary Inclusions

To request consideration for addition of a drug to WellCare's formulary, providers may submit a medical justification to WellCare in writing.

WellCare Health Plans
 Clinical Pharmacy Department
 Director of Formulary Services
 Pharmacy & Therapeutics Committee
 P.O. Box 31577
 Tampa, FL 33631-3577

Coverage Determination Requests Fax: 1-866-485-8514

Submit a [Coverage Determination Request Form](#) for:

- Drugs not listed on the Preferred Drug List
- Drugs listed on the Preferred Drug List with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly dosing limits
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs listed on the Preferred Drug List with a quantity limit (QL)

HealthHelp will manage Medical Oncology Services.

Please see below for HealthHelp Contact Information.

On the web: www.wellcare.com/New-York/Providers/Health-Insurance-Marketplace/Pharmacy-Tools

- [Pharmacy Services overview](#)
- [WellCare Formulary](#)
- [Authorization Lookup Tool](#)
- [Participating pharmacies](#)
- [Pharmacy Services forms](#)

Mail Service Pharmacy:

[CVS Caremark Mail Service Pharmacy](#) 1-866-808-7471
 TTY: 1-866-236-1069
 Fax: 1-866-892-8194



For Home Infusion/Enteral services:

Once Authorization Approval is obtained through WellCare, Please contact our preferred provider, Coram, to initiate Services:

Phone: 1-800-423-1411 or Fax: 1-866-462-6726

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST

Prior Authorization (PA) Requirements

This WellCare PA list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes will be denoted with a  symbol for easy identification. Requirements that have been edited for clarification only are denoted with an .

WellCare supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when consultations will be rendered in an office, clinic or free-standing facility. The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary. No referral is needed for OB/GYN and/or Emergency services.

All services rendered by non-participating providers and facilities require authorization. Specialists must coordinate all services with the member's PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

Urgent Authorization Requests and Admission Notifications – Call 1-866-536-2275 and follow the prompts.

- Notify WellCare of unplanned Inpatient Hospital admissions **within 48 hours of admission** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- Outpatient authorizations for urgent and time sensitive services may be requested by phone when warranted by the member's condition. Please include **CPT and ICD-10 codes** with your authorization request. Standard authorization requests may be submitted **online** or via fax to the numbers listed on the associated forms located [here](#).
- **Web submissions** are faster, and if the procedure requested meets clinical criteria the Web provides an approval that can be printed for easy reference.
- Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets WellCare's determination criteria at the time fo the request. WellCare retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, the medical necessity of the services, and correct coding and billing practices.

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Behavioral Health Services
WellCare Web Submission Portal

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-866-536-2275

Please [log in](#) to submit your Outpatient Authorization Requests & Inpatient Clinical Submissions.

To fax a request, please access our forms [here](#)

On the web: <https://www.wellcare.com/New-York/Providers/Medicaid/Behavioral-Health>.

- Emergency Behavioral Health services do not require authorization. In order to obtain authorization, notification of an Inpatient admission is required on the next business day following admission.
- Inpatient Concurrent review is done via telephone, but a fax option is available and the forms and fax numbers can be found [here](#). Psychological Testing requests are to be submitted via fax. All other levels of care requiring authorization including outpatient services can be submitted online.
- For more information on Authorization Requirements, [click here](#) and select "Prior Authorization Grid" PDF under Resources.

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Behavioral Services	See Comments	Please refer to the Prior Authorization Grid under Resources for authorization requirements. WellCare Web Submission Portal

Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Room Services	No	
Emergency Transportation Services	No	
Urgent Care Services	No	

Inpatient Services

WellCare Web Submission Portal

Please [log in](#) to submit your Authorization Requests & Inpatient Clinical Submissions.

To fax a request, please access our forms [here](#)

Inpatient Discharge Planning Requests Fax: 1-855-591-7136

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Hospice	Yes	
Inpatient Admissions	Yes	Clinical updates required for continued length of stay.
Long Term Acute Care Hospital (LTACH) Admissions	Yes	Clinical updates required for continued length of stay.
Observations	Yes	
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	Clinical updates required for continued length of stay.

Outpatient Services

WellCare Web Submission Portal

Please [log in](#) to submit your Outpatient Authorization Requests & Clinical Submissions.

To fax a request, please access our forms [here](#)

Inpatient Discharge Planning Requests Fax: 1-855-591-7136

Pharmacy Medical Requests Fax: 1-855-571-2059

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the Authorization Lookup Tool for prior authorization requirements. WellCare Web Submission Portal

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NEW YORK ESSENTIAL PLANS QUICK REFERENCE GUIDE

March 2019

Web: www.wellcare.com/New-York/Providers/Health-Insurance-Marketplace



PROCEDURES and SERVICES	Authorization Required	Comments
Advanced Radiology Services CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Advanced Radiology Program Criteria Radiology Request Forms
Cardiology Services Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes - See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Dialysis	No	
Durable Medical Equipment (DME) Purchases and Rentals	Yes - See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Home Infusion/Enteral Services	Yes	Once Authorization Approval is obtained through WellCare, Please contact our preferred provider, Coram , to initiate Services: Phone: 1-800-423-1411 or Fax 1-866-462-6726
Hospice Care Services	No	
Investigational & Experimental Procedures and Treatment	Yes	Refer to Clinical Coverage Guidelines WellCare Web Submission Portal
Laboratory Management (Certain Molecular and Genetic Tests)	Yes - See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Laboratory Management Program Criteria Molecular and Genetic Testing QRG
Medical Oncology Services	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Medical Oncology Program Services
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Orthotics and Prosthetics	Yes - See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment	Yes - See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Radiation Therapy Management Program Resources
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy	Yes	
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

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