

Wellcare Complete Quick Reference Guide



KANSAS January 2025

wellcarecomplete.com

CONVENIENT SELF-SERVICE

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

Phone: **1-833-340-0083** | Fax: **1-877-236-0259**

COMMUNITY CONNECTIONS HELP LINE

1-866-775-2192

RISK MANAGEMENT FRAUD, WASTE & ABUSE HOTLINE

1-866-685-8664

NURSE ADVICE LINE (24 hours)

1-877-236-0230 (TTY: 711)

HEALTH PLAN PARTNERS

Contracted Networks

HEARING

HCS

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

VISION

Premier

Phone: **1-866-419-0861**

DENTAL

DentaQuest

Phone: **1-833-206-6291**

TRANSPORTATION

Saferide

Phone: **1-833-236-9676**

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 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

Timely Filing guidelines: 180 calendar days from date of service for participating providers, 365 calendar days for non-participating providers. Disputes must be received within 90 calendar days for participating providers and 120 days for non-participating providers. For more information, visit our [Timely Filing](#) page.

EFT

Register: payspanhealth.com or call **1-877-331-7154**.



MAIL ALL PAPER CLAIMS, CORRECTED CLAIMS, RECONSIDERATIONS AND DISPUTES TO:

Wellcare Complete

Attn: Claims Department

P.O. Box 8050

Farmington, MO 63640-3822

Visit our [Resources](#) page to locate claim forms and guidelines.

PHARMACY SERVICES

PHARMACY SERVICES

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

Rx BIN

Rx PCN

Rx GRP

610014

MEDDPRIME

2FFA

MAIL ORDER

Express Scripts®

Phone: **1-833-750-0201 (TTY: 711)**

24 hours a day, 7 days a week

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 Complete

Attn: Pharmacy Appeals Department

P.O. Box 31383

Tampa, FL 33631-3383

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: 1-800-424-5354

Behavioral Health Fax: 1-833-684-1680

Pharmacy Prior Authorizations Phone: **1-800-867-6564** | Fax: **1-866-226-1093**

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 Complete does not accept handwritten, faxed or replicated claim forms. Wellcare Complete does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.