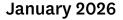
Arizona Medicare Quick Reference Guide



wellcare.azcompletehealth.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. Using **Essentials.Availity.com** or our **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.

	Availity	Portal	(IVR) Interactive Voice Response
Authorization Requirements/Status	<u>Fastest Result</u>	<u>Fastest Result</u>	Available
Authorizations Request	<u>Fastest Result</u>	<u>Fastest Result</u>	N/A
Benefit/Copayment Information	Fastest Result	<u>Fastest Result</u>	Available
Claims Status	<u>Fastest Result</u>	<u>Fastest Result</u>	Available
Claim Reconsiderations Status	N/A	<u>Fastest Result</u>	Available
Eligibility Verification	<u>Fastest Result</u>	<u>Fastest Result</u>	Available
Submit Corrected Claims	Fastest Result	<u>Fastest Result</u>	N/A
Submit Claim Reconsiderations	N/A	<u>Fastest Result</u>	N/A

HELPFUL LINKS

<u>Availity Portal Registration</u> <u>Portal Registration</u> <u>Joining our Network</u> <u>Resources (Manuals and Forms)</u>

PROVIDER CUSTOMER SERVICE (IVR)

H0351 HMO & CSNP: 1-800-977-7522 (TTY: 711) | H5590 HMO DSNP: 1-855-445-3580 (TTY: 711)

OTHER PHONE NUMBERS

CARE MANAGEMENT REFERRAL LINE 1-833-340-0083

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 (24 hours)

H0351 HMO & CSNP: 1-800-977-7522 (TTY: 711) H5590 HMO DSNP:

1-855-445-3580 (TTY: 711)

HEALTH PLAN PARTNERS

Contracted Networks

HEARING

<u>TruHearing</u> Phone: **1-866-344-7756** VISION

<u>Premier Eye Care</u> Phone: **1-855-879-1453** DENTAL

DentaQuestPhone: **1-833-206-6287**

LABS

Sonora Quest

HOME HEALTH

TangoPhone: **1-888-705-5274**or **1-602-395-5100**

Fax: 1-877-612-7066

HIGH TECH RADIOLOGY

Evolent

Phone: 1-800-424-4820

MUSCULOSKELETAL SERVICES

Turning Point

Phone: **1-480-865-2486**

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

EDI 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:

Essentials.Availity.com

Timely Filing guidelines: 180 days from date of service.

EFT

Register: <u>payspanhealth.com</u> or call 1-877-331-7154. Email: <u>providersupport@payspanhealth.com</u>.

PAYER ID: 68069

Visit our **Claims** page to locate detailed claims information,

addresses, claim forms and guidelines.



MAIL PAPER CLAIMS, APPEALS & DISPUTES:

H0351 HMO & CSNP

Wellcare

Attn: Claims Department OR

P.O. Box 9030 P.O. Box 3060

Farmington, MO 63640-9030 Farmington, MO 63640-3822

H5590 HMO DSNP

Wellcare P.O. Box 9700

Farmington, MO 63640-0700

PHARMACY SERVICES

PHARMACY SERVICES

Phone: **H0351 HMO & CSNP: 1-800-867-6564 H5590 HMO DSNP: 1-877-236-1522**

RX BIN RX PCN RX GRP 610014 MEDDPRIME 2FFA

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 <u>Medication Appeal Request form</u> 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: H0351 HMO & CSNP: 1-833-750-0202 (TTY: 711) H5590 HMO DSNP: 1-833-750-4411 (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 $\underline{\textbf{Pharmacy Benefits}}$ 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

PRIOR AUTHORIZATION (PA) LIST

Visit our Medicare <u>Pre-Auth Check Tool</u> page to determine if PA is required and to view other important PA related information. For fastest results, submit via **essentials.availity.com** or our **portal** using the associated **PA forms**.

All Part B Drug Requests Fax: 1-844-235-5090

Expedited Requests

Call: **H0351 HMO & CSNP: 1-800-977-7522 H5590 HMO DSNP: 1-855-445-3580**

Standard Requests Fax: 1-877-808-9362
Concurrent Requests Fax: 1-844-419-6538
Transplant Requests Fax: 1-833-974-3120
Behavioral Health Requests Fax: 1-844-918-1192

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.