

Arizona Medicare Quick Reference Guide

wellcare

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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.Avality.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.

	Avality	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	<u>Fastest Result</u>	<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	<u>Fastest Result</u>	<u>Fastest Result</u>	N/A
Submit Claim Reconsiderations	N/A	<u>Fastest Result</u>	N/A

HELPFUL LINKS

[Avality Portal Registration](#)

[Portal Registration](#)

[Joining our Network](#)

[Resources \(Manuals and Forms\)](#)

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

TruHearing

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

VISION

Premier Eye Care

Phone: **1-855-879-1453**

DENTAL

DentaQuest

Phone: **1-833-206-6287**

LABS

Sonora Quest

HOME HEALTH

Tango

Phone: **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.

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

Email: providersupport@payspanhealth.com.

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

P.O. Box 9030

Farmington, MO 63640-9030

OR

P.O. Box 3060

Farmington, MO 63640-3822

H5590 HMO DSNP

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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

610014

Rx PCN

MEDDPRIME

Rx GRP

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 **Medication Appeal Request form** with supporting documentation by fax or mail within 60 days from the date of the denial notice.



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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 **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 **Pre-Auth Check Tool** 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.

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