Arizona Medicare Quick Reference Guide

January 2027

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	**Fastest Result**	**Fastest Result**	**Available**
Authorizations Request	**Fastest Result**	**Fastest Result**	**N/A**
Benefit/Copayment Information	**Fastest Result**	**Fastest Result**	**Available**
Claims Status	**Fastest Result**	**Fastest Result**	**Available**
Claim Reconsiderations Status	**N/A**	**Fastest Result**	**Available**
Eligibility Verification	**Fastest Result**	**Fastest Result**	**Available**
Submit Corrected Claims	**Fastest Result**	**Fastest Result**	**N/A**
Submit Claim Reconsiderations	**N/A**	**Fastest Result**	**N/A**

HELPFUL LINKS

Availity 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
Turning Point
Phone: **1-480-865-2486**

CLIENT SERVICES
Availity
Phone: **1-800-AVAILITY (282-4548)**

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**

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**

EOP can be accessed via **Availity Essentials Remittance Viewer**.

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 9700
Farmington, MO 63640-9700

OR

P.O. Box 3060
Farmington, MO 63640-3822

H5590 HMO DSNP
Wellcare
P.O. Box 9700
Farmington, MO 63640-0700

Refer to the address on the back of the member's ID card for proper processing.

PHARMACY SERVICES

PHARMACY PRIOR AUTHORIZATION
Phone: **1-800-867-6564**

Rx BIN	Rx PCN	Rx GRP
610014	MEDDPRIME	2FFA

SPECIALTY PHARMACY

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
Attn: Pharmacy Appeals Department
P.O. Box 31383
Tampa, FL 33631-3383

MEDICAL ONCOLOGY SERVICES
Evolent Phone: **1-888-999-7713**

MAIL ORDER
Express Scripts®
Pharmacy Help Desk:
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

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.