

Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Management, Language Line and Provider Complaints	1-800-288-5441	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-800-919-8807
Behavioral Health Crisis Line 582-6265	1-855-	Risk Management New York Medicaid Fraud Hotline	1-877-873-7283
Case Management Referrals	1-866-635-7045	WellCare's Fraud, Waste and Abuse Hotline	1-866-678-8355
Disease Management Referrals	1-877-393-3090	Provider Resource Guide	
CommUnity Assistance Line 866-775-2192	1-	TTY	711

Claim Submission Inquiries

Submission Inquiries

Support from Provider Services **1-800-288-5441**

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 see your

[Provider Manual](#).

Clearinghouse Connectivity Setup & Connection Support:

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.

Connect Center™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronic submissions **at no cost to you**. To sign up go to: <https://connect.relayhealth.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at **1-877-411-7271**. Any questions regarding functionality of ConnectCenter should be directed 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 and please ensure you use vendor code 212750 when you register.

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	Encounter
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/Medicaid/Claims Mail paper claim submissions to:

**WellCare Health Plans
Claims Department
P.O. Box 31372
Tampa, FL 33631-3372**

Claim Payment Disputes

The claim payment dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within **90** days of the date on the EOP.

Mail or fax claim payment disputes with supporting documentation to:

WellCare Health Plans Fax 1-877-277-1808
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, 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.

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Claims Payment Policy Disputes

The Claims Payment Policy Disputes Department has created a mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted to WellCare in writing within **90** 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 or fax disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

WellCare Health Plans Fax 1-877-277-1808
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)

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)

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August 2018 Web: www.wellcare.com/New-York/Providers/Medicaid

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 30 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.
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
203-202-6607 Attn: WellCare Medical Review Unit
555 North Lane, Suite 6125
Conshohocken, PA 19428

Fax: 1-

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.

Appeals (Medical)

Providers may file an appeal on behalf of the member with his or her written consent. Providers may also seek an appeal through the Appeals Department within 90 calendar days of a denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include EOP 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 all 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 by fax or mail. Providers may also file a grievance on behalf of the member with his or her written consent. 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

[Non-Medicare Appointment of Representative Form](#)

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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](#), [Physical and Occupational Therapy](#), [Radiation Therapy Management](#) 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 faster, and 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 on 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 For claim submissions:

- Submit all POS 11 radiology claims directly to eviCore.
- Submit all other claims directly to WellCare.

Contracted Networks

Dental 1-888-468-2183	Healthplex®	Vision 866-819-4298	Superior Vision	1-
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Pharmacy Services

Pharmacy Services 1-800-288-5441
Including after-hours and weekends (CVS/Caremark™)
Rx BIN Rx PCN Rx GRP
004336 MCAIDADV RX8892
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 appeals 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 calling Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, you may submit a medical justification to WellCare in writing.

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

Coverage Determination Requests Fax 1-866-388-1517

Submit a [Prior Authorization Request for Prescriptions](#) for:

- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs that have an age limit (AL)
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Multi-ingredient compounds exceeding \$300 cost (PA)

On the web: www.wellcare.com/New-York/Providers/Medicaid/Pharmacy

- [Authorization Lookup Tool](#)
- [Behavioral Health Medication Guide](#)
- [New York Comprehensive Medicaid Preferred Drug List \(PDL\)](#)
- [Over-the-Counter Drug List](#)
- [Participating Pharmacies](#)
- [Pharmacy Services Overview](#)
- [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



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WELLCARE'S PRIOR AUTHORIZATION 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 are denoted by a  symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with a  symbol. **Participating providers are required to obtain authorizations for all out-of-network services except emergency services and out-of-area renal dialysis.** It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

Network primary care physicians (PCPs) may refer members to a network specialist or other network provider when consultations will be rendered at an office or free-standing facility. **A written or faxed script to the specialist is required. The specialist must document receipt of a request for a consultation.** The reason for the referral and the name of the specialist must be documented in the medical record. No communication with WellCare is necessary.

Urgent Authorization Requests and Admission Notifications – Call 1-800-288-5441 and follow the prompts.

- Notify WellCare of unplanned inpatient hospital admissions within **24 hours** of admission. Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- 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 by fax using the numbers listed below if you are unable to access the portal with your secure login at <https://provider.wellcare.com/>.
- **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 of the request. WellCare retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, the medical necessity of services, and correct coding and billing practices.
- Lab testing must be performed by LabCorp, Quest or other entities specifically contracted to perform lab services.

Behavioral Health Services

WellCare Web Submission Portal

Outpatient Authorization Request Submissions Fax 1 -855- 713- 0591

Inpatient Hospitalization Clinical Submissions Fax 1 -855- 713- 0590

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

Urgent Authorizations and Provider Services **1-800-288-5441**

- Emergency behavioral health services do not require authorization. Inpatient admission notification is required on the next business day following admission.
- Inpatient concurrent review is done by telephone or fax. Psychological testing requests are to be submitted by fax. All other levels of care requiring authorization, including outpatient services, may 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 Health 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	

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Inpatient Services

WellCare Web Submission Portal

Inpatient Authorization Requests Fax 1 -877 -431 -8860

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

PROCEDURES and SERVICES	Authorization Required	Comments
Domiciliary, Rest Home & Custodial Services	Yes	
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
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.

PROCEDURES and SERVICES	Authorization Required	Comments
NICU/Sick Baby Admission	Yes	Notification is required with 24 hours following admission. Clinical updates required for continued length of stay.
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Observations	See Comments	<p>ⓘ Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements. Authorization Lookup Tool</p> <p>Services performed during a non-elective Observation stay, such as Advanced Radiology, or Cardiology, do not require authorization.</p> <p>Clinical updates required for continued length of stay.</p>
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	

Outpatient Services

WellCare Web Submission Portal

Durable Medical Equipment (DME) Requests Fax 1- 877- 431- 8859

Home Health Service Requests Fax 1 -866 -886 -4321

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

Outpatient Authorization Requests Fax 1 -800- 246- 7983

Speech Therapy Requests Fax 1 -877- 431 -8859

Transplant Services Fax 1- 813- 283- 5320

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
Advanced Radiology Services CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT Scans	Yes – See Comments	<p>Contact eviCore for authorization: eviCore Provider Web Portal. Phone Number 1-888-333-8641</p> <p>Advanced Radiology Program Criteria Radiology Request Forms</p> <p><i>No authorization is required for the first 3 OB ultrasounds.</i></p>

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NEW YORK MEDICAID & CHILD HEALTH PLUS QUICK REFERENCE GUIDE



August 2018 Web: www.wellcare.com/New-York/Providers/Medicaid

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 \$250 per line item do NOT require authorization.
Investigational and Experimental Procedures and Treatment	Yes	See 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 WellCare Lab Management Criteria Molecular and Genetic Testing QRG
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
PROCEDURES and SERVICES	Authorization Required	Comments
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 eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Radiation Therapy Management Program Criteria Radiation Therapy Worksheets
Radiology (Routine) Services and Non-Obstetric Ultrasounds	No – See Comments	See eviCore Programs on page 3 for claim submission information.
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	

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NEW YORK MEDICAID & CHILD HEALTH PLUS QUICK REFERENCE GUIDE



August 2018 Web: www.wellcare.com/New-York/Providers/Medicaid

Sterilization Procedures	No	Sterilization Consent Form Required
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.
Prenatal Notifications WellCare Web Submission Portal Prenatal Notifications Fax 1- 877- 647- 7475		
PROCEDURES and SERVICES	Authorization Required	Comments
Prenatal Notifications	No	Prenatal Notification Form

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