



OHIO MEDICAID – QUICK REFERENCE GUIDE

April 2010

(800) 951-7719 Web Address:

<http://ohio.wellcare.com>

Dial one number to reach the **Customer Service, Pharmacy, Provider Hotline, Transportation Services** and **Utilization Management** departments.

Important Telephone Numbers

Provider Hotline Provider inquires, claim concerns and authorizations	(800) 951-7719	Dental – DentaQuest	(800) 341-8478
Medicaid TTY/TDD	(877) 247-6272	Vision – Advantica	(866) 425-2323
24-Hour Nurse Advisor Line	(800) 951-7719	Transportation Services	(800) 951-7719
TTY/TDD	(877) 247-6272	• CFC – 10 round trips or 20 one-way trips	
		Hearing – Hear USA/Hear Ex	(800) 333-3389

Behavioral Health

Behavioral Health Services	(800) 951-7719
Behavioral Health Authorization Requests – submit online	http://ohio.wellcare.com
Behavioral Health Fax	(877) 277-6890

Claims

Claims Department To ensure timely and accurate processing, mail claims to: WellCare Health Plans, Inc. Ohio Region P.O. Box 31224 Tampa, FL 33631-3224	(800) 951-7719	EDI Questions and Assistance	(800) 960-2530 x4096
		EDI Partners	EDI Payer ID
		ACS EDI Gateway, Inc.	77004 (800) 987-6720
		Availity	14163 (800) 282-4548
		Emdeon (former WebMD®)	14163 (800) 845-6592
		RelayHealth (McKesson)	14163 (800) 522-6562
		SSI Group	14163 (800) 880-3032
		ZirMed	14163 (877) 494-7633
		<i>Encounter Data Submissions</i>	59354

Claims Appeals

Claim Appeals The Claims Appeal process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling or non-covered codes. Claim appeals must be submitted to WellCare, in writing, within 90 days of the date of denial on the EOB. To initiate this process, please mail written Claims Appeals and documentation to: WellCare Health Plans, Inc. • Attn: OH Claim Appeals P.O. Box 31224 • Tampa, FL 33631-3224	(800) 951-7719	Claim Appeals Fax Providers may also fax written Claim Appeals and documentation to the number listed above, attention of OH Claim Appeals . There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Member Appeals and Grievances section on this guide for instructions.	(877) 297-3112
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Pharmacy Services

Prescription drugs that are administered in a patient's home and in a home health setting are covered by Ohio Medicaid Fee-For-Service (FFS).

- Members should contact the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or TTY 1-800-292-3572 with questions. The Hotline is open: 7am-8pm Monday - Friday and 8am-5pm Saturday.
- Providers should contact ACS, Ohio's Pharmacy Benefits Manager at 1-877-518-1546 with questions about prior authorizations and prior authorization requests. The hours are 7am-7pm Monday - Friday.
- Information about the Ohio Medicaid pharmacy program, including the approved drug list, Pharmacy Provider Manual, and PA request fax form, is available at <http://fs.ohio.gov/ohp/bhpp/meddrug.stm>

WellCare will still provide prescription coverage for items administered to members in a physician's office, hospital inpatient or outpatient department, clinic, dialysis center or infusion center. Contact information for these types of claims can be found below.

Prescription drugs that are administered in the provider setting (physician office, hospital outpatient department, dialysis or infusion center, etc.) may require prior authorization. The prior authorization request form can be found at the following website:
http://ohio.wellcare.com/WCAssets/ohio/assets/OHPharmacy_InjectablesInfusionsPriorAuth.pdf

Pharmacy Services	(800) 678-3184 (prompts 3 +1)
Prior Authorization Fax	(877) 277-6892
Pharmacy After Hours/Weekends (WHI) Group Number 716257	(800) 678-3184 (prompts 3 + 1)
Web-Based Information – More information can be found regarding the pharmacy benefit carve out and types of items covered by WellCare online: http://ohio.wellcare.com/provider/pharmacyservices	

Member Medical Benefit Appeals & Grievances

A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals department when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification.	
Mail or fax a medical benefit appeal with supporting clinical documentation to: WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	Fax: (866) 201-0657
Grievances may be initiated by a call to the Customer Service department. WellCare Health Plans, Inc. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384	
Fax: (866) 388-1769	

Provider Complaints

Provider complaints, related to any administrative issue such as WellCare's policies and procedures or authorization and referral process, must be submitted within 90 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to:

WellCare Health Plans, Inc. Fax: (877) 297-3112
Attn: Customer Service
P.O. Box 31370 • Tampa, FL 33631-3370

Risk Management

Trust Program Hotline (report suspected fraud and abuse) (866) 678-8355

Authorizations

Utilization Management Department, including the Case Management Team:

- ♦ **For standard authorization requests**, please use the fax numbers below to submit your requested authorization.
- ♦ **Urgent Requests and Admission Notification: Please call (800) 951-7719.** Inpatient admission notification is requested by the next business day. Clinical information can be faxed to the inpatient number listed below. Urgent and time-sensitive outpatient authorizations can also be called-in when warranted by the member's condition or circumstance.

Prior Authorization or Notification Required

PCPs and specialists must fax a notification, or a request, for authorization for the services listed below.

Forms may be found on the WellCare of Ohio Web site at:
<http://ohio.wellcare.com/provider/forms>.

Ancillary / DME Services Fax: (877) 431-8859

- ♦ All durable medical equipment rentals
- ♦ Durable medical equipment purchases with billed charges greater than \$200 per item (including orthotics and prosthetics)
- ♦ Hearing aids
- ♦ Home health care services
- ♦ Occupational, physical and speech therapy treatment plans (after the initial evaluation)
- ♦ Enteral Nutrition and supplies

Inpatient Services Fax: (877) 431-8860

- ♦ All hospital admissions
- ♦ Newborn deliveries (notification only)
- ♦ Nursing facility admissions (skilled nursing, rehab, LTACH, intermediate care)

Behavioral Health Services Fax: (877) 277-6890

- ♦ Inpatient and covered services (in-network)

Outpatient Services Fax: (877) 277-1820

- ♦ Abortions (ODJFS Certification Form required)
- ♦ Allergy and Clinical Immunology CPT codes 95010, 95015 – 95075, 95120 - 95199
- ♦ All out-of-network services
- ♦ Cardiac and pulmonary rehabilitation programs
- ♦ Genetic testing
- ♦ Hospice care services
- ♦ New technology and experimental procedures
- ♦ Nutritional supplements and formula
- ♦ OB Ultrasounds, Antepartum Surveillance and Fetal Echocardiography - CPT codes 76811 – 76814, & 76816 - 76828
- ♦ Pain management services
- ♦ PET, SPECT and nuclear cardiac testing
- ♦ Sleep studies
- ♦ Subsequent OB ultrasounds (after the first three; CPT codes 76801 – 76810 & 76815)
- ♦ Surgical procedures (including ambulatory surgery, cosmetic and oral surgery)

OB Notification Fax: (877) 647-7475

- ♦ Notification of OB first prenatal visit

CPT code(s) should be included with each request and claim submission.

Prior Authorization Not Required

Members may self-refer to *participating* providers.

- ♦ Adult annual physical exam
- ♦ Alcohol, drug addiction and psychiatric services at Medicaid Ohio state facilities
- ♦ Ambulance services
- ♦ Chiropractic care (within benefit limits)
- ♦ Dialysis (notification for first visit only)
- ♦ Emergency services
- ♦ Family planning
- ♦ Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) and Qualified Family Planning Services (QFP) services
- ♦ Hearing services
- ♦ Labor checks
- ♦ Most routine office-based procedures
- ♦ Observation stays (up to 48 hours)
- ♦ Obstetrician, gynecologist and certified nurse midwife services
- ♦ OB ultrasounds - CPT codes 76801 – 76810 & 76815 (any combination, up to three per pregnancy)
- ♦ Podiatry care
- ♦ Primary care provider office visits (including Healthchek visits)
- ♦ Public health clinic visits
- ♦ Routine dental (see page 1)
- ♦ Routine laboratory tests
- ♦ Routine vision (see page 1)
- ♦ Routine X-ray films
- ♦ Sterilizations (consent required for payment)
- ♦ Urgent care center services

A referral is a request by a PCP for a member to be evaluated and/or treated by a participating specialty physician. No communication to WellCare is required.

This guide is not intended to be an all-inclusive list of covered services but it substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

Failure to obtain the required prior authorization from WellCare can result in a denied claim.