CALIFORNIA MEDICARE QUICK REFERENCE GUIDE
June 2019
www.wellcare.com/California/Providers/Medicare

Important Telephone Numbers

Nurse Advice Line 1-800-581-9952

Members may call this number to speak to a nurse 24 hours a day, 7 days a week.

Proficient Self Service Offerings

WellCare offers robust technology options to save you time. Below represent the fastest most effective ways to get what you need.

WellCare Provider Portal

	Portal	CHAT	(IVR) Interactive Voice Response
Authorization Requirements	Fastest Result ✔	N/A	Available
Authorization Status	Fastest Result ✔	Available	Available
Authorizations Request	Fastest Result ✔	N/A	N/A
Benefit Information	Fastest Result ✔	Available	Available
Claims Status	Fastest Result ✔	Available	Available
Co-Payment	Fastest Result ✔	Available	Available
Eligibility Verification	Fastest Result ✔	Available	Available
Submit Appeals	Fastest Result ✔	N/A	N/A
Submit Claim Disputes	Fastest Result ✔	N/A	N/A
Submit Claims	Fastest Result ✔	N/A	N/A
Submit Corrected Claims	Fastest Result ✔	N/A	N/A

WellCare understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks.

The Provider Portal will help with those routine tasks.

Provider Portal Registration – click here **Provider Portal Training - click here**

Provider Services:

Interactive Voice Response System Phone: 1-866-999-3945

TTY: 711

WellCare Telephone Numbers

Risk Management (Fraud, Waste and Abuse Hotline) **1-866-678-8355**

Community Connections Help Line 1-866-775-2192

Utilization Management

Provider Services **1-866-999-3945**

Fax: **1-855-547-9764**

Email: **ECFaxMedicalManagement@wellcare.com**

Case Management

Provider Services **1-866-999-3945**

TTY: **711** Fax: **1-855-538-0455**

Email: **ECCaseManagement@wellcare.com** Hours: **M-F, 8-5 pm Pacific**

Quality Improvement

Quality of Care **1-866-999-3945**

Fax: **1-855-671-0254** Email: **ECQualityImprovement@wellcare.com**

Mail to:

WellCare Health Plan
Quality Improvement Department
10803 Hope St., Suite B
Cypress, CA 90630

HEDIS® **1-866-999-3945**

Fax: **1-855-696-7549**

Mail to:

WellCare Health Plan
Quality Improvement Department
10803 Hope St., Suite B
Cypress, CA 90630

For your convenience, items on this QRG in bold, underlined fonts are hyperlinks to supporting WellCare Health Plan's Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format. NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plan but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines.

Claim Submission Information

Submission Inquiries:

Support from Provider Services **1-866-999-3945**
For inquiries related to your electronic or paper 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 refer to your Provider Manual.

Clearinghouse Connectivity

WellCare encourages EDI submissions as they are free to the Provider Community, providing improved accuracy and the fastest turnaround time and enhanced claim status information.

If you are using AdminisTEP.com for EDI Claims Submissions, continuing using the five-digit WellCare Payer IDs.

Claim Type	WellCare Payer IDS
837P - Professional Electronic Claim	80889
837I - Institutional Electronic Claim	80888
837P - DME – Professional DME Electronic Claim	80890

If submitting electronically to Change Healthcare (formerly known as RelayHealth), continue to utilize ClearingHouse Payer IDs (CPIDs) below.

Claim Type	Client Payer ID
837P - Professional Electronic Claim	1119
837I - Institutional Electronic Claim	9529

If your clearinghouse or billing system is not connected to AdminisTEP or Change Healthcare and requires a five-digit Payer ID, please use the following according to the file type (Fee-For-Service or Encounters):

Claim Type	Fee For Service (CH-Chargeable) Submissions	Encounter (RF-reporting only) Submissions
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/California/Providers/Medicare/Claims

Mail paper claim submissions to:

WellCare Health Plans
Claims Department
P.O. Box 260519
Plano, TX 75026-0519

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 for contracted providers. Non-participating provider must submit payment disputes in writing within **120** days of the date on the EOP.

Submit all claims payment disputes with supporting documentation on our website**:** https://provider.wellcare.com/California

Mail claim payment disputes with supporting documentation to:

WellCare Health Plans
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 Explanation of Payment 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 post office box. Include all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member specific information.

Claim Payment Policy Disputes

The Claims Payment Policy Disputes Department has created a new mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted to WellCare in writing within **90** calendar days of the date of denial on the EOP for contracted providers. Non-participating provider must submit payment policy-related issues in writing within **120** days of the date on the EOP. Please provide all relevant documentation (please do not include image of Claim), which may include medical records, in order to facilitate the review. Submit all Claims Payment Policy Disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX on our website**:** **https://provider.wellcare.com/California**

Mail disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:	**WellCare Health Plans** **Attn: Claim 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)** **Phone: 1-844-458-6739** **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)

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification, any applicable attachment(s) and be sent to:	**WellCare Health Plans, Inc.** **Attn: CCU Recovery** **P.O. Box 31584** **Tampa, FL 33631-3584**

If you do not agree with the 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 a dispute in writing within **45 days** of the recovery letter date. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe in pertinent to your position.

Mail or fax your Administrative Review request to:	**WellCare Health Plans, Inc.** **Fax: 813-283-3284** **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 WellCare's receipt of your request. If you do not submit a dispute or render payment within the time period referenced above, we will take action to recover the amount owed as allowed by law, or as outlined within 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(s) of service, reason(s) why the denial should be reversed, copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.

Mail or fax your dispute to:	**COTIVITI HEALTHCARE** **Fax: 1-203-202-6607** **Attn: WellCare Clinical Chart Validation** **Hillcrest III Building** **731 Arbor Way, Suite 150** **Blue Bell, PA 19422**

Provider Identified Refund(s) without receiving overpayment notification should include the reason for the overpayment as well as any details that assist in identifying the member and WellCare Claim ID.

Please submit 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.

For your convenience, items on this QRG in bold, underlined fonts are hyperlinks to supporting WellCare Health Plan's Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format. NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plan but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines.

Appeals (Medical)

All non-par Medicare provider appeals must be submitted within **60** calendar days and they must also submit a signed waiver of liability (WOL) with their request for processing.
Mail or fax medical appeals with supporting documentation to:

WellCare Health Plans Fax: **1-855-571-2053**
Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

Medicare Appointment of Representative Form

Grievance

Member grievances may be filed verbally by contacting Customer Service or submitted in writing via mail or fax. Providers may also file a grievance on behalf of the member with the member's written consent. Provider complaints related to any administrative issue, such as WellCare's policies and procedures or authorization/referral process, must be submitted within **60** calendar days of the event that gave rise to the complaint.
Mail or fax member grievances to:

WellCare Health Plans Fax: **1-855-571-2053**
Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

Medicare Appointment of Representative Form

Behavioral Health

Please refer to your Primary Care Provider for a list of options.

Contracted Networks

Dental	–	**Delta Dental**	**1-855-643-8515**	**Vision**	–	**Premier Eye Care**	**1-855-818-4778**
Hearing	–	**Hear USA**	**1-877-664-9353**	**OTC**	–	**United Medco**	**1-888-979-4319**

Transportation — Access2Care 1-844-809-9034
Members must call **48 business hours** in advance for routine trips and may call same day for urgent care.
Benefit limitations may apply. Please contact Provider Services for additional information.

Pharmacy Services

Pharmacy Services **1-866-999-3945**
Including after-hours and weekends (CVS/Caremark™)

Rx BIN	**Rx PCN**	**Rx GRP**
004336	MEDDADV	788257

Exactus™ Pharmacy Solutions (Specialty) **1-866-458-9246**
exactus@wellcare.com **TTY 1-855-516-5636**
Fax 1-866-458-9245

CVS/Caremark Mail Service **1-844-635-3406**
www.caremark.com **TTY 1-866-507-6135**
Fax 1-866-892-8194

Medication Appeals **1-866-999-3945**
TTY 711
Fax 1-866-388-1766

Online:
Request for Redetermination of Medicare Prescription Drug Denial (Appeal)
Mail medication appeal forms with supporting documentation to:

WellCare Health Plans
Attn: Pharmacy Appeals Department
P.O. BOX 31383
Tampa, FL 33631

Medication appeals may also be initiated verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

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

WellCare Health Plans, Clinical Pharmacy Department
Director of Formulary Services
Pharmacy & Therapeutics Committee
PO Box 31577
Tampa, FL 33631-3577

Coverage Determination Requests **1-866-999-3945**
TTY 711

Mail or fax a Coverage Determination Request Form with supporting documentation to:
Fax: **1-866-388-1767**
Online:
Request for Medicare Prescription Drug Coverage Determination form
Mail:

WellCare Health Plans
Attn: Pharmacy — Coverage Determination
P.O. BOX 31397
Tampa, FL 33631

Submit a Coverage Determination Request Form for:

- Drugs not listed on the Formulary
- Drugs listed on the Formulary with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs listed on the Formulary with a quantity limit (QL)
- Drugs that have a step edit (ST) and the first line therapy is inappropriate

On the web:
www.wellcare.com/California/Providers/Medicare/Pharmacy

- WellCare Formulary
  Participating Pharmacies
  Pharmacy Services Forms
  Exactus Pharmacy Solutions
  CVS/Caremark Mail Service Pharmacy

For your convenience, items on this QRG in bold, underlined fonts are hyperlinks to supporting WellCare Health Plan's Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format. NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plan but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines.

Prior Authorization (PA) Requirements

WellCare Health Plan delegates Prior Authorization to the contracted MSO, IPA, or Medical Groups who then determine prior authorization requirements for their assigned members.

IPAs must make every attempt to authorize services that are the financial responsibility of WellCare Health Plan to a provider within WellCare Health Plan's contracted network. If a member requires out-of-network services because WellCare Health Plan is not contracted with a provider of like specialty, the IPA is required to notify WellCare Health Plan's Utilization Management Department prior to issuing an authorization. The Utilization Management Department will discuss the case with the WellCare Health Plan Contracting Department and notify the IPA accordingly such that an authorization may be issued. For services that are the financial responsibility of the IPA, the IPA is required to follow its organization's policy in reference to authorization of out-of-network providers.

Emergency admissions that are outside the IPA/Group's service area are monitored by the WellCare Health Plan Utilization Management Department. WellCare Health Plan's Medical Management Department will be responsible for issuing an authorization, performing concurrent review, and working with the IPA to coordinate transfer of the member to an in-network facility once the member has been stabilized.

For specific authorization requirements, please follow your group's direction.