

Missouri Medicare Quick Reference Guide

January 2025

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CONVENIENT SELF-SERVICE

Wellcare By Allwell understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks. **The 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.

	Portal	(IVR) Interactive Voice Response
Authorization Requirements/Status	<u>Fastest Result</u>	Available
Authorizations Request	<u>Fastest Result</u>	N/A
Benefit/Copayment Information	<u>Fastest Result</u>	Available
Claims/Reconsiderations/Appeals Status	<u>Fastest Result</u>	Available
Eligibility Verification	<u>Fastest Result</u>	Available
Submit Appeals/Claims/ Claims Disputes/Corrections	<u>Fastest Result</u>	N/A

HELPFUL LINKS

[Portal Registration](#)

[Joining our Network](#)

[Forms](#)
(AOR, Auth, Claims and more)

[Resources](#)
(Manual and Guides)

PROVIDER SERVICES PHONE (IVR): HMO: 1-800-977-7522 (TTY: 711) | HMO SNP: 1-844-796-6811 (TTY: 711)

OTHER PHONE NUMBERS

CARE AND DISEASE MANAGEMENT REFERRALS

Fax: **1-844-280-2630**

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

1-800-977-7522 (TTY: 711) (24 hours)

HEALTH PLAN PARTNERS

Contracted Networks

HEARING

HCS

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

VISION

Premier

Phone: **1-866-419-1765**

DENTAL

Centene Dental Services

Phone: **1-855-434-9240**

TRANSPORTATION

ModivCare

Phone: **1-877-682-9028**

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

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:

availability.com/Essentials-Portal-Registration.

PAYER ID: 68069

Visit our **Resources** page to locate claim forms, PaySpan information and other important information.

Timely Filing guidelines: 180 days from date of service.

EFT

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

Email: providersupport@payspanhealth.com.



MAIL PAPER CLAIMS TO:

Wellcare By Allwell

Attn: Claims Department

P.O. Box 3060

Farmington, MO 63640-3822

PHARMACY SERVICES

PHARMACY SERVICES

Phone: **1-800-867-6564**

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.



Wellcare By Allwell

Attn: Pharmacy Appeals Department

P.O. Box 31383

Tampa, FL 33631-3383

MAIL ORDER

Express Scripts®

Phone: **1-833-750-0201** (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
- and more

PRIOR AUTHORIZATION (PA) LIST

A **Pre-Auth Needed tool** is available to determine if prior authorization is required. Detailed Prior Authorization list and important PA information can be found in the **Prior Authorization Guide**. Most current information can be found within the Pre-Auth tool.

For fastest results, submit requests **online** using the associated **PA forms**.

Medical Fax: 1-844-280-2630

Behavioral Health Fax: 1-877-725-7751

Pharmacy Prior Authorizations Fax: 1-866-226-1093

Urgent Authorization Requests and Admission Notifications: Call Provider Services and follow the prompts. 1-800-977-7522

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