

Illinois Duals Quick Reference Guide

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wellcare.ILmeridian.com

wellcare®

By Meridian.

PROVIDER PORTAL RESOURCES

Access essential tools and resources through **Availity Essentials**:

- Validate eligibility and benefits
- Submit claims and check claim status
- Submit prior authorization (PA) requests and check PA status
- Correct and resubmit claims
- View member gaps in care

Use the Wellcare By Meridian **secure provider portal** for other functions not currently supported in Availity:

- View and download patient lists
- Submit a claim dispute
- Update provider data
- Refer a member to care coordination

HELPFUL LINKS

HEDIS® and Quality Resources

Forms (AOR, Auth, Claims and more)

Resources (Manual and Guides)

Provider Notices

Monthly Provider Check-In Newsletter

IMPORTANT PHONE NUMBERS

PROVIDER SERVICES PHONE (IVR)

1-844-536-2175 (TTY: **711**) Hours: 8 a.m.–8 p.m.

CARE AND DISEASE MANAGEMENT

Phone: **1-844-536-2180** (TTY: **711**) Hours: 8 a.m.–8 p.m.

RISK MANAGEMENT FRAUD, WASTE & ABUSE HOTLINE

1-866-685-8664

COMMUNITY CONNECTIONS HELP LINE

1-866-775-2192

HEALTH PLAN PARTNERS

Contracted Networks

HEARING

TruHearing

Phone: **1-800-334-1807**

VISION

Premier

Phone: **1-855-865-9724**

DENTAL

Centene Dental

Phone: **1-855-586-1415**

TRANSPORTATION

MTM

Phone: **1-844-299-6238**

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES

EDI team: EDIBA@centene.com or call Provider Services.

PREFERRED EDI CLEARINGHOUSE

Availity: **1-800-282-4548**.

Web portal for direct data entry (DDE) claims:

availability.com/Essentials-Portal-Registration

Providers using a different clearinghouse should contact Provider Services at **1-844-536-2175** to verify whether their current clearinghouse is included in the approved list.

PAYER ID: 68069

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 Meridian

Attn: Claims

P.O. Box 9700

Farmington, MO 63640-0700

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.

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.

PHARMACY SERVICES

PHARMACY SERVICES

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

Rx BIN

610014

Rx PCN

MEDDPRIME

Rx GRP

2FFA

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 Meridian****Attn: Medicare Pharmacy Appeals****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

COVERAGE DETERMINATION REQUESTS

Fax: **1-866-226-1093**

Electronic Prior Authorization: **account.covermymeds.com**

From the **For Providers** page, select the Pharmacy Benefits tab for pharmacy-related information and forms, including:

- Coverage Determination Request Form and exceptions
- Formulary
- Express Scripts mail order service
- and more

PRIOR AUTHORIZATION (PA)

A **Prior Authorization Check Tool** is available to determine if prior authorization is required. The most current information can be found within the PA Check Tool.

For fastest results, submit requests online using the **secure provider portals**.

Some service types require prior authorization by third-party vendors. Refer to the vendor table located at **wellcare.imeridian.com/for-providers/prior-auth-.html** for submissions.

Medical Fax: 1-844-409-5557

Behavioral Health Fax: 1-833-419-0129

Urgent Authorization Requests and Admission Notifications: Call **1-844-536-2175** and follow the prompts.

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.

APPEALS

Non-Urgent Pre-Service Appeals: Members, their authorized representative, or provider have the right to submit a formal request to review a decision made by Wellcare By Meridian to deny, reduce, delay, or terminate a requested service or payment. Members have 60 calendar days to file an appeal from the date of the decision.

Appeals may be submitted by calling Member Services at **1-844-536-2180**.

**MAIL WRITTEN APPEAL REQUESTS TO:****Wellcare By Meridian****Appeals Department****P.O. Box 10052****Van Nuys, CA 91410**

Expedited Pre-Service Appeals: A member or their provider may call Member Services at **1-844-536-2180** to file an expedited appeal if they think that their situation is clinically urgent and reviewing the appeal in the standard time frame would jeopardize the member's life or well-being. Consult the provider manual for additional details.