

NBES Provider Contacts for WellCare/Staywell/CMS – 10/17/19

FLAGLER AND PUTNAM COUNTIES

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- ❖ **Shansla A. Gardner, Provider Relations Rep**, Flagler and Putnam Counties
WellCare Health Plans, Inc. 5115 Normandy Blvd, Unit 1 | Jacksonville, Florida 32205-*Mobile:* 1.386.559.4767 | *Fax:* 1.813.283.5493 shansla.gardner@wellcare.com

VOLUSIA COUNTY

- ❖ **Danielle Bryant, Provider Relations Manager**, East Florida (VOLUSIA, LAKE, SUMTER counties only), WellCare Health Plans, Inc.
2201 Lucien Way Ste 400 | Maitland, FL 32751 *Direct Line:* 1.407.551.3239 | *Mobile:* 407.335.2707 | *Fax:* 1.813.283.3321 *Email:* Danielle.Bryant@wellcare.com
- ❖ **Christine Rodriguez, Provider Relations Rep**, Volusia county – Only Deland, Deltona, New Smyrna Beach, Orange City, and Osteen
WellCare Health Plans, Inc. 2201 Lucien Way Ste 400 | Maitland, FL 32751 *Mobile:* 407.795.2300 | *Fax:* 1.813.283.3321 Christine.Rodriguez@wellcare.com
- ❖ **Carolyn Wade, Provider Relations Rep**, All of Volusia county *not covered by Christine Rodriguez* and Seminole county, WellCare Health Plans, Inc.
WellCare Health Plans, Inc. 2201 Lucien Way Ste 400 | Maitland, FL 32751 *Direct Line:* 1.407.551.3242 | *Mobile:* 407.280.4095 | *Fax:* 1.813.283.3321 *Email:* Carolyn.Wade@wellcare.com

LAKE & SUMTER COUNTIES

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- ❖ **Nahim Montanez, Provider Relations Rep**, Lake County- only Clermont, Minneola, Groveland
WellCare Health Plans, Inc. 2201 Lucien Way, Ste 400 | Maitland, FL 32751-*Mobile:*1.407.795.1183 *Fax:* 813-283-3321 Nahim.Montanez@wellcare.com
- ❖ **Mark Tredinnick, Provider Relations Rep**, All of Lake county *not covered by Nahim*, Sumter county, and Marion county
WellCare Health Plans, Inc. 2201 Lucien Way, Suite 400 | Maitland, FL 32751 |*Phone:* 813-362-2151 *Fax:* 813-283-9224 mark.tredinnick@wellcare.com
- ❖ **Cecilia Hifko, Children's Medical Services- Early Steps Liaison**
WellCare Health Plans, Inc. 3031 N. Rocky Point Drive, Suite 600 | Tampa, FL 33607 | *Direct Line:* 813-206-2861 | *Mobile:* 813-285-3402 | *Fax:* 813-452-5219 *Email:* Ana.Hifko@wellcare.com
- General/All – Barbara Mason 1.407.551.3238 Barbara.Mason@wellcare.com
- Providers Seeking a Contract- Dione Sadr 1.407.551.3247
- Existing/Already Contracted Providers – Danielle Bryant (contact information listed above)

CMS – Early Steps Rep (WellCare) Contact & Important Phone Numbers, Links

Cecilia Hifko, Early Steps Liaison, Children's Medical Services Health Plan

WellCare Health Plans, Inc.

3031 N. Rocky Point Drive, Suite 600

Tampa, FL 33607

Direct Line: 813-206-2861| *Mobile:* 813-285-3402| *Fax:* 813-452-5219

Email: Ana.Hifko@wellcare.com

Important Phone Numbers and Web Links:

- **Choice Counseling:** 1-877-711-3662
 - **Customer Service:** 1-866-799-5321 (8 am- 7 pm, TTY: 711)
 - **Medical Transportation Management (MTM)** 1-844-399-9469 TTY: 711
 - **Hearing/ Audiology:** Hear USA 1-855-252-5322 TTY: 711
 - **Community Connections:** 1-866-775-2192
 - **24 Hour Nurse line:** 1-800-919-8807
 - **24 Hour BH line:** 1-888-491-5252
-
- **CMS eligibility and rescreening:** 1-855-901-5390

Website: <http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/eligibility-and-services/index.html>

- **CMS Members – Medicaid Plans**

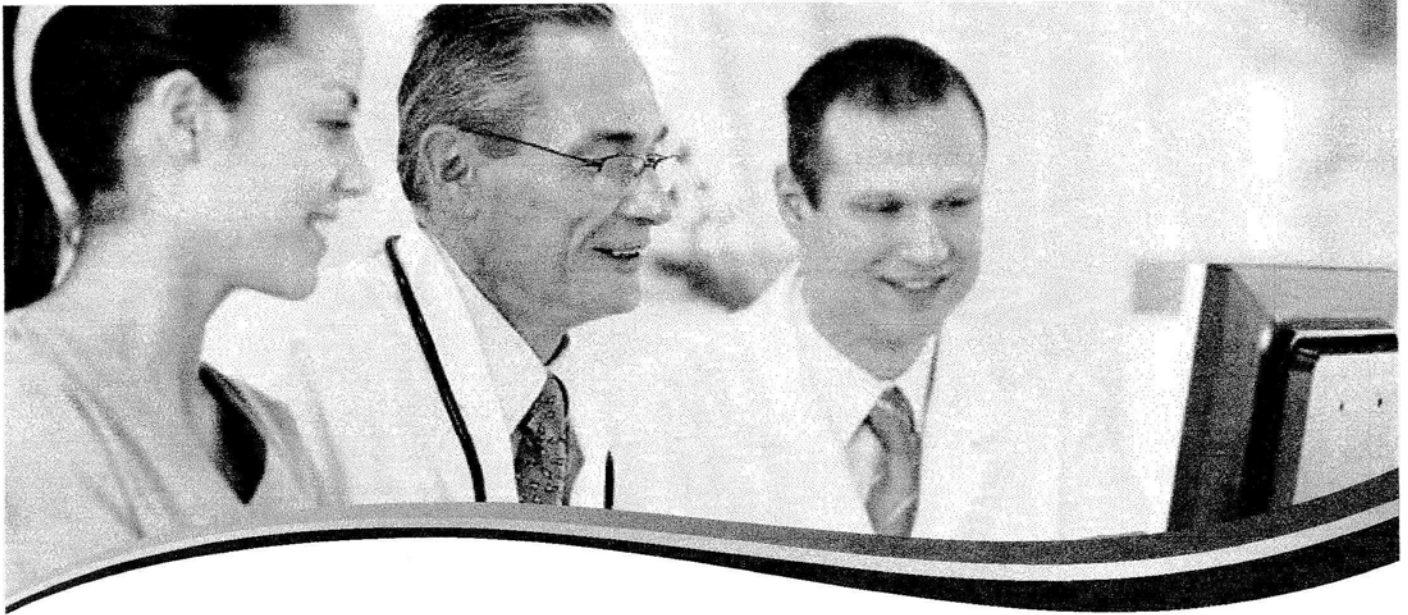
Website: <https://www.wellcare.com/en/Florida/Members/Medicaid-Plans/CMS>

❖ **There is no open-enrollment period for CMS.**

WellCare Open Enrollment Information

WellCare Health Plan enrollment becomes effective the same day a members Medicaid application is approved. At that point, recipients have 120 days to change plans. After that 120 days is up, the member would stay enrolled for the next 12 months. They can only change if certain criteria is met, and they would need to contact the state for that. There is an open enrollment period, which is a 60-day period each year when they can change their plan without state approval. It occurs yearly on the anniversary date of the member's first enrollment with the plan.

Source: Danielle Bryant, Provider Relations Manager, East Florida (October 2019)



INTRODUCING WELLCARE'S NEW PROVIDER PORTAL

You wanted a simpler, more efficient way to interact with us. We delivered. The new portal is packed with features to help you care for your patients – our members – to ensure they have a positive health care experience.

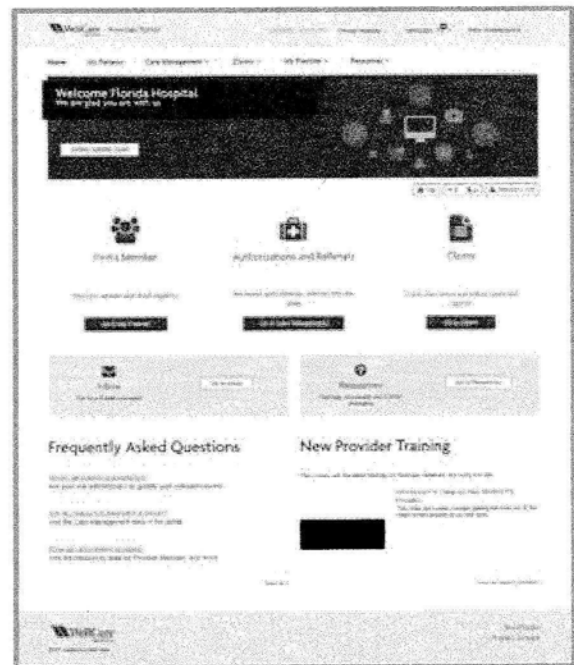
The portal features improved claims and authorizations tools, a more holistic view of member information and some new tools that offer more convenient ways for you to connect with us. Features such as the My Practice area allow provider administrators to manage their users, permissions and access requests. The Visit Checklist feature will enable you to quickly create, print and submit an appointment agenda. Other highlights include:

ENHANCED MEMBER PROFILE

- A new area that allows users to view member data all in one, comprehensive view
- Eligibility status, benefits, care plans, care gaps and more – all at your fingertips

AUTHORIZATIONS

- Improved tools help you request and track authorizations and referrals



CLAIMS

- Simplified claim submission process helps you create claims faster
- Improved tracking capabilities let you review the status of claims in progress

TRAINING, REPORTS AND MORE

- Improved training interface, easy access to reports, appointment checklists and interactive help
- For information on how to use the new Provider Portal and more, watch this video:

www.wellcare.com/providers/video

If you have questions, please contact your local Provider Relations representative, or call Provider Services at 1-855-538-0454.

Quality care is a team effort. Thank you for playing a starring role!

SAMPLE MEMBER PROFILE

The screenshot displays a member profile for Lantou, Naida. It includes a navigation bar with options like 'Home', 'My Health', 'Check Appointment', 'Claims', 'My Provider', and 'Results'. The main content area is divided into sections: 'Patient Information' with a warning about UTC, 'Special Program Information' with a table of programs, and a 'Providers' section with a table of medical professionals. The WellCare logo is visible at the bottom left of the page.



Visit the new Provider Portal at
www.wellcare.com/providers/portal





Provider Portal

Registration/Account Setup: New Users

Step One:

To register (get a username and password), please visit the account registration page:

<https://provider.wellcare.com/Provider/Accounts/Registration>
This page is also accessible from the login page.

Step Two:

Complete the registration form. All fields with an asterisk are required. You will need to select three different security questions and answers, and agree to the Terms and Conditions.

Important Notes:

- This is the information attached to your web registration. It is not recorded in other WellCare systems.
- You can update your email address in this step. This email address will be tied to your account and used to retrieve your username or password if either are forgotten at any point.

Sign Up

Sign up to access our secure provider portal.

First Name*

Last Name*

Address 1*

Address 2

City*

State* Zip*

Phone Number*

Email Address*

Confirm Email Address*

Choose a Username*

Choose Security Question 1*

Select

- What is your city of birth?
- What is your favorite sports team?
- What is your mother's maiden name?
- What is your favorite pet's name?
- What is your favorite movie?
- What is your father's middle name?
- What was the name of your elementary school?
- What is the last name of your third grade teacher?

Answer

Choose Security Question 3*

Select

Answer

I agree to the Terms and Conditions*

Step Three:

After completing Steps 1 and 2, you will receive a verification email. You will need to click the link in this email to activate your account and set your password.

Step Four:

After setting and submitting your password, you will be routed to the Request Affiliation screen. This is where you have the option to request affiliation to an account at the Contract[†] or Sub-Group[†] level. Once you locate the desired Contract or Sub-Group and submit the request, it is sent to the Administrator (Admin) of that account to approve or deny. Please note you will not be able to access tools in the portal until the Admin has approved your request.

†Contract Level Affiliation

A Contract level affiliation request allows you to request access to the portal at the contract level.

1. To find your contract, enter the as it appears on your WellCare contract in the Contract Name field. You may also enter a ZIP code to narrow search results.
2. Select the contract with which you want to affiliate.
3. Consider adding an optional note to the Admin of the account (something that makes you recognizable) and then submit. Your request will be routed to the Contract Admin for review.

Please note:

- If a Contract Admin does not exist for the selected contract, you will need to contact your Provider Relations representative, Network Management Specialist, or Customer Service for assistance.
- The contract name(s) appear or display as they are recorded in WellCare's system.

Tip: If you do not find your contract after an initial search, try a simpler version, i.e., if your contract name is under "Florida Family Medicine" just enter "Family" and the ZIP code.

Almost there! Tell us which provider you want to associate with. Ⓞ

Request Access to Provider/Medical Group

Contract Level Affiliation 1

Sub-Group Level Affiliation

Note to Administrator

Submit

Almost there! Tell us which provider you want to associate with. Ⓞ

Request Access to Provider/Medical Group

Contract Level Affiliation

Contract Name
DemoName

Contract Zip code

Search

2

Select	Contract Name	Address	City	State
<input checked="" type="radio"/>	DEMONAME	100 IPA ADD	TAMPA	FL

1 - 1 of 1 items

Note to Administrator

Please allow access to process billing.

3 → Submit

Sub-Group Level Affiliation

A Sub-Group level affiliation lets you ask for access to the portal at the provider, facility or medical group level. This search requires a WellCare Provider ID.

1. To find a Sub-Group, enter a provider ID associated to the Sub-Group you want to join. (Your Sub-Group Admin should be able to provide this.)
2. After searching, select the desired sub-group, add an optional note to the Sub-Group Admin of the account (something that makes you easily recognizable) and then submit. Your request will be routed to the Sub-Group Admin for review.

Almost there! Tell us which provider you want to associate with. @

Request Access to Provider/Medical Group

Contract Level Affiliation ⓘ

Sub-Group Level Affiliation ⓘ

Provider ID

18026

Search

1

Almost there! Tell us which provider you want to associate with. @

Request Access to Provider/Medical Group

Contract Level Affiliation ⓘ

Sub-Group Level Affiliation ⓘ

Provider ID

18026

Search

Select	Sub-Group Name	Contract Name	Administrator
<input checked="" type="checkbox"/>	Idlewild Office	STEPHEN NELSON ONLY	MARGUERITE COLLINS

2

1 - 12 of 12 Items

Note to Administrator

Please allow access to process billing.

3

Submit

Step Five:

You will see a confirmation message for the submitted affiliation request. You can then submit additional requests or log out. Please remember, you will not have access to the tools in the portal until the Admin of that account has granted your access. Once your Admin grants or denies your request, you will receive an email confirmation.

Important: If a Contract Administrator does not yet exist for the selected contract, you will see a message indicating that. You will need to contact your Provider Relations Representative Network Management Specialist, or Customer Service for assistance.

Affiliation Request Received

Help Font Size Download & Print

What's Next?

The administrator for the provider office/medical group will review your request. You will receive an email notification once the request has been accepted or denied. If you don't receive an email notification, please contact your administrator. If you don't know who your administrator is, please contact Web Support at 1-866-592-5832 (8 a.m.-6 p.m. EST).

Log Out
Submit Another Request

Terms & Definitions	
Admin Lite	Assists the Contract or Sub-Group Admin with access requests and managing/assigning user roles.
Affiliation	The act of a user requesting a role at a Contract or Sub-Group Account level to conduct business on their behalf.
Contract Account	Account based on a contract with WellCare – users, at this level, have the ability to view and transact as any and all IPAs, medical groups, facilities and/or providers associated to the contract.
Contract Admin (Administrator)	Manages the Contract Account – grants and removes access for all users and can create/dissolve Sub-Group Accounts.
Provider	Those who work with us to deliver or furnish health care services, including doctors, health care professionals, hospitals, pharmacies and labs.
Sub-Group Account	Offers flexibility for contracts with multiple facilities and/or medical groups. Contract Admins can create these customized user-group accounts and designate specific groups and/or facilities they are permitted to view.
Sub-Group Admin (Administrator)	Manages the Sub-Group Account – grants and removes access for users within the specific Sub-Group Account. If a Sub-Group Admin has not been assigned the role, it defaults to the Contract Admin.
Registration	The act of getting (and/or verifying) a username and password – must complete some demographic information about the user and choose three security questions.
Roles	A level of access assigned to the user based on the functions the Admin wants them to be able to perform.

Important Telephone Numbers

Crisis Hotline

Staywell & Staywell Kids 1-855-606-3622
 CMS Health Plan 1-888-491-5252

Members may call this number 24 hours a day for a Behavioral Health Crisis.
 For non-crisis related concerns, please call Member Services.

Nurse Advice Line 1-800-919-8807
 Members may call this number to speak to a nurse **24 hours a day, 7 days a week.**

Convenient Self-Service Offerings

WellCare offers robust technology options to save you time. The fastest ways to get what you need are shown below.

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

Staywell Interactive Voice Response System Phone: 1-866-334-7927
 Staywell Kids Interactive Voice Response System Phone: 1-866-698-5437
 CMS Health Plan Interactive Voice Response System Phone: 1-866-799-5321

TTY: 711

WellCare Phone Numbers

Care and Disease Management Referrals

TTY: 711 Fax: 1-866-287-3286
 Hours M-F 8-7 p.m. Eastern
 Long Term Care Members 1-888-351-8732

Risk Management

WellCare's Fraud, Waste and Abuse Hotline 1-866-678-8355
 Florida Medicaid Program Integrity Hotline 1-850-412-4600

Community Connections Help Line

1-866-775-2192

For your convenience, language on this QR code in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guides 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 Plans, Inc., 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. (Revised August 2019)

Claim Submission Information

Submission Inquiries: Support from Provider Services: Questions related to claim submissions

Staywell 1-866-334-7927

Staywell Kids 1-866-698-5437

CMS Health Plan 1-866-799-5321

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 refer to your [Provider Manual](#).

Clearinghouse Connectivity:

WellCare has partnered with Change HealthCare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly with 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 Relay Health at 1-800-527-8133 for connectivity services.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDs)

Claim Type	Fee-for-Service (CH-Chargeable) Submissions	Encounter (RP-reporting only) Submissions
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):

- **Fee For Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.**
- **Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication.**

Claim Type	Fee-for-Service (CH-Chargeable) Submissions	Encounter (RP-reporting only) Submissions
Professional or Institutional	14163	59354

Free Direct Data Entry (DDE) and Small Batch File Solutions (use same WellCare Payer IDs defined above)

AdminSTEP offers a web browser for single submission direct data entry (DDE) or batch upload for professional and institutional submissions, claim status and reporting and inquiry functions at **no cost to you**. To sign up, go to <http://www.adminstep.com/Signup.aspx> or call 1-888-751-3271.

Connect Center™ for physicians offers a web browser for direct data entry (DDE) or batch upload capability at **no cost to you** for you. To sign up, go to: <https://physician.connectcenter.changehealthcare.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at 1-877-411-7271. Direct questions regarding functionality of ConnectCenter 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.

Paper Submission Guidelines:

WellCare follows the Centers for Medicare & Medicaid Services (CMS) guidelines for paper claims 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 forms. Claim forms and guidelines may be found on our website at:

www.wellcare.com/Florida/Providers/Medicaid/Claims Mail paper claim submissions to:

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

LONG TERM CARE HOME HEALTH SERVICES

The HHAX online provider portal allows long term care home health providers and direct service workers (DSWs) to submit electronic claim submissions as well as accept and review authorizations. The website can be accessed at <https://hhaexchange.com/>.

Long Term Care Claim Submissions Choices:

1. **Recommended:** Submit electronic submissions through the HHAX online provider portal (will be required by these providers beginning 10/1/2019).
2. Paper claim address shown above is optional until 10/1/2019.

Long Term Care Electronic Funds Transfer & Electronic Remittance Advice:

1. PaySpan registration for electronic funds transfer and electronic remittance shown above is optional until 10/1/2019.

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 one year of the date on the EOP.

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

Mail all claim payment disputes with supporting documentation to:

WellCare Health Plans, Inc.
Attn: Claim Payment Disputes
P.O. Box 31657
Tampa, FL 33631

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 P.O. Box with all substantiating information like a summary of the appeal, relevant medical records and member-specific information.

Claims Payment Policy Disputes

The Claims Payment Policy 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 **one year** of the date of denial 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/>

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:
WellCare Health Plans, Inc.
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) Phone: 1-844-458-6739
OPTUM
 P.O. Box 52846
 Philadelphia, PA 19115

By Delivery Services (FedEx, UPS)
OPTUM
 458 Pike Road
 Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX, RVLTX:

WellCare Health Plans
CCR
 P.O. Box 31394
 Tampa, FL 33631-3394

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 is 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 should 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 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, language on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guides 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 Plans, Inc., 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. (Revised August 2019)

Appeals (Medical)

Providers may file an appeal on behalf of the member with his/her written consent. Providers may also seek an appeal through the Appeals Department within **90 calendar days** of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. 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 P.O. Box. Include all substantiating information like a summary of the appeal, relevant medical records and member-specific information.

Mail or fax medical appeals with supporting documentation to:

WellCare Health Plans, Inc. 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, Inc. Fax: 1-866-388-1769
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

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* 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 links above for a listing of the specific services and related criteria included in the eviCore programs.

Web submissions are fast and convenient. 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 via 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](tel:1-888-333-8641)

*Please refer to Coastal Care Services, Inc.®, information below to determine if PT/OT services rendered in a home setting should be redirected there instead.

Please note: Authorization is not required for PT or OT services for members enrolled in the Children's Medical Services Program during the Continuity of Care period.

Coastal Care Services, Inc*

*For Florida Medicaid Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade, Monroe, Indian River, Martin, Okeechobee, Palm Beach and St. Lucie and Broward counties only, Coastal Care Services is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.

For Florida Healthy Kids Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe counties only, Coastal Care Services is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.

Please contact Coastal Care for DME items such as Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, and Respiratory Devices.

Please contact Coastal Care for Home Health services such as: Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, & Speech), Wound Care, Patient Education & Training, and Medication Management.

Provider Services 1-833-204-4535
Utilization Management 1-855-481-0505
Fax 1-855-481-0606

*Note: Does not apply to Staywell Long Term Care or CMS Health Plan Members; please contact the plan directly (see the authorization rules section below).

HealthHelp®

HealthHelp manages Medical Oncology and Radiation Therapy Services. HealthHelp is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: Radiation Therapy and Medical Oncology.

Contact HealthHelp for all **authorization-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs.

Member eligibility and authorization request materials may be accessed via the HealthHelp Portal. A searchable Authorization Lookup is also available online to check the status of your authorization request, and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services [1-888-210-3736](tel:1-888-210-3736)

Access Behavioral Health

*For Florida Medicaid Members with Children Medical Services (CMS) and Florida Managed Care Medical Assistance (MMA-LTC; MMA-SMI) residing in Escambia, Okaloosa, Santa Rosa, and Walton counties only, Access Behavioral Health is our vendor for all Behavioral Health Services.

Please contact Access Behavioral Health for all Behavioral Health Inpatient and Outpatient services.

For Provider Services, utilize the following phone numbers:

Staywell 1-866-334-7927
 Staywell Kids 1-866-698-5437
 CMS Health Plan 1-866-799-5321

Access Behavioral Health Website: <https://abhfl.org/>

WellCare Providers – Fax Requests to: 1-850-469-3597

Contracted Networks

<p>Vision* – Premier Eye Care Authorizations and Provider Services 1-800-738-1889 *Vision benefits vary by county. Please contact Provider Services to verify coverage.</p>	<p>Transportation* Medical Transportation Management 1-866-591-4066 (MMA, SMI Specialty & LTC members) *Transportation benefits vary by plan code benefits CMS Health Plan Members 1-844-399-9469</p>
<p>Hearing – Hear USA 1-800-333-3389 Opt 2</p>	<p>Dental* – Liberty Dental CMS Health Plan Title XXI 1-833-276-0852</p>

Pharmacy Services

Staywell **1-866-334-7927**
Staywell Kids **1-866-698-5437**
CMS Health Plan **1-866-799-5321**
 Including after-hours and weekends (CVS/Caremark™)

	Rx BIN	Rx PCN	Rx GRP
Staywell	004336	MCAIDADV	RX8888
Staywell Kids	004336	MCAIDADV	RX8887
CMS Health Plan	004336	MCAIDADV	RX8775

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

Mail Service Pharmacy:
CVS Caremark® Mail Service **1-866-808-7471**
 TTY **1-866-236-1069**
 Fax **1-866-892-8194**

Medication Appeals Fax **1-888-865-6531**

Mail medication appeals with supporting documentation to:
WellCare Health Plans, Inc.
Attn: Pharmacy Appeals Department
P.O. Box 31398
Tampa, FL 33631-3398

Medication appeals may also be initiated by contacting 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, providers may write to WellCare explaining the medical justification.
WellCare Health Plans, Inc.
Clinical Pharmacy Department Director of Formulary Services
Pharmacy and Therapeutics Committee
P.O. Box 31577
Tampa, FL 33631-3577

Coverage Determination Requests Fax **1-866-825-2884**
 Submit a Coverage Determination Request Form 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)
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first line of therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding \$300 cost (PA)

For Home Infusion/Enteral services:
 Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services:

Coram® (preferred):
 Phone: **1-800-423-1411** Fax: **1-866-462-6726**

Option Care™/Crescent Healthcare:
 Phone: **1-800-396-2933** Fax: **1-888-550-8880**

BioScrip®:
 Phone: **1-888-744-4638** Fax: **1-855-549-5490**

HealthHelp® manages Medical Oncology Services.
Please see below for HealthHelp Contact Information.

Web-based information:
www.wellcare.com/Florida/Providers/Medicaid/Pharmacy

- Pharmacy Services Overview
- Florida Medicaid Preferred Drug List (PDL)
- Authorization Lookup Tool
- Participating Pharmacies
- Pharmacy Services Forms

WELLCARE'S PRIOR AUTHORIZATION LIST

Prior Authorization (PA) Requirements

This WellCare prior authorization 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 **P** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with a **A** symbol. WellCare supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility. **A written or faxed script to the specialist is required.** The reason for the referral and the name of the specialist must be documented in the medical record. **The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record.**

No communication with the plan is necessary. Specialists may not refer members directly to other specialists.

All services rendered by nonparticipating providers and facilities require authorization. Primary care physicians (PCPs) must refer members to participating specialists. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

This guide does NOT apply to the following: Medical groups or IPAs delegated for Utilization Management (providers must follow the specific medical group or IPA referral and authorization requirements) or other services covered under a specific network arrangement.

Urgent Authorization Requests and Admission Notifications – Call the below numbers and follow the prompts:

Staywell	1-866-334-7927	Staywell Kids	1-866-698-5437	CMS Health Plan	1-866-799-5321
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- Notify the plan of unplanned inpatient hospital admissions within **24 hours** of admission (except normal maternity delivery admissions). 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 submitted 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 via fax to the numbers listed on the associated forms located here.
- 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 service, the medical necessity of services, and correct coding and billing practices
- Lab services performed in POS 81 should be directed to LapCorp – Phone 1-800-877-5227. Testing must be consistent with CLIA guidelines.

Behavioral Health Services

WellCare Web Submission Portal

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone:

Staywell 1-866-334-7927

Staywell Kids 1-866-698-5437

CMS Health Plan 1-866-799-5321

Please log in to submit your Outpatient Authorization Requests & Inpatient Clinical Submissions.

To fax a request, please access our forms here

Web-based information: www.wellcare.com/Florida/Providers/Medicaid/Behavioral-Health

- Emergency behavioral health services do not require prior authorization. **In order to obtain authorization, notification of an Inpatient admission is required on the next business day following admission.**
- Inpatient, PHP and residential **initial** reviews are done by fax (preferred) or telephone and determined within 24 hours of the request.
- Inpatient, PHP and residential **concurrent** reviews are done by telephone.
- Psychological testing reviews are done by telephone or fax. All other levels of care requiring authorization, including outpatient services, are to be requested by fax or may be submitted online.
- For more information on Authorization Requirements, click here and select one of the 4 below FL Auth Grid PDFs under **Helpful Documents**.

FL 90000 Codes Master Auth Grid	FL in Lieu of Services BH Auth Grid	FL HLOC BH Master Auth Grid	FL HCPC BH Master Auth Grid
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***For Florida Medicaid Members with Children Medical Services (CMS) and Florida Managed Care Medical Assistance (MMA-LTC; MMA-SMI) residing in Escambia, Okaloosa, Santa Rosa and Walton counties only, Access Behavioral Health** is our vendor for all Behavioral Health Services.

Please contact Access Behavioral Health for all Behavioral Health Inpatient and Outpatient services. For Provider Services, utilize the phone numbers above.

Access Behavioral Health Website: <https://abhfl.org/>

WellCare Providers – Fax Requests to 1-850-469-3597

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 *For Florida Medicaid Members with Children Medical Services (CMS) and Florida Managed Care Medical Assistance (MMA-LTC; MMA-SMI) residing in Escambia, Okaloosa, Santa Rosa, and Walton counties only, <u>Access Behavioral Health</u> is our vendor for all Behavioral Health Services. Please contact <u>Access Behavioral Health</u> for all Behavioral Health Inpatient and Outpatient services. For Provider Services, utilize the phone numbers above. Access Behavioral Health Website: https://abhfl.org/ WellCare Providers – Fax Requests to 1-850-469-3597	See Comments	For more information on Authorization Requirements click <u>here</u> and select one of the 4 below FL Auth Grid PDFs under Helpful Documents . FL 90000 Codes Master Auth Grid FL HLOC BH Master Auth Grid FL in Lieu of Services BH Auth Grid FL HCPC BH Master Auth Grid WellCare Web Submission Portal

For your convenience, language on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guides 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 Plans, Inc., 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. (Revised August 2019)

Emergency Services		
PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Room Services	No	
Emergency Transportation	No	
Urgent Care Services	No	

Inpatient Services
WellCare Web Submission Portal
 Please [log in](#) to submit your Authorization Requests & Inpatient Clinical Submissions.
 To fax a request, please access our forms [here](#)
 Inpatient Discharge Planning Requests (DME, Therapy, HomeHealth, etc.) Fax: 1-813-283-9285
 NICU Clinicals Fax: 1-888-873-4267

PROCEDURES and SERVICES	Authorization Required	Comments
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.
NICU/Sick Baby Admissions	Yes	Notification to Staywell is required within 24 hours following admission. Contact ProgenyHealth® at fax # 1-888-873-4267 to submit clinical updates for initial and continued length of stay.
Observations	See Comments	Observation services will not require authorization; however, preplanned procedures will be subject to outpatient authorization requirements. Authorization Lookup Tool Clinical updates required for continued length of stay.
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	Clinical updates required for continued length of stay.

Outpatient Services
WellCare Web Submission Portal
 Please [log in](#) to submit your Outpatient Authorization Requests & Clinical Submissions.
 To fax a request, please access our forms [here](#)
 For Coastal Care Services***: Fax: 1-855-481-0606 for Durable Medical Equipment Services, Home Health Services and Speech Therapy Services
 Inpatient Discharge Planning Requests (DME, Therapy, HomeHealth, etc.) Fax: 1-813-283-9285
 Pharmacy Medical Requests Fax: 1-855-677-3915
 *Please see Select DME and Home Health Services grid below to determine members and services reviewed by Coastal Care
 **Note: Coastal Care does not apply to Staywell Long Term Care or CMS Health Plan Members, please contact the plan directly

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	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Advanced Radiology Program Criteria No authorization is required for the first 3 OB ultrasounds. Radiology Request Forms
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	

For your convenience, language on this QRG in bold, underlined fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guides 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 Plans, Inc., 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. (Revised August 2019)

PROCEDURES and SERVICES	Authorization Required	Comments
<p>Select Durable Medical Equipment and Home Health Services For FL Medicaid members residing in: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade, Monroe, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie and Broward counties.</p> <p>For FL Healthy Kids members residing in: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe counties.</p> <p>DME services handled by Coastal Care include: Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, Respiratory Devices.</p> <p>Home Health Services handled by Coastal Care include: Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, & Speech), Wound Care, Patient Education & Training, and Medication Management.</p>	Yes – See Comments	<p>Contact Coastal Care for authorization:</p> <p>Coastal Care Services</p> <p>Utilization Management 1-855-481-0505 Fax 1-855-481-0606</p> <p>**Note: Coastal Care does not apply to Staywell Long Term Care or CMS Health Plan Members, please contact the plan directly</p>
<p>For all other counties and excluded services: Durable Medical Equipment Purchases and Rentals DME consists of pieces of equipment that will assist with activities of daily living. (Customized Wheelchair Equipment, Diabetic Supplies, Neuromuscular Stimulators, Bone Growth Stimulators, Speech Generating Devices, Specialty Beds, Implantable Devices, Life Vest Defibrillator, Transplant Related services, High Frequency Chest Wall Oscillation, ESRD Related services)</p>	Yes – See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Hearing Aids	Yes – See Comments	<p>Please contact Hear USA for authorization: Phone: 1-800-731-3277 Fax: 1-888-303-6327</p>
Home Infusion/Enteral Services	Yes – See Comments	<p>Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services:</p> <p>Coram® (preferred): Phone: 1-800-423-1411 Fax: 1-866-462-6726</p> <p>or</p> <p>Option Care™/Crescent Healthcare: Phone: 1-800-396-2933 Fax: 1-888-550-8880</p> <p>or</p> <p>Bioscrip®: Phone: 1-888-744-4638 Fax: 1-855-549-5490</p>
Hospice Care Services	Yes	
Investigational & Experimental Procedures and Treatment	Yes – See Comments	<p>Refer to Clinical Coverage Guidelines WellCare Web Submission Portal</p>
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	<p>Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 WellCare Lab Management Criteria Molecular and Genetic Testing QRG</p>
Medical Oncology Services	Yes – See Comments	<p>Contact HealthHelp® for authorization: HealthHelp Portal Phone: 1-888-210-3736 Medical Oncology Program Services</p>
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Orthotics and Prosthetics Orthotics support or correct a weak or deformed body part, or restrict or eliminate motion in a diseased or injured part of the body. Prosthetics are artificial devices to replace a missing body part, such as a limb or eye.	Yes – See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment	Yes – See Comments	<p>Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms</p>

For your convenience, language on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guides 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 Plans, Inc., 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. (Revised August 2019)

PROCEDURES and SERVICES	Authorization Required	Comments
Physical and Occupational Therapy (including home-based therapy except for members residing in counties listed above on page 8, where home health services are handled by Coastal Care Services)* Please note: Authorization is not required for members enrolled in the Children's Medical Services program during the Continuity of Care period.	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp® for authorization: HealthHelp Portal Phone: 1-888-210-3736 Radiation Therapy Management Program Resources
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy Services Please note: Authorization is not required for members enrolled in the Children's Medical Services program during the Continuity of Care period.	Yes	For members receiving Speech Therapy services in the home setting , please refer to counties listed above under Select Durable Medical Equipment and Home Health Services to determine if request should be handled by Coastal Care Services . **Note: Coastal Care does not apply to Staywell Long Term Care and CMS Health Plan Members, please contact the plan directly
Sterilization Procedures	No	Sterilization Consent Form Required
Termination of Pregnancy	No	Abortion Certification Form Required
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.
Prenatal Notifications		
Prenatal Notifications Fax 1-877-647-7475		
PROCEDURES and SERVICES	Authorization Required	Comments
Obstetric Global Care	No	Prenatal Notification Form



How to Register for PaySpan® Health

- Go to www.payspanhealth.com and click the **Register Now** button.
- If you don't have a Registration Code, simply enter your NPI, TIN and Billing Zip Code and click **Submit**.
- If you do have a Registration Code enter it in the box on the right and click **Submit**.

New Enrollment

[Get Started](#)
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[Account Setup](#)
[Verify Your Info](#)

Get Started

Welcome to PaySpan, where we are empowering the healthcare economy. PaySpan offers a solution that delivers electronic payments (ACH), electronic remittance advice (ERAs), analytics, and much more. This solution gives Providers access to remittance and claim details online, and straightforward reconciliation of payments to reduce costs and improve cash flow.

Choose one of the following options to begin your registration:

Already Registered?

National Provider Identifier (NPI) <input type="text"/> Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) <input type="text"/> Billing Zip Code (5 digits) <input type="text"/> <input type="submit" value="Submit"/>	OR	Reg Code <input type="text"/> <input type="checkbox"/> Don't have Reg Code? <input type="submit" value="Submit"/>
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- Providers that register with a Registration Code will also need to enter their PIN and TIN then click **Start Registration**.

New Enrollment

[Get Started](#)
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[Verify Your Info](#)

Get Started

Welcome to PaySpan, where we are empowering the healthcare economy. PaySpan offers a solution that delivers electronic payments (ACH), electronic remittance advice (ERAs), analytics, and much more. This solution gives Providers access to remittance and claim details online, and straightforward reconciliation of payments to reduce costs and improve cash flow.

Reg Code <input type="text" value="QHTG3IRV"/> Provider Identification Number (PIN) <input type="text"/> Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) <input type="text"/> <input type="submit" value="Start Registration"/>	<ul style="list-style-type: none"> • Enter your Tax Identification Number (TIN) • Support • How to Register • Stop by long island • Already Registered?
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Personal Info -- Enter your personal contact information and designate a user name and password.

[Get Started](#)
[Personal Info](#)
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Tell Us About Yourself

Please provide us with your basic contact information to enable us to create a user account for you on the PaySpan Health system.

Provider Name: General Anesthesia
 Provider Tax Identification Number: 88-8888888
 National Provider Identifier: 999999999

Provider Contact Name: <input type="text"/> Administrator's full name Email Address: <input type="text"/> Notifications will be sent to this address. Confirm Email Address: <input type="text"/> Telephone Number: <input type="text"/> Please use the 000-000-0000 format. Title: <input type="text" value="Office Manager"/>	Username: <input type="text"/> Minimum 8 characters and may include: letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersats (@), periods (.) Password: <input type="text"/> Confirm Password: <input type="text"/> Challenge Question: <input type="text" value="In what city was your first job?"/> Challenge Answer: <input type="text"/> <input type="submit" value="Next"/>
---	--





Account Setup -- Designate the bank account you wish to have funds deposited to and click the **Next** button to continue.

New Enrollment

[Get Started](#) [Personal Info](#) **Account Setup** [Verify Your Info](#)

Set Up Your Account

Provider Name: D-Gharu@Smith
Provider Tax Identification Number: 78057421
National Provider Identifier: 1234567890

Account Name

This is the name that will be used to identify the receiving account throughout the PaySpan system.

Financial Institution Routing Number

Provider's Account Number with Financial Institution

Confirm Provider's Account Number with Financial Institution

Type of Account at Financial Institution
Business Checking

- Enable Electronic Payment
- Request Paper Remittance
- Assign new or additional Payers to this receiving account

[Back](#) [Next](#)

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Payer:
Fabrikam Insurance Company

PaySpan Health organizes your incoming payments into Receiving Accounts. The account that you enter will remain in a pending status until you obtain the email deposit made by PaySpan, Inc. from your financial institution and enter the amount on your Home Screen.

Some payers allow providers to request paper remittances. If you would like a paper remittance, and your Payer supports this option, select the paper remittance check box. This check box will not appear if the Payer does not allow this option or appear grayed out if this option is not allowed upon EFT enrollment.

Verify Your Info -- Review the information you entered and if correct, check the box to agree to the Services Agreement, Business Associate Agreement and click **Confirm**.

New Enrollment

[Get Started](#) [Personal Info](#) [Account Setup](#) **Verify Your Info**

Verify Your Info

Provider Name: D-Gharu@Smith
Provider Tax Identification Number: 78057421
National Provider Identifier: 1234567890

Individual Information

Provider Contact Name:
My ID:

Telephone Number:
9049808025

Email Address:
dgharu@smith.com

Username:
dgharu@smith.com

Electronic Signature of Person Submitting Enrollment

I agree to the Services Agreement

I agree to the Business Associate Agreement

[Back](#) [Confirm](#)

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Your Bank Account Information

Account Name:
My Account

Financial Institution Name:
SPACE COAST CREDIT UNION

Financial Institution Routing Number:
26379373

Provider's Account Number with Financial Institution:
52140

EFT Enabled:
Yes

- * Please verify the information you have entered to protect. Select Confirm to complete registration or Back to edit your information.
- * By confirming your registration, you are agreeing to the terms and conditions described in the Services Agreement.
- * Access to view remittance details online is available the day after you complete registration and your account is activated the longer in Pending status.
- * Payments from all current and future payers will be deposited to this receiving account unless you designate a separate account.

If you registered for electronic payments, you will:

- Receive a deposit of less than one dollar from PaySpan within a few business days
- Contact your financial institution to obtain the amount
- Log into PaySpan
- Click Your Payments
- Click the Account Verification link to activate your account
- The deposit does not need to be returned to PaySpan

For assistance:

Call 1-877-331-7154 option 1, Monday through Friday, 8am to 8pm, ET or contact us via email at providersupport@payspanhealth.com



Skilled Therapy Services (OT/PT/ST) Prior Authorization Form

FAX TO : MEDICARE			
Georgia : (855) 597-2697		All other Plans : (877) 709 -1698	
FAX TO : MEDICAID			
Florida / Illinois / South Carolina : (877) 709-1698		Georgia : (855) 597-2697	Kentucky : (855) 620-1871
New York : (888) 351-8737			
REQUEST TYPE			
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Continuation of Services	
Do not use this form for an urgent request, call (800) 351-8777.			
MEMBER INFORMATION			
WellCare ID #:		Medicare/Medicaid #:	
Last Name:		First Name, MI:	
Phone Number:		Date Of Birth:	Third Party Insurance <input type="checkbox"/> YES* <input type="checkbox"/> NO
<small>*If Yes, please attach a copy of the insurance card. If the card is not available, provide the name of the insurer, policy type, and number.</small>			
ORDERING PHYSICIAN INFORMATION			
WellCare ID #:		NPI Number:	
Last Name:		First Name:	
Street Address:		City, State:	Zip Code:
Phone Number:		Fax Number:	
Provider Type/Specialty:		Name of Requester:	
TREATING PROVIDER INFORMATION			
WellCare ID #:		NPI Number:	
Last Name:		First Name:	
Street Address:		City, State:	Zip Code:
Phone Number:		Fax Number:	
Provider Type/Specialty:		Name of Requester:	
FACILITY INFORMATION			
Place of Service: <input type="checkbox"/> Office <input type="checkbox"/> CORF <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Other			
WellCare ID#:		NPI Number:	
Facility Name:		Hospital Contact:	
Street Address:		City, State:	Zip Code:
Phone Number:		Fax Number:	
REQUESTED SERVICES			
Requested Dates of Service: From:		To:	# of visits Attended to Date:
Original Start of Care Date:		Previous Authorization # (if continuation):	
Treatment will be Rendered: Times per week for weeks OR total # of visits requested:			
Primary ICD-10 Code:		Description/ Condition:	
Secondary ICD-10 Code:		Description/ Condition:	
CPT/HCPCS Code:		Description/ Procedure:	
CPT/HCPCS Code:		Description/ Procedure:	
CPT/HCPCS Code:		Description/ Procedure:	
CPT/HCPCS Code:		Description/ Procedure:	
Please attach documentation to support medical necessity. This includes H&P, progress notes, lab results & treatment plans.			

Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergency care does not require prior authorization. An emergency is a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. *Urgent care is defined as medically necessary treatment for an injury, illness or type of condition (usually not life threatening) which should be treated within 24 hours.