

# Wisconsin Medicare Quick Reference Guide



January 2026

[wellcare.mhswi.com](http://wellcare.mhswi.com)

## CONVENIENT SELF-SERVICE

Wellcare understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks. **Availity's 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	<b><u>Fastest Result</u></b>	Available
Authorizations Request	<b><u>Fastest Result</u></b>	N/A
Benefit/Copayment Information	<b><u>Fastest Result</u></b>	Available
Claims/Reconsiderations/Appeals Status	<b><u>Fastest Result</u></b>	Available
Eligibility Verification	<b><u>Fastest Result</u></b>	Available
Submit Appeals/Claims/ Claims Disputes/Corrections	<b><u>Fastest Result</u></b>	N/A

## HELPFUL LINKS

[Portal Registration](#)

[Joining our Network](#)

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

[Resources](#)  
(Manual and Guides)

**PROVIDER SERVICES PHONE (IVR): 1-844-796-6811 (TTY: 711)**

## OTHER PHONE NUMBERS

### CARE AND DISEASE MANAGEMENT REFERRALS

Fax: **1-877-687-1183**

### 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

**1-844-796-6811 (TTY: 711) (24 hours)**

## HEALTH PLAN PARTNERS

### Contracted Networks

#### HEARING

**HCS**

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

#### VISION

**Premier**

Phone: **1-866-419-1068**

#### DENTAL

**DentaQuest**

Phone: **1-844-284-8818**

#### TRANSPORTATION

**ModivCare**

Phone: **1-877-718-4201**

**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](mailto: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](http://availability.com/Essentials-Portal-Registration).

### PAYER ID: 68069

Visit our [Resources](#) page to locate claim forms and guidelines.

**Timely Filing guidelines:** 180 days from date of service.

### EFT

Register: [payspanhealth.com](http://payspanhealth.com) or call 1-877-331-7154.

Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com).



### MAIL PAPER CLAIMS TO:

Wellcare

Attn: Claims Department

P.O. Box 3060

Farmington, MO 63640-3822

## PHARMACY SERVICES

### PHARMACY SERVICES

Phone: 1-800-867-6564

#### Rx BIN

610014

610014

#### Rx PCN

MEDDPRIME

MAC

#### Rx GRP

2FFA

2FHU (MA only)

### 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

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

#### New Century Health

Phone: 1-888-999-7713

### COVERAGE DETERMINATION REQUESTS

Fax: 1-866-226-1093

Electronic Prior Authorization (ePA):

[account.covermymeds.com](http://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: 1-877-808-9362**

**Behavioral Health Fax: 1-877-725-7751**

**Pharmacy Prior Authorizations Fax: 1-866-226-1093; Phone: 1-800-867-6564**

**Urgent Authorization Requests and Admission Notifications: 1-844-796-6811**

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 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.**