

# Nevada Medicare Quick Reference Guide

January 2025

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



## 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	<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): HMO: 1-800-977-7522 (TTY: 711) | HMO SNP: 1-844-796-6811 (TTY: 711)**

## OTHER PHONE NUMBERS

### CARE AND DISEASE MANAGEMENT REFERRALS

Fax: 1-844-909-0053

### 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 (24 hours)

HMO: 1-800-977-7522 (TTY: 711)

HMO SNP: 1-844-796-6811 (TTY: 711)

## HEALTH PLAN PARTNERS

### Contracted Networks

#### HEARING

##### HCS

Phone: 1-866-344-7756

#### VISION

##### Premier

Phone: 1-866-419-1955

#### DENTAL

##### DentaQuest

Phone: 1-833-206-6295

#### 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 **Claims Tools** page to locate detailed claims information, addresses, 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 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

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 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](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: 1-844-909-0053**

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

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

**Urgent Authorization Requests and Admission Notifications: HMO: 1-800-977-7522 | HMO SNP: 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 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.**