Kansas Medicare Quick Reference Guide

January 2027
wellcare.sunflowerhealthplan.com

CONVENIENT SELF-SERVICE

Wellcare partners with **Availity Essentials**, a multi-payer portal, to offer secure provider portal services. Availity Essentials is the fastest way to get help with routine tasks. In addition to Availity Essentials, our current **Secure Provider Portal** will continue to remain active and available to you.

	Availity	Portal	(IVR) Interactive Voice Response
Authorization Requirements/Status	Fastest Result	Fastest Result	Available
Authorizations Request	Fastest Result	Fastest Result	N/A
Benefit/Copayment Information	Fastest Result	Fastest Result	Available
Claims Status	Fastest Result	Fastest Result	Available
Claim Reconsiderations Status	N/A	Fastest Result	Available
Eligibility Verification	Fastest Result	Fastest Result	Available
Submit Corrected Claims	Fastest Result	Fastest Result	N/A
Submit Claim Reconsiderations	N/A	Fastest Result	N/A

HELPFUL LINKS

Availity Portal Registration | **Availity Portal Training** | **Joining our Network** | **Resources** (Manual and Guides)

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

OTHER PHONE NUMBERS

CARE AND DISEASE MANAGEMENT REFERRALS
Fax: **1-844-244-9085**

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/PPO: 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: **1-866-419-0861**

DENTAL
DentaQuest
Phone: **1-833-206-6291**

TRANSPORTATION
SafeRide
Phone: **1-833-236-9676**

CLIENT SERVICES
Availity
Phone: **1-800-AVAILITY (282-4548)**

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.

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CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES

EDI team email: **EDIBA@centene.com**
Phone: **1-800-225-2573**

PREFERRED EDI CLEARINGHOUSE

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

WEB PORTAL FOR DIRECT DATA ENTRY (DDE) CLAIMS

availity.com/Essentials-Portal-Registration.

PAYER ID: 68069

Visit our **Resources** page to locate detailed claims information, addresses, claim forms and guidelines.

Timely Filing guidelines: 180 days from date of service for participating providers, 365 days for non-participating providers. For more information, visit our **Timely Filing** page.

EFT

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

EOP can be accessed via **Availity Essentials Remittance Viewer**.

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	Rx PCN	Rx GRP
610014	MEDDPRIME	2FFA
610014	MAC	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

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.

or fastest results, pre-authorization submissions and status checks can be submitted through **Availity Essentials** using the associated **PA forms**.

Medical Fax: 1-844-885-3724

Behavioral Health Fax: 1-844-824-7705

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

***Urgent* Authorization Requests and Admission Notifications: HMO/PPO: 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 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.