

QUICK REFERENCE GUIDE
OHIO MEDICAID
April 2009

Dial one number to reach the **Customer Service, Pharmacy, Provider Hotline, Transportation Services and Utilization Management** departments.

Important Telephone Numbers

Provider Hotline Provider inquires, claim concerns and authorizations Medicaid TTY/TDD 24-Hour Nurse Advisor Line TTY/TDD	(800) 951-7719 (877) 247-6272 (800) 951-7719 (877) 247-6272	Dental – Doral Vision – Advantica Transportation Services <ul style="list-style-type: none"> CFC – 10 round trips or 20 one-way trips 	(800) 341-8478 (866) 425-2323 (800) 951-7719
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Behavioral Health

Behavioral Health Services Behavioral Health Authorization Requests – submit online Behavioral Health Fax	(800) 951-7719 http://ohio.wellcare.com (877) 277-6890
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Claims

Claims Department (800) 951-7719 To ensure timely and accurate processing, mail claims to: WellCare Health Plans, Inc. Ohio Region P.O. Box 31224 Tampa, FL 33631-3224	EDI Questions and Assistance (800) 960-2530 x4096 EDI Partners <table border="1"> <thead> <tr> <th>EDI Partners</th> <th>EDI Payer ID</th> <th>Contact</th> </tr> </thead> <tbody> <tr> <td>ACS EDI Gateway, Inc.</td> <td>77004</td> <td>(800) 987-6720</td> </tr> <tr> <td>Availity</td> <td>14163</td> <td>(800) 282-4548</td> </tr> <tr> <td>Emdeon (former WebMD®)</td> <td>14163</td> <td>(800) 845-6592</td> </tr> <tr> <td>RelayHealth (McKesson)</td> <td>14163</td> <td>(800) 522-6562</td> </tr> <tr> <td>SSI Group</td> <td>14163</td> <td>(800) 880-3032</td> </tr> <tr> <td>ZirMed</td> <td>14163</td> <td>(877) 494-7633</td> </tr> </tbody> </table> Encounter Data Submissions 59354	EDI Partners	EDI Payer ID	Contact	ACS EDI Gateway, Inc.	77004	(800) 987-6720	Availity	14163	(800) 282-4548	Emdeon (former WebMD®)	14163	(800) 845-6592	RelayHealth (McKesson)	14163	(800) 522-6562	SSI Group	14163	(800) 880-3032	ZirMed	14163	(877) 494-7633
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Claims Appeals

Claim Appeals (800) 951-7719 The Claims Appeal process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling or non-covered codes. Claim appeals must be submitted to WellCare, in writing, within 90 days of the date of denial on the EOB. To initiate this process, please mail written Claims Appeals and documentation to: WellCare Health Plans, Inc. Attn: OH Claim Appeals P.O. Box 31224 Tampa, FL 33631-3224	Claim Appeals Fax (877) 297-3112 Providers may also fax written Claim Appeals and documentation to the number listed above, attention of OH Claim Appeals . There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Member Appeals and Grievances section on this guide for instructions.
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Pharmacy Services

Pharmacy Services Prior Authorization Fax Pharmacy After Hours/Weekends (WHI) Group Number 716257 Web-Based Information <ul style="list-style-type: none"> Pharmacy services overview Preferred Drug List (PDL) Prior authorization list Prior authorization forms Participating pharmacies 	(800) 678-3184 (877) 277-6892 (800) 678-3184 http://ohio.wellcare.com/member/preferredruglist	Authorization Required <ul style="list-style-type: none"> Brand name requests when a generic exists Drug that has a step edit and the first line therapy is inappropriate Drugs not listed on the Preferred Drug List (PDL); Some PDL drugs require prior authorization Duplication of drug therapy Most self-injectable and all infusion medications Prescriptions that exceed the FDA daily or monthly quantity maximum
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Member Appeals & Grievances

A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals department when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification.	
Mail or fax an appeal with supporting clinical documentation to: WellCare Health Plans, Inc. Fax: (866) 201-0657 Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	Grievances may be initiated by a call to the Customer Service department. WellCare Health Plans, Inc. Fax: (866) 388-1769 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384

Provider Complaints

Provider complaints, related to any administrative issue such as WellCare's policies and procedures or authorization and referral process, must be submitted within 90 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to: WellCare Health Plans, Inc. Fax: (877) 297-3112 Attn: Customer Service P.O. Box 31370 Tampa, FL 33631-3370
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Risk Management

Trust Program Hotline (report suspected fraud and abuse)	(866) 678-8355
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Authorizations

Utilization Management Department, including the Case Management Team:

- ◆ **For standard authorization requests**, please use the fax numbers below to submit your requested authorization.
- ◆ **Urgent Requests and Admission Notification: Please call (800) 951-7719.** Inpatient admission notification is requested by the next business day. Clinical information can be faxed to the inpatient number listed below. Urgent and time-sensitive outpatient authorizations can also be called-in when warranted by the patient's condition or circumstance.

Prior Authorization or Notification Required

PCPs and specialists must fax a notification, or a request, for authorization for the services listed below.

Forms may be found on the WellCare of Ohio Web site at:
<http://ohio.wellcare.com/provider/forms>.

Ancillary / DME Services Fax: (877) 431-8859

- ◆ all durable medical equipment rentals
- ◆ durable medical equipment purchases greater than \$200 (including orthotics and prosthetics)
- ◆ hearing aids
- ◆ home health care services
- ◆ occupational, physical and speech therapy treatment plans (after the initial evaluation)

Inpatient Services Fax: (877) 431-8860

- ◆ all hospital admissions
- ◆ newborn deliveries (notification only)
- ◆ nursing facility admissions (skilled nursing, rehab, LTACH, intermediate care)

Behavioral Health Services Fax: (877) 277-6890

- ◆ inpatient and covered services (in-network)

Outpatient Services Fax: (877) 277-1820

- ◆ abortions and sterilizations (consent required)
- ◆ all out-of-network services
- ◆ cardiac and pulmonary rehabilitation programs
- ◆ genetic testing
- ◆ hospice care services
- ◆ new technology and experimental procedures
- ◆ nutritional supplements and formula
- ◆ pain management services
- ◆ PET, SPECT and nuclear cardiac testing
- ◆ sleep studies
- ◆ surgical procedures (including ambulatory surgery, cosmetic and oral surgery)

OB Notification Fax: (877) 647-7475

- ◆ notification of OB first prenatal visit

CPT code(s) should be included with each request and claim submission.

Prior Authorization Not Required

Members may self-refer to **participating** providers.

- ◆ adult annual physical exam
- ◆ alcohol, drug addiction and psychiatric services at Medicaid Ohio state facilities
- ◆ ambulance services
- ◆ chiropractic care (within benefit limits)
- ◆ dialysis (notification for first visit only)
- ◆ emergency services
- ◆ family planning
- ◆ Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) and Qualified Family Planning Services (QFP) services
- ◆ hearing services
- ◆ labor checks
- ◆ most routine office-based procedures
- ◆ observation stays (up to 48 hours)
- ◆ obstetrician, gynecologist and certified nurse midwife services
- ◆ OB ultrasounds (up to three for routine pregnancies)
- ◆ podiatry care
- ◆ primary care provider office visits (including Healthchek visits)
- ◆ public health clinic visits
- ◆ routine dental (see page 1)
- ◆ routine laboratory tests
- ◆ routine vision (see page 1)
- ◆ routine X-ray films
- ◆ sterilizations (consent required for payment)
- ◆ urgent care center services

A referral is a request by a PCP for a member to be evaluated and/or treated by a participating specialty physician. No communication to WellCare is required.

This guide is not intended to be an all-inclusive list of covered services but it substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

Failure to obtain the required prior authorization from WellCare can result in a denied claim.