Pennsylvania Medicare Quick Reference Guide

January 2026

wellcare.pahealthwellness.com

CONVENIENT SELF-SERVICE

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

	Portal	(IVR) Interactive Voice Response
Authorization Requirements/Status	Fastest Result	Available
Authorizations Request	Fastest Result	N/A
Benefit/Copayment Information	Fastest Result	Available
Claims/Reconsiderations/Appeals Status	Fastest Result	Available
Eligibility Verification	Fastest Result	Available
Submit Appeals/Claims/ Claims Disputes/Corrections	Fastest Result	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: **1-844-259-4568**

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: **1-866-419-2382**

DENTAL

DentaQuest
Phone: **1-833-206-6298**

TRANSPORTATION

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

SKILLED HOME HEALTH

tango
Phone: **1-888-224-1409**

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.

Last updated: October 2025

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CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES
EDI team email: **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:
availity.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** or call **1-877-331-7154**.
Email: **providersupport@payspanhealth.com**.

MAIL PAPER CLAIMS TO:
Wellcare
Attn: Claims Department
P.O. Box 3060
Farmington, MO 63640-3822

SKILLED HOME HEALTH CLAIM SUBMISSION

SUBMISSION INQUIRIES
Phone: **1-888-224-1409**.

ACCEPTED EDI CLEARINGHOUSES
- Ability
- Availity
- eSolutions
- Experian
- Smart Data Solutions
- Quadax
- Transunion
- Waystar

PAYER ID: 26748

Please submit an **837I formatted** claim.

Timely Filing guidelines: 90 days from date of service for non-PAR providers. Per contract for PAR providers.

EFT
Form: **tangocare.com/providers/provider-materials/**
Required documents: 1) **W-9** and 2) **Voided Check**
Email: **credentialing@tangocare.com**

MAIL PAPER CLAIMS TO:
tango claims
7600 North 16th Street
Suite 140
Phoenix, Arizona 85020

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.

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

Home Health Authorizations: Please refer to **tango's provider page**.

Post Acute Facility Authorizations (SNF, IRF, LTACH): Please refer to **WellSky's provider page**.

***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 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.