# Michigan Duals Quick Reference Guide

January 2027
**wellcare.mimeridian.com**

wellcare With meridian

## 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 | Portal Registration | Joining our Network | Resources (Manuals and Forms) |
|---|---|---|---|---|

**PROVIDER SERVICES PHONE (IVR): 1-855-445-3571** (TTY: **711**)

## OTHER PHONE NUMBERS

### CARE AND DISEASE MANAGEMENT REFERRALS
Phone: **1-855-445-3571** (TTY: **711**)
Hours: M–F, 8 a.m.–7 p.m. Eastern Standard Time

### 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
**1-855-323-4578** (24 hours)

## HEALTH PLAN PARTNERS

### Contracted Networks

**HEARING**
Phone: **1-855-445-3571**

**VISION**
Phone: **1-855-445-3571**

**DENTAL**
**DentaQuest**
Phone: **1-800-233-1468**

**TRANSPORTATION**
**SafeRide©**
Phone: **1-855-955-7433**

**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: **EDIBA@centene.com** or call Provider Services.

### PREFERRED EDI CLEARINGHOUSE
Availity: **1-800-282-4548**.

### WEB PORTAL FOR DIRECT DATA ENTRY (DDE) CLAIMS
**availity.com/Essentials-Portal-Registration**.

### PAYER ID: 68069

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

### 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 With Meridian**
**Attn: Claims**
**P.O. Box 9700**
**Farmington, MO 63640-0700**

## PHARMACY SERVICES

### PHARMACY SERVICES
Phone: **1-833-750-1800**

| Rx BIN | Rx PCN | Rx GRP |
|---|---|---|
| 610014 | MEDDPRIME | 2FFA |

### SPECIALTY PHARMACY
For more information on our specialty pharmacies, please refer to your Evidence of Coverage, Member Handbook or contact Member Services

### 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 With Meridian**
**Attn: Medicare Pharmacy Appeals**
**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: **1-866-510-6450**

### COVERAGE DETERMINATION REQUESTS
Fax: **1-866-226-1093**

Electronic Prior Authorization (ePA):
**account.covermymeds.com**

Access the **Pharmacy page** for Pharmacy related information and forms, including:

- Coverage Determination Request Form and exceptions
- Other Request forms such as Injectible Infusion
- Formulary
- Express Scripts Mail Order Service
- Home Infusion/Enteral Services
- and more

## PRIOR AUTHORIZATION (PA)

A **Pre-Auth Needed tool** is available to determine if prior authorization is required. Most current information can be found within the Pre-Auth tool.

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

**Medical Fax: 1-833-783-3178**

**Behavioral Health Fax:** Outpatient **1-833-728-0124** | Inpatient **1-844-930-4395**

***Urgent* Authorization Requests and Admission Notifications:** Call **1-855-445-3571** and follow the prompts.

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.**