

PROVIDER RELATIONS	<p>1-800-595-9631 Option 2 Marina Gonzalez, Network Manager 1-800-595-9631 Ext. 4212 gonzalezm@healthnetworkone.com</p>
MEMBER ELIGIBILITY VERIFICATION	<p>Providers are responsible for verifying member eligibility prior to rendering services. You can verify eligibility by calling WellCare at 800-334-7927 or online at WellCare's Provider Portal: www.wellcare.com/Florida/Providers</p>
CO-PAYMENTS	<p>Your office will be responsible for collecting any co-payments, if applicable.</p>
REFERRALS/AUTHORIZATIONS	<p>WellCare members are allowed five (5) open (direct) access visits/covered services in a calendar year without a referral.</p> <p>For URGENT/STAT referrals, please indicate this on the HN1 Service Request Form or contact HN1 at 1-800-595-9631, Option 1. HN1 will issue an authorization form with a certification number and fax a copy back to you, the Specialist. This authorization is for professional services only.</p>
NON-COVERED SERVICES	<p>In the event that a member requests that your office perform a non-covered service, it is recommended that your office have the member sign an ADVANCED BENEFICIARY NOTIFICATION (ABN) form advising them of their financial responsibility.</p>
FACILITY AUTHORIZATION	<p>All facility authorizations requested for surgical and diagnostic services require authorization from the Health Plan.</p> <p>You may obtain the authorization by CONTACTING WellCare at 855.538.0454 Submitting a request by FAX to 866-495-1981 along with medical records or at via Plan's PROVIDER PORTAL at www.Availity.com</p>
CLAIMS SUBMISSION	<p>EDI: HN1 selected Clearinghouse is Change Healthcare (f/k/a Emdeon) PAYER ID: 65062 PAPER: HN1, P.O. Box 21608, Fort Lauderdale, FL 33316-1608</p> <p>Medical Notes are required if billing the highest level exam codes: 99204-05, 99214-15, 99223, 99233, AND 99274-75 otherwise claim may be approved and reimbursed at a lower level of complexity.</p>
CLAIMS DISPUTE	<p>A provider may contest a claim decision by submitting the following documentation to our claims P.O. Box:</p> <ol style="list-style-type: none"> 1. Completed Claims Review/Dispute Form 2. Copy of the denied claim (marked COPY) 3. Health Network One Explanation of Payment (EOP) 4. Any application/supporting documentation <p>The claims review/dispute request must be received within thirty-five (35) days of your receipt of the Explanation of Payment (EOP) from HN1 or in accordance to applicable network health plan guidelines; otherwise, dispute rights and compensation are waived. A separate form must be submitted for each patient and claim.</p>
CLAIMS STATUS INQUIRIES	<p>All claims status inquiries must be made via the HN1 Provider Web Portal.</p> <p>If you do not have a web portal account with HN1, you can request an account at: healthnetworkone.com/pwp. If you do not have access to the internet, you may also make any claims status inquiries telephonically at 1-877-372-1273.</p>
LAB/PATHOLOGY	<p>Quest Diagnostics — Contact Quest at 1-888-277-8772 or www.questdiagnostics.com</p>
ANCILLARY	<p>For DME, Infusion, etc, please direct members back to their PCPs.</p>
DRUGS/PHARMACEUTICALS	<p>Injectables and drugs are not covered by HN1 under this Network Agreement. For any injectables/drugs utilized for covered services provided to Wellcare plan members, physicians must contact CareMark Specialty Pharmacy to deliver the injectables to their office or to the member's home at 1-866-808-7471</p>