## PROVIDER RELATIONS

<table>
<thead>
<tr>
<th>1-800-595-9631 Option 2</th>
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</thead>
<tbody>
<tr>
<td>Marina Gonzalez, Network Manager</td>
</tr>
<tr>
<td>1-800-595-9631 Ext. 4212</td>
</tr>
<tr>
<td><a href="mailto:gonzalezm@healthnetworkone.com">gonzalezm@healthnetworkone.com</a></td>
</tr>
</tbody>
</table>

## MEMBER ELIGIBILITY VERIFICATION

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](http://www.wellcare.com/Florida/Providers).

## MOHs

Providers must submit complete medical documentation supporting the MOHs procedures **POST SERVICES RENDERED**. Health Network One uses Milliman Care Guidelines for the review of MOHs procedures. For a copy of this document, please contact HN1 provider relations department at **(800) 595-9631 OPTION 2**.

## CO-PAYMENTS

Your office will be responsible for collecting any co-payments, if applicable.

## REFERRALS/AUTHORIZATIONS

WellCare members are allowed five (5) open (direct) access visits/covered services in a calendar year without a referral. For any other inquiries, contact: **800-595-9631 Option 1**. 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.

## NON-COVERED SERVICES

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.

## FACILITY AUTHORIZATION

All facility authorizations requested for surgical and diagnostic services require authorization from the Health Plan. 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](http://www.Availity.com).

## CLAIMS SUBMISSION

**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  
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.

## CLAIMS DISPUTE

A provider may contest a claim decision by submitting the following documentation to our claims P.O. Box:  
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  
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.

## CLAIMS STATUS INQUIRIES

All claims status inquiries must be made via the **HN1 Provider Web Portal**. If you do not have a web portal account with HN1, you can request an account at: [healthnetworkone.com/pwp](http://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**.

## LAB/PATHOLOGY

**LabCorp** — **1-888-LABCORP (522-2677)** or [www.LabCorp.com](http://www.LabCorp.com)

## ANCILLARY

For DME, Infusion, etc., please direct members back to their PCPs.

## DRUGS/PHARMACEUTICALS

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**.