

Simplify Office Administrative Tasks

Keep our **Quick Reference Guide** nearby to make pre-visit planning and post-visit tasks quick and easy.



General Information

Secure Provider Portal:	
Visit the Secure Provider Portal 24/7 for questions on claim submission, status, reconsideration, and to verify eligibility, authorization status and complaints.	Medicaid: delawarefirsthealth.com Medicare: wellcarede.com Health Insurance Marketplace: ambetterhealthofdelaware.com
Provider Services:	
Provider Services is the first point of contact for questions on claim payments, rejections, denials, to verify eligibility or for help escalating any issues you may have. For claims related questions, be sure to have your claim number available. HIPAA Validation will still occur.	Medicaid: 1-877-236-1341 Medicare: Non-duals/C-SNP plans: 1-800-977-7522 Duals/D-SNP plans: 1-844-796-6811 Health Insurance Marketplace: 1-833-919-3214

Claims Submission and Claims Payment: Providers may submit claims in three ways

EDI Payer ID: 68069	Medicaid	Medicare	Health Insurance Marketplace
Secure Provider Portal	delawarefirsthealth.com/providers/login	delawarefirsthealth.entrykeyid.com	ambetterhealthofdelaware.com
Mail	Delaware First Health Attn: Claims P.O. Box 8001 Farmington MO 63640-8001	Wellcare Attn: Claims P.O. Box 3060 Farmington, MO 63640-3822	Ambetter Attn: Claims P.O. Box 5010 Farmington, MO 63640-5010
EDI	E-mail: EDIBA@Centene.com or Call: 1-800-225-2573, ext. 6075525		

Timely Filing: Refer to the provider manual for full details and instructions.

EDI Payer ID: 68069	Medicaid	Medicare	Health Insurance Marketplace
Initial Claim and Resubmissions	120 calendar days from the date of Service.	Submit within 180 days from date of service.	Submit within 180 days from date of service.
Corrected Claims	Submit within 90 days of the date of the Explanation of Benefits (EOP) or as defined in contract.	Submit within 180 days of the Explanation of Benefits (EOP).	Submit within 180 days of the Explanation of Payment (EOP).
Reconsideration	Submit within 90 days of the date of the EOP or denial or as defined in contract.	Submit within 180 days of the Explanation of Payment (EOP).	Submit within 180 days of the Explanation of Payment (EOP).
Disputes/Appeals	Submit within 120 days of the date of service or no later than 60 calendar days after the reconsideration decision, whichever is latest.	Submit within 180 days from the original date of notification of payment or denial. Mail Claim Dispute form to: Wellcare Attn: Claim Dispute P.O. BOX 4000 Farmington, MO 63640-4400	Mail completed Claim Dispute form within 180 days of Explanation of Payment (EOP).

Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) – PaySpan

To register for this free service, call 1-877-331-7154 or visit payspanhealth.com or providersupport@payspanhealth.com

Delaware First Health, Wellcare and Ambetter are affiliated products serving Medicaid, Medicare and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.



Prior Authorizations: Use the authorization look-up tool on the provider website for the list of services that require prior authorization. Refer to the provider manual for full details and instructions.

Medicaid	Medicare	Health Insurance Marketplace
Secure Provider Portal: delawarefirsthealth.com/providers/login	Secure Provider Portal: delawarefirsthealth.entrykeyid.com	Secure Provider Portal: ambetterhealthofdelaware.com
Phone: 1-877-236-1341	Phone: Medical & Behavioral Health • Non-Duals Plans: 1-800-977-7522 • Duals/D-SNP Plans: 1-844-796-6811	Phone: 1-833-919-3214
Fax: Medical Management: 1-833-967-0502 Behavioral Health Inpatient: 1-833-967-0499 Behavioral Health Outpatient: 1-833-967-0498	Fax: Medical Management: 1-844-222-3180 Behavioral Health Inpatient/Outpatient: 1-844-222-3180	Fax: Medical & Behavioral Health (Inpatient): 1-855-227-3804 Medical & Behavioral Health (Outpatient): 1-855-227-3804

Pharmacy Benefit Manager

Medicaid	Medicare	Health Insurance Marketplace
Express Scripts: prc.express-scripts.com Pharmacy Help Desk: 1-833-236-1887 RXBIN#: 003858 RXGroup ID: 2ECA RXPCN: DSHP	Express Scripts: prc.express-scripts.com Pharmacy Help Desk: 1-833-750-0202 RXBIN#: 610014 RXGroup ID: 2FFA RXPCN: MEDDPRIME Pharmacy Prior Auth: 1-800-867-6564	Express Scripts: prc.express-scripts.com Pharmacy Help Desk: 1-833-750-2400 RXBIN#: 003858 RXGroup ID: 2HAA RXPCN: A4

Other Partners: Contact our other health services partners

Medicaid & Health Insurance Marketplace	Envolve Vision: envolvevision.com Envolve Dental: envolvedental.com 1-833-236-1886
Medicare	Premiere Eye Care: premiereyecare.net 1-866-434-0032 Liberty Dental: libertydentalplan.com/Wellcare.aspx 1-866-544-3451

Provider Engagement and Other Key Contacts and Important Phone Numbers

delawarefirsthealth.com/providers/ProviderContact.html

Delaware Medical Assistance Portal

medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx

How to Keep Demographic Information Current

To make updates to provider demographic information, including adding and terming a provider email us at:
delawarefirsthealth.com/providers/resources/demographic-update-tools.html