

# Delaware Duals Quick Reference Guide

January 2026

[go.wellcare.com/DEFIRST](http://go.wellcare.com/DEFIRST)



By delaware first health.

## CONVENIENT SELF-SERVICE

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

	Portal	(IVR) Interactive Voice Response
<b><u>Authorization Requirements/Status</u></b>	<b><u>Fastest Result</u></b>	Available
<b><u>Authorizations Request</u></b>	<b><u>Fastest Result</u></b>	N/A
<b><u>Benefit/Copayment Information</u></b>	<b><u>Fastest Result</u></b>	Available
<b><u>Claims/Reconsiderations/Appeals Status</u></b>	<b><u>Fastest Result</u></b>	Available
<b><u>Eligibility Verification</u></b>	<b><u>Fastest Result</u></b>	Available
<b><u>Submit Appeals/Claims/Claims Disputes/ Corrections</u></b>	<b><u>Fastest Result</u></b>	N/A

## HELPFUL LINKS

**Portal Registration**

**Portal Training**

**Joining our Network**

**Forms**

**Resources**

(Manual and Guides)

**PROVIDER SERVICES PHONE (IVR): 1-844-536-2169 (TTY: 711)**

## OTHER PHONE NUMBERS

### CARE AND DISEASE MANAGEMENT REFERRALS

Phone: **1-844-536-2169 (TTY: 711)**

Hours: M–F, 8 a.m.–7 p.m. Eastern Standard Time

### COMMUNITY CONNECTIONS HELP LINE

**1-866-775-2192**

### RISK MANAGEMENT FRAUD, WASTE & ABUSE HOTLINE

**1-866-685-8664**

### BEHAVIORAL HEALTH CRISIS

**24 hours** a day, members should call Member Services.

### NURSE ADVICE LINE

**1-844-536-2167 (24 hours)**

## HEALTH PLAN PARTNERS

### Contracted Networks

#### HEARING

**TruHearing**

Phone: **1-800-334-1807**

#### VISION

**Premier**

Phone: **1-866-434-0032**

#### DENTAL

**Centene Dental**

Phone: **1-833-236-1886**

**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.

## CLAIM SUBMISSION INFORMATION

### SUBMISSION INQUIRIES

EDI team: [EDIBA@centene.com](mailto: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](http://availity.com/Essentials-Portal-Registration)

[provider.delawarefirsthealth.com/careconnect/login/](http://provider.delawarefirsthealth.com/careconnect/login/)

**PAYER ID: 68069**

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

### EFT/ERA

#### PaySpan

Register: [payspanhealth.com](http://payspanhealth.com) or call **1-877-331-7154**.

Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)



### MAIL PAPER CLAIMS TO:

Wellcare By Delaware First Health

Attn: Claims

P.O. Box 9700

Farmington, MO 63640-0700

## PHARMACY SERVICES

### PHARMACY SERVICES

Phone: **1-833-750-4230**

#### Rx BIN

610014

#### Rx PCN

MEDDPRIME

#### Rx GRP

2FFA

### MAIL ORDER

#### Express Scripts®

Phone: **1-833-750-0201** (TTY: **711**)

24 hours a day, 7 days a week

### SPECIALTY PHARMACY

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

### MEDICAL ONCOLOGY SERVICES

#### Evolut

Phone: **1-866-510-4470**

### COVERAGE DETERMINATION REQUESTS

Fax: **1-866-226-1093**

Electronic Prior Authorization (ePA):

[account.covermymeds.com](http://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)

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, submit requests **online** using the associated **PA forms**.

**Medical Fax: 1-833-941-0444**

**Behavioral Health Fax:** Outpatient **1-833-967-0498** | Inpatient **1-833-967-0499**

**Urgent Authorization Requests and Admission Notifications:** Call **1-844-536-2169** (TTY: **711**) 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.**