



06/03/2019

Care1st Medicaid Plan (AHCCCS) Migration to WellCare Postponement

We previously communicated that Care1st would integrate into our Parent Company, WellCare Health Plans. This integration was to include systems and platform changes along with a brand name change.

Please be advised that the integration has been postponed for Care1st!

Please continue to use Care1st existing processes and systems. The following page provides additional details/clarification.

PLEASE NOTE: This does NOT impact our Medicare products, WellCare Liberty (formerly ONECare) or WellCare Value. For more information regarding our Medicare products, please visit www.wellcare.com.

If you have questions, please contact Network Management using the information at the bottom of this page.

Thank you!

Network Management
Phone 1-602-778-1800/1-866-560-4042 (Options in order: 5, 7) | Fax 1-602-778-1875
E-mail SM_AZ_PNO@Care1stAZ.com | Visit our website at www.care1staz.com
Looking for your assigned Provider Network Representative?
On our website go to Providers > Provider Rep Contact Information

Care1st and WellCare – Branding, Claim Submissions, EFT/835/ERA/Paper Remits & Web Portal

| <u>Branding</u> | |
|--|--|
| Medicare | Medicaid – AHCCCS and DDD |
| <ul style="list-style-type: none"> - Effective <u>1/1/2019</u> - WellCare Liberty (formerly ONECare) and WellCare Value | <ul style="list-style-type: none"> - No change. Members will retain their Care1st ID cards. - Care1st |

| <u>Electronic Claim Submissions (837P or 837I) or Paper Submission</u> | | |
|--|--|---|
| Medicare | Medicaid – AHCCCS and DDD | |
| <u>Electronic Payer ID – 14163</u> | <u>Electronic Payer ID – 57116</u> | |
| <ul style="list-style-type: none"> - <u>WellCare Liberty (ONECare)</u> - <u>Paper Claims Submissions</u> Claims Department PO Box 31224 Tampa, FL 33631-3224 | <ul style="list-style-type: none"> - <u>WellCare Value (HMO)</u> - <u>Paper Claims Submissions</u> Claims Department PO Box 31372 Tampa, FL 33631-3372 | <ul style="list-style-type: none"> - <u>Care1st</u> - <u>Paper Claims Submissions</u> Claims Department PO Box 31224 Tampa, FL 33631-3224 |

| <u>EFT/835/Electronic Remittance Advices/Paper Remittance Advices</u> | | | | | |
|--|---|---|--|---|--|
| WellCare Liberty/WellCare Value | | | Medicaid – AHCCCS and DDD | | |
| EFT | 835/Electronic Remittance Advices | Paper Remittance advices | EFT | 835/Electronic Remittance Advices | Paper Remittance advices |
| <ul style="list-style-type: none"> ▪ Effective for dates of service <u>1/1/19</u> and after: PaySpan will administer. | <ul style="list-style-type: none"> ▪ Effective for dates of service <u>1/1/19</u> and after: PaySpan will administer. | <ul style="list-style-type: none"> ▪ Effective for dates of service <u>1/1/19</u> and after: PaySpan will administer. | <ul style="list-style-type: none"> ▪ All dates of service will continue to be handled through Care1st’s bank. | <ul style="list-style-type: none"> ▪ All dates of service will continue to be handled through Care1st. | <ul style="list-style-type: none"> ▪ All dates of service will continue to be handled by Change (Emdeon). |
| <ul style="list-style-type: none"> ▪ For PaySpan registration instructions, https://www.wellcare.com/Arizona/ONECare-Migration > Changes to EFT/835/Electronic Remittance Advices | | | | | |

| <u>Provider Portal</u> | |
|---|---|
| WellCare Liberty/WellCare Value | Medicaid – AHCCCS and DDD |
| <ul style="list-style-type: none"> - www.wellcare.com - Secure Provider Portal - Education Materials - Find a Provider - Submit Prior Authorizations | <ul style="list-style-type: none"> - www.care1staz.com - Secure Provider Portal - Education Materials - Find A Provider Tool |