

Provider Orientation – Frequently Asked Questions (FAQ)

This document provides a high-level overview of key questions, contact details, and resources to assist providers and staff with Centene plans, billing, and timely payments.

Credentialing Status

Q: How can I verify the credentialing status of a practitioner?

A: Call Provider Relations using the numbers below to check if a practitioner is credentialed. If you can't confirm their status, contact your Provider Engagement Account Manager for assistance.

Pre-Authorizations

Pre-authorizations may be requested through the following methods:

- Availity or Centene Provider Portal
- Fax
- Phone

Q: How do providers request additional units or visits for a specific CPT code?

A: For Behavioral Health (BH) services, submit an authorization request through Behavioral Health. For vendor-specific services, see vendors below. Providers may also contact Provider Services via the phone numbers below to confirm how many visits or units have been used.

Q: What is the process for disputing a pre-authorization denial?

A: Please follow the instructions at the bottom of the denial letter.

Claims Submission

Q: How do I submit claims electronically?

A: Submit claims online via the Centene Provider Portal or Availity. Remittance advice and payment information are also available through Availity.

Important Note: Before creating a Centene Provider Portal account, please ensure that your contract is fully finalized. If you need help setting up portal access, contact Provider Engagement.

Payment

Q: How will I receive payment if PaySpan is not yet set up?

A: If PaySpan enrollment is not complete, a paper check will be sent to the mailing address on file.

Vendors for Specific Services and Authorization Processes

- **Vision:** Envolve
- **Specialty Procedure Prior Authorization:** Evolent (formerly NIA/RadMD)
- **Home Health / Skilled Nursing Facility:** Tango / WellSky
- **Oncology:** NewCentury Health



Customer Service and Contact Information

Wellcare

Provider Services Phone: 1-888-445-8913 (TTY: 711)

Wellcare by Health Net – Medicare Advantage
 7700 Forsyth Boulevard
 Clayton, MO 63105

Trillium Community Health Plan

Provider Services Phone: 1-877-600-5472 (TTY/TDD: 711)

Trillium Community Health Plan
 PO Box 5030
 Farmington, MO 63640-5030

HealthNet Service	Phone Number
Commercial Plans Provider Services Center (EPO, POS, PPO, and CommunityCare)	1-888-802-7001
Medicare Advantage Plans Provider Services	1-888-445-8913, option 2
Medicare Advantage Prior Authorizations	1-800-672-5941
Dental Benefit Provider	1-877-410-0176
Eye Med	1-866-392-6058
First Health Provider Relations	1-800-937-6824
MHN (Mental and Behavioral Health Services)	1-800-977-8216

HealthNet Medicare Claims

Health Net Medicare Claims
 PO Box 9030
 Farmington, MO 63640-9030

HealthNet Commercial Claims

Health Net Commercial Claims
 PO Box 9040
 Farmington, MO 63640-9040

Provider Engagement Team

For additional support, please contact the Provider Engagement Team at:
ORProviderExperience@trilliumchp.com