

Avesis Frequently Asked Questions (FAQs) for WellCare of Georgia Providers

General Information

Question	Answer
1. Who is Avesis?	Avesis is a national vision company that contracts with optometrists and ophthalmologists to provide members the freedom to choose from thousands of providers in a nationwide network.
2. What is the relationship between WellCare Health Plans and Avesis?	WellCare is currently contracted with Avesis to manage all Optometrists. Effective June 1, 2011, Avesis will also manage all Ophthalmologists.
3. What are Avesis's hours and days of operation?	Monday – Friday from 8am – 5pm EST.
4. What holidays does Avesis observe?	New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day.
5. What is Avesis's website address?	www.avesis.com .
6. What is the mailing address for Avesis if I do not have access to Internet?	Avesis PO Box 7777 Phoenix, AZ 85011 ATTN: Claims Department
7. What languages does Avesis customer service support?	Avesis has bilingual support: English and Spanish. In addition, Avesis has a contract with Voiance, which supports over 150 languages and assists our customer care department in providing excellent service.
8. Is there a telecommunications device for the deaf?	TDD calls are typically received and resolved using relay service.
9. What medical providers will be affected by this agreement?	All Ophthalmologists will be affected by this agreement effective June 1, 2011.
10. What WellCare Health Plan lines of business are covered under this agreement?	The Georgia Medicaid Healthy Families line of business is covered under this contract.
11. When can I expect Avesis to contact me to establish my contract?	Avesis began reaching out to providers on March 1, 2011.
12. What number do I call if I have a question about my contract?	The point of contact for contract information is Eileen Fennelly at 1-800-643-1132, ext. 116.
13. Will ophthalmologist-owned Ambulatory Surgery Centers (ASCs) be affected by this change?	This change is for Ophthalmologists only. ASCs will continue to use the current protocol.

Prior Authorizations and Claims	
Question	Answer
14. Will Avesis be processing claims for WellCare providers?	Yes, Avesis will be responsible to process claims for WellCare providers affected by this agreement.
15. Will new ID cards be issued to WellCare Health Plan members?	No, members will continue to utilize their current ID cards.
16. What procedures will require prior authorizations?	During the contracting process, Avesis will send providers a complete list of services requiring prior authorization. That list will also be made available on the Avesis website at www.avesis.com
17. What information is required in order to register on Avesis's website to request authorizations?	Once a provider has completed the credentialing process and been accepted into the Avesis network, that provider will be able to request authorizations using the secure Avesis web portal. Providers will not receive a separate username and password specific to authorizations.
18. What information will be required to obtain prior authorizations?	Avesis will require the member name, member identification number, requesting provider name, requested procedure, diagnosis, rendering facility (if applicable) and applicable clinical information. Avesis does have the capability to accept electronic attachments on the secure Avesis web portal free of charge.
19. What is the process if Avesis is not available when I need to obtain a prior authorization?	Avesis will consider all procedures on a post review basis. In these instances, providers must submit the clinical documentation supporting the services rendered when submitting the claim.
20. How long will the prior authorization process take?	While Avesis has 14 calendar days to process authorization requests, prior authorizations are typically processed within 5 business days of receipt of all required information.
21. What types of physicians does Avesis employ to review prior authorization requests?	Avesis' Chief Eye Medical officer is a Georgia licensed ophthalmologist. Avesis also has board certified sub-specialist consultants and an eye medical advisory board that consists of both general ophthalmologists and sub – specialists who are available to review prior authorization requests.
22. How will the referring provider or rendering provider know that a prior authorization has been completed?	Avesis will fax the completed authorization back to the provider once a determination has been made. A hard copy will follow via US postal service. Providers are also able to access prior authorization status on the secure Avesis web portal.

Prior Authorizations and Claims Continued

Question	Answer
23. What information about the prior authorization will be visible on the website?	The authorization status is available (approved/denied) as well as the services requested, diagnoses and authorization time span.
24. What is the format of the Avesis authorization number?	The Avesis authorization number will begin with AU followed by a series of numeric characters.
25. How long will the authorization approval be valid?	Authorizations are valid for 60 calendar days.
26. What does Avesis suggest for after-hours eligibility verification?	Eligibility verification can be obtained on the Avesis secure web portal or via the IVR (Interactive Voice Response) system 24 hours a day, 7 days a week.
27. What are the different means of obtaining an authorization through Avesis?	Authorizations may be obtained via fax to the Avesis prior authorization fax number at 866.874.6834, or through the secure Avesis web portal.
28. What are the Avesis prior authorization telephone and fax numbers?	Providers may call in to 800.231.0979 to discuss prior authorizations. Prior authorizations may be faxed to 866.874.6834.
29. What is the turn-around-time for Avesis to pay my claim?	The Avesis benchmark for claims turn around is to process all claims within 15 business days of receipt.
30. What is the process for claim adjustments and corrections when submitted electronically?	Corrected claims should be submitted on a CMS1500 claim form and mailed to the Avesis claims department with all applicable information.
31. What options do I have if Avesis denies my claim?	Avesis providers and members reserve the right to appeal any claim they feel was incorrectly denied. They are given the opportunity to provide in writing any additional information they wish to have weighed into the final determination.
32. Is it necessary to include the approval code on the claim form? If so, where?	The approval code should be populated in Block 23 of the CMS1500 claim form. Inclusion of this information can aid in expediting claims processing time.