

JANUARY 2024

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PROVIDER BULLETIN

PREFERRED IPA OF CALIFORNIA

1025 N. Brand Blvd. Glendale, CA 91202

PHONE:

(800) 536-2867

Extensions:

Member Services	561
Provider Relations	562
Credentialing	224
Contracting	563
Capitation	216
Eligibility	254
Compliance	260

Utilization Management

Phone: (800) 874-2091

Authorizations: Option 1

Claims: Option 2

WEBSITE:

www.preferredipa.com

Important Update "Wellcare By Health Net" DSNP Member Transition 2024

Wellcare Dual Special Needs (DSNP) members are beginning to transition to **Wellcare by Health Net** on January 1, 2024.

Health Plan Assignment Change

- Members that move to Wellcare by Health Net will receive new health plan ID cards that reflect their Wellcare by Health Net member identification number.
- If eligibility verification shows that your Wellcare Preferred IPA member transitioned to Preferred IPA **Wellcare by Health Net,** please keep and do not cancel scheduled appointments.

Existing Referral Authorizations:

- Authorizations issued by Preferred IPA under Wellcare will be honored for Preferred IPA members who transition to Wellcare by Health Net.
- There is no need to reschedule appointments or to resubmit the authorization.

New Referral Requests - Preferred IPA Portal Update

- Members will be added to the Preferred IPA portal upon receipt of the January eligibility list from the plan.
- If you would like to submit a referral and your patient is not yet in the portal with their **Wellcare by Health Net ID** number:
 - Submit Member Research Request so that our team can verify eligibility to process the referral request.

If you have questions, contact Provider Relations at x562.



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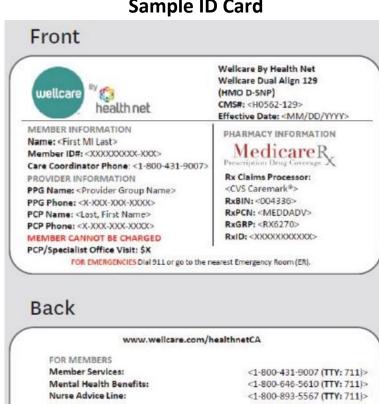
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Important Update "Wellcare By Health Net" DSNP Member Transition 2024

Sample ID Card



Transportation: <1-866-653-0975 (TTY: 711)> Envolve Vision (For Members and Members): <1-866-392-6058 (TTY: 711)>



<1-800-867-6564> Pharmacy prior auth: For help: (PHARMACY USE ONLY) <1-888-865-6567>

Submit Part D Drug Claims to: Wellcare By Health Net> < Attn: Member Reimbursement Dept> < P.O. Box 31577, Tampa, FL 33631-3577>