Claims, Disputes & Recovery/CCU Guide

Using digital tools is the fastest way to manage claims. The **Provider Portal** supports claim disputes, while **Availity** and the Provider Portal provides self-service for claim submission, claim corrections, and claim status inquiries. You can also call Provider Services for additional support. For more information and Claims forms, please visit **wellcare.com/providers**; select your state and click on *Claims* under Medicare.

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES

For inquiries related to your electronic or paper submissions to Wellcare, please contact our EDI team at **EDIBA@centene.com**.

Timely Filing guidelines: 180 days from date of service or as specified in your Provider Contract.

ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE

Register online using the simplified, enhanced provider registration process at **payspanhealth.com** or call **1-877-331-7154**.

CLEARINGHOUSE CONNECTIVITY

Wellcare has partnered with Availity as our preferred EDI Clearinghouse. You may connect directly to Availity or continue to use your existing vendor/biller/clearinghouse. If you need assistance in making a connection with Availity or have any questions, please contact Availity client services at **1-800-282-4548**.

FREE DIRECT DATA ENTRY (DDE)

Availity Essentials offers providers a web portal for direct data entry (DDE) claims that will submit to Wellcare electronically at no cost to you. To register, submit the request to **availity.com/Essentials-Portal-Registration**.

PAYER IDs

- **Fee-for-Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.**
- **Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication.**

Claim Type – Professional or Institutional	
FFS (CH – Chargeable) Submissions	
AR, CT, FL, GA, HI, IL, KY, LA, ME, MI, MO, MS, NC, NJ, NY, SC, TN, TX, WA	14163
AZ, DE, IA, IN, KS, NE, NV, OH, OK, PA, WI	68069

MAIL PAPER CLAIM SUBMISSIONS TO:

AR, CT, FL, GA, HI, IL, KY, LA, ME, MI, MO, MS, NC, NJ, NY, SC, TN, TX, WA	**Wellcare** **Attn: Claims Department** **P.O. Box 31372** **Tampa, FL 33631-3372**
AZ, DE, IA, IN, KS, NE, NV, OH, OK, PA, WI	**Wellcare** **Attn: Claims Department** **P.O. Box 3060** **Farmington MO 63640-3060**

NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process. 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.

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CLAIM PAYMENT DISPUTES & APPEALS (MEDICAL)

The **Claim Payment Dispute** process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes, non-covered codes etc. Examples include Explanation of Payment Codes DN001, DN038, DN039, VSTEX, HRM16 and KYREC. However, this is not an all-encompassing list of Appeals codes. Claim payment disputes must be submitted in writing to Wellcare **within 90 calendar days** of the date on the EOP or as specified in your Provider Contract.

Submit all claims payment disputes with supporting documentation at provider.wellcare.com or by mail.

Any **appeals** related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to Appeals (Medical). Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information (please do not include image of claim) like a summary of the appeal, relevant medical records and member-specific information.

MAIL OR FAX ALL CLAIM PAYMENT DISPUTES, MEDICAL APPEALS AND RECONSIDERATIONS WITH SUPPORTING DOCUMENTATION TO:

AR, CT, FL, GA, HI, IL, KY, LA, ME, MI, MO, MS, NC, NJ, NY, SC, TN, TX, WA	**Wellcare Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368**
AZ, DE, IA, IN, KS, NE, NV, OH, OK, PA, WI	**Wellcare Attn: Appeals Department P.O. Box 3060 Farmington, MO 63640-3060**

Fax: 1-866-201-0657

CLAIM PAYMENT POLICY DISPUTES

The Claims Payment Policy Department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy-related issues must be submitted to us in writing within **90 calendar days** of the date on the EOP (refer to your contract for required timing). Please provide all relevant documentation (please do not include image of Claim), which may include medical records, in order to facilitate the review.

Submit all Claims Payment Policy Disputes related to Explanation of Payment Codes beginning with IH###, CE###, CV### (Medical records required) or PD### at provider.wellcare.com or by mail.

IH###, CE###, CV### (MEDICAL RECORDS REQUIRED) OR PD### TO:

Wellcare
Attn: Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426

CPI## 1ST LEVEL (INCLUDE ALL MEDICAL RECORDS AND INITIAL REVIEWS) APPEALS TO:

BY MAIL (U.S. POSTAL SERVICE)
Optum
P.O. Box 52846
Philadelphia, PA 19115
Phone: 1-844-458-6739 | Fax: 1-267-687-0994

BY DELIVERY SERVICES (FEDEX, UPS)
Optum
458 Pike Road
Huntingdon Valley, PA 19006

BY SECURE INTERNET UPLOAD
Refer to Optum's Medical Record Request letter for further instructions.

CLAIM PAYMENT POLICY DISPUTES CONTINUED

LT###, RVLT# AND CPI## 2ND LEVEL APPEALS TO:

Wellcare
Attn: CCR
P.O. Box 31394
Tampa, FL 33631-3394

RVPI# TO:

PICRA
P.O. Box 31416
Tampa, FL 33631-3416

RECOVERY/COST CONTAINMENT UNIT (CCU)

REFUND(S) in response to a Wellcare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

Wellcare – Comprehensive Health Management
Attn: Recovery/Cost Containment Unit (CCU)
P.O. Box 947945
Atlanta, GA 30394-7945

If you do not agree with this proposed Wellcare overpayment notification related to adjustments **RVXX (Except RV059**, which should refer to the **Claim Payment Disputes** section above), you may request an Administrative Review by submitting a dispute in writing within **45 days** of the recovery letter date or as specified in your Provider Contract. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position.

MAIL OR FAX YOUR ADMINISTRATIVE REVIEW REQUEST TO:

Wellcare
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658
Fax: 1-877-277-1805

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within **30 days** of the date of Wellcare's receipt of your request or as specified in your Provider Contract. If you do not submit a dispute or render payment within the time period referenced above, we will take action to recover the amount owed as allowed by law, or as outlined within the contract between you and Wellcare.

ADMINISTRATIVE REVIEWS RELATED TO EXPLANATION OF PAYMENT CODES AND COMMENTS BEGINNING WITH DN227, DN228 OR RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member's name, member's identification number, date(s) of service, reason(s) why the denial should be reversed, copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.

YOUR DISPUTE SHOULD BE SENT TO:

Cotiviti
Attn: Wellcare Clinical Chart Validation
HillCrest III Building
731 Arbor Way, Suite 150
Blue Bell, PA 19422
Fax: 1-203-202-6607
Phone: 1-203-202-6107 (Inquiries Only)

PROVIDER-IDENTIFIED REFUND(S) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and Wellcare Claim ID.

Wellcare – Comprehensive Health Management
Attn: Recovery/Cost Containment Unit (CCU)
P.O. Box 947945
Atlanta, GA 30394-7945

RECOVERY/COST CONTAINMENT UNIT (CCU) CONTINUED

NOTE: For single-claim checks, please use the Refund Check Informational Sheet to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the Refund Referral Grid. Both documents can be found at **wellcare.com/providers**; select your state and click on *Forms* under Medicare.

MAIL ALL SUPPORTING DOCUMENTATION, INCLUDING THE GRID, TO ASSIST WITH EXPEDITED POSTING TO:

Wellcare
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658

Please note that only check referrals will be accepted by this mailbox; anything other than check referrals will not be responded to and will be closed.