



# Filing Medicaid Authorization-Related Claim Appeals

This process is for all claim denials due to lack of prior authorization, services exceeding authorization, lack of supporting documentation and late notifications.

WellCare encourages providers to contact the Plan at 1-800-951-7719 to resolve any issues prior to requesting an appeal.

Claim appeals must be filed, in writing, to the Appeals Department within 90 days of the date on the EOP or the provider administrative denial letter.

1-800-951-7719

Monday–Friday, 7am–7pm Eastern  
ohio.wellcare.com

## Authorization-Related Claim Appeal Process

1. WellCare completes a thorough investigation of every authorization-related claim appeal received using applicable statutory, regulatory and contractual provisions.
2. If the appeal is found not to include adequate information to make a decision, WellCare notifies the provider, in writing, of the information needed. The provider has 60 days from the date of such notification to forward the necessary information to WellCare.
3. WellCare notifies the provider of the outcome of the claim appeal, in writing, via a determination letter within 60 days of receiving the request. If the decision is adverse to the provider, a provider appeal uphold letter is sent.
4. WellCare processes and finalizes all appealed claims to a **paid** or **denied** status within 60 days of receipt of the appealed claim. All appealed claims are finalized within 24 months of the date of service.

## Two Ways to File

### 1. By Mail

Mail written Authorization-Related Claim Appeals and documentation to:  
WellCare Health Plans, Inc.  
Attn: Appeals Department  
P.O. Box 31368  
Tampa, FL 33631-3368

### 2. By Fax

Fax written Authorization-Related Claim Appeals and documentation to: **1-866-201-0657**

Please see the Ohio Medicaid Provider Manual for additional information. Visit our Web site at [ohio.wellcare.com](http://ohio.wellcare.com) for regular updates.



 **WellCare**  
of Ohio, Inc.