



Tips on How to File Claims

Clearinghouses for Electronic Claims

WellCare is presently receiving electronic claims from seven clearinghouses:

Clearinghouse	Payer ID Number	Telephone Number
ACS EDI Gateway, Inc.	77004	1-800-987-6720
Availity	14163	1-800-282-4548
Emdeon	14163	1-800-845-6592
Legacy Consulting	14163	1-888-751-3271
RelayHealth (McKesson)	14163 CPID-1844	1-800-522-6562
SSI Group, Inc.	14163	1-800-880-3032
ZirMed	14163	1-877-494-7633

Availity, MedData and RelayHealth will provide real-time eligibility (270/271) and claim status (276/277) services.

Most clearinghouses can exchange data with one another. To find out which WellCare clearinghouse you have a trading partner agreement with, contact your clearinghouse or software vendor.

Encounter Data

For claims encounter submissions, please use WellCare Payer ID number **59354** for all clearinghouses.

Claims forms and guidelines may be found on our Web site at ohio.wellcare.com. Please see the Provider Manual for additional information.

How to File a Claim

Claims submitted for payment should:

- Be submitted by one of the following formats:
 - Electronic Claims Submission (EDI), HIPAA-compliant;
 - CMS-1500 form; or
 - UB-04 form;
- Include all necessary, complete, correct and compliant data including current CPT, ICD9-CM or HCPC codes;
- Contain the National Provider Identifier (NPI) for all primary and secondary provider fields on all electronic and paper claims (UB-04 and CMS-1500) submissions; and
- Be submitted within 180 days of the date of service, unless otherwise specified by the provider agreement.

WellCare will no longer accept handwritten or replicated claim forms after **October 28, 2010**. Paper claims will continue to be accepted; however, they must be submitted on original CMS-1500 or UB-04 forms.

Strategic National Implementation Process (SNIP)

All claims and encounter transactions submitted via paper, direct data entry (DDE) or electronically will be validated for transaction integrity/syntax based on the SNIP guidelines.

The SNIP validations used by the plan to verify transaction integrity/syntax are available on our Web site at ohio.wellcare.com. The SNIP validation descriptions document may be a helpful resource to share with your billing agent or clearinghouse.

Claims Payments

Paid claims—Clean claims are paid within the 30-day standard.

Pending claims—Require additional review.

Denied claims—Services not pre-authorized, services not covered, member's benefits exhausted, services exceed benefit information, incorrect billing information or the member is not eligible.

Claims Department

For claim submission questions, please contact the Provider Hotline at **1-800-951-7719**.

EDI Questions and Assistance

For inquiries related to your electronic claim submission to WellCare, please contact our EDI Operations team, who will assist to identify and perform problem resolution.

EDI E-mail Address..... EDI-Master@wellcare.com

Mailing Claims

Submit paper claims to:

WellCare Health Plans, Inc.
Ohio Region
P.O. Box 31224
Tampa, FL 33631-3224



1-800-951-7719

Monday–Friday, 7am–7pm Eastern

ohio.wellcare.com





Save Time! Check Your Claim Status Online

Steps to Check Claim Status on the Web—Two Ways to Check!

Step 1: Log in to the secure provider portal of the Web site (ohio.wellcare.com). You will be directed to the *Provider Home Page*.

You will have immediate access to *Check Claim Status* directly from the home page.

Simply scroll over to the *Claims Portlet* and follow steps 3–7.

OR...

Step 2: Click on the *Claims* tab at the top of the home page. You will be directed to the *Claims* page.

Step 3: From the *Claims* page, click on the *Claims Status* link.

Step 4: You will be on the *Claims Status* page under the *Reports* tab. Check claim status by following steps 5–7.

Step 5: You may check the status of a claim by selecting the *Provider ID*, *Member ID* or *Claim Number* from the drop-down menu and entering the respective information.

Step 6: Enter the *Date(s) of Service* by clicking on a range or by selecting the date closest to when the service was provided.

Step 7: Click on the *Check Claim Status* icon at the bottom.

Providers who register for the secure Web site for Ohio, ohio.wellcare.com, may check the status of their claims online. This will save you and your staff time and limit the number of telephone calls you have to make.

Experience Simple and Useful Functionality!

Get speedy results

- Your *Claim Results* report will be displayed at the bottom of the page. It will show the status of the claims, reasons for denials and billing details.

Find the status of your claim

- The *Claim Status* column, next to the *Date Received* column, will show the status as approved, denied or pending.

Eliminate guesswork—View reasons for claim denials

- To find out details on a certain claim, select and click on the claim from the list, and a snapshot box and description will appear. For example, the description for a claim that was denied might display “member not eligible on the date of service” as the reason for the denial.

View all of the details

- The snapshot box for the claim will also display the patient information, date of service, CPT code(s) and description(s) of code(s), claim status, adjustment reason and billing details.

Save or print reports

- To save or print the report, click on the save icon on the page where your report displays. Select the format for the file you wish to save, such as PDF. At the top of the screen, a message thanking you for saving your report will appear.
- To view, download or print the report, navigate to the *Provider* tab. The saved report will display in *Your Inbox*. Click on the report and a new screen will appear. Click to download the report and open the file to save or print it.

Log in to the Web site today to view the status of your claims!

