



## **Claim Submission, SNIP Edits, Correspondence, Real-Time and EFT Updates** **Effective 1/1/2019**

Dear Provider and Billing Staff,

ONECare by Care1st Health Plan Arizona Inc. (ONECare) and Care1st Health Plan Arizona Inc. (Care1st), both WellCare Companies will be integrated and updated to new logo branding: **WellCare, Beyond Healthcare. A Better You.** The change happens January 1, 2019 for Medicare members under ONECare. For Medicaid members under Care1st the change happens April 1, 2019. In addition to branding changes, the following outlines changes for claims submissions (EDI and paper), correspondence, EFT, real time connectivity and SNIP edits for 2019.

**Please use the same payer id 57116;** this will be the quickest and most efficient way to submit all (837P) and (837I) claim submissions. WellCare will begin directing all Medicare and Medicaid EDI claim submissions sent to the payer id 57116 to WellCare's payer ID (14163) regardless of the date of service. When the member is known to have active benefits for the date of service billed for the Care1st payer ID 57116, WellCare will send that claim to the appropriate affiliated payer on your behalf and send back the following WEDI 277U message to your clearinghouse: **"The dates of service billed fall under a submission period covered by another affiliated Payer. We are forwarding this claim on your behalf to the affiliated payer for adjudication."**

### **SNIP EDITS**

**As a result of the change, SNIP edits will apply in the EDI Gateway pre-adjudication process instead of during the adjudication process.** WellCare performs Front-End Workgroups for Electronic Data Interchanges ("WEDI") Strategic National Implementation Process ("SNIP ") Validation. Any claim that does not pass the WEDI SNIP validation will reject and providers will have to fix the billing error and resubmit a new claim submission.

### **EDI CONNECTIVITY**

WellCare has collaborated with Change Healthcare as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare, or in some cases your existing clearinghouse, billing service or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting **Change Healthcare to establish free connectivity to WellCare for your EDI transactions.** Change Healthcare offers Submitter/client Connectivity Services at 1-877-411-7271. Clearinghouses, Practice Management Vendors or Billing Services may call 1-800-527-8133 for help with EDI transactions.

**Change Healthcare's Connect Center™** for physicians offers a web browser for **direct data entry (DDE) or batch upload capability at no cost to you.** To sign up go to <https://physician.connectcenter.changehealthcare.com> . For registry questions, submitter/clients may contact Provider Connectivity Services at **1-877-411-7271**. Direct questions regarding functionality of Connect Center to the clearinghouse at **1-800-527-8133**, opt. 2.

1. Providers will need to enter a credit card upon initial enrollment to verify them as valid submitter.
2. Only WellCare submissions are free of charge, and please ensure you use vendor code 212750 when you register.

### **PAPER CLAIM SUBMISSIONS**

WellCare encourages EDI submissions, which are **free** to the provider community, provides improved accuracy, the fastest turnaround time and enhanced claim status information. If EDI submissions are not an option, submit only **original red and white standard CMS 1500 02/12 or UB-04 claim forms to the payer address below.**

**PLEASE NOTE: Fax receipt claim submissions or black and white mailed hard copy claim submissions will reject and require the provider to send a new claim submission on standard ORIGINAL CMS red claim forms.**

**Requested actions from Paper claim submitters:**

1. **Paper Submissions Mailing Address:**  
WellCare Health Plans  
Claims Department  
PO Box 31224  
Tampa, FL 33631-3224
2. **Please discontinue mailing paper claim submissions to 2355 E Camelback Rd #300 Phoenix, AZ 85016.**

**PLEASE NOTE: To avoid an EDI or paper claim rejection, Medicare professional claims submissions with dates of service spanning 2018 and 2019 should be split by year and sent as two claim submissions to be handled by the appropriate payers. This does not affect Medicaid submissions.**



**CORRESPONDENCE**

Providers treating Care1st Medicaid members should continue to submit correspondence documents to the address: 2355 E Camelback Rd #300 Phoenix AZ 85016, but please include the type of correspondence in the address. Providers treating ONECare members should submit to the new correspondence addresses in Tampa, Florida shown in the grid below.

Type of Correspondence	ONECare (Medicare) Correspondence Addresses	Care1st (Medicaid) Correspondence Addresses
<b>Claim Payment Disputes</b> (Related to untimely filing, incidental procedure, unlisted procedure code)	WellCare Health Plans <b>Claim Payment Disputes</b> PO Box 31370 Tampa, FL 33631-3370	WellCare Health Plans <b>Claim Payment Disputes</b> 2355 E Camelback Rd #300 Phoenix, AZ 85016
<b>Claim Payment Policy Disputes</b> (for codes beginning with IHXXX, MKXXX, or PDXXX)	WellCare Health Plans <b>Claim Payment Policy Disputes</b> PO Box 31426 Tampa, FL 33631-3426	WellCare Health Plans <b>Claim Payment Policy Disputes</b> 2355 E Camelback Rd #300 Phoenix, AZ 85016
<b>Claim Appeals</b> (Medical) (Medical necessity, authorization denials, benefits exhausted and non-covered procedures)	WellCare Health Plans <b>Appeals Department</b> PO Box 31368 Tampa, FL 33631-3368	WellCare Health Plans <b>Claim Appeals</b> 2355 E Camelback Rd #300 Phoenix, AZ 85016

**REAL TIME CONNECTIVITY**

Real-time HIPAA 270/271 eligibility transactions and 276/277 claim status is available to providers via the following vendors:

- AdminisTEP.com .....1-888-751-3271
- Availity .....1-800-282-4548
- Change Healthcare.....1-877-363-3666 prompt 1
- Dorado Systems, LLC .....1-855-770-8048 prompt 4
- TransUnion Healthcare.....1-877-732-6853

These services improve data interchanges, provide an innovative solution to provider requests and will be leveraged to implement other HIPAA-compliant transactions in the future. Benefits include:

- Real-time eligibility and claim status information = no waiting on the phone
- Low or no cost to the provider community
- Increased office productivity
- One-stop shopping-view eligibility and claim status information for all participating health insurance companies from a single website with a single login

**CONTACT INFORMATION**

For eligibility/benefit information, claim status or other claims-related questions you may have, please call:

- **Medicaid Members – 1-866-560-4042, select desired prompt**
- **Medicare Members:**
  - **WellCare Value (HMO) – 1-855-538-0454, select desired prompt**
  - **WellCare Liberty (HMO SNP) – 1-877-778-1855, select desired prompt**

For questions regarding this message, help with submission filing or other EDI-related issues, please email WellCare’s EDI department directly at: [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).



## **ELECTRONIC FUNDS TRANSFER (EFT) AND ELECTRONIC REMITTANCE**

PaySpan Health is WellCare's provider of Electronic Funds Transfer (EFT) and Electronic Remittance Advice/Explanation (ERA/EOP) free solutions.

PaySpan Health provides an electronic settlement network delivering comprehensive capabilities for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). PaySpan Health ties payment information to claims data in a single view and gives providers unprecedented flexibility for payment management.

- An 835 file – electronic remittance advice (ERA) is available.
- Funds will be made available by electronic funds transfer (EFT)

Create a new account by registering at [www.payspanhealth.com](http://www.payspanhealth.com) or calling 1-877-331-7154.

**For full EFT/Electronic Remittance guidance, please refer to the document "Changes to Operational Process Register with PaySpan for EFT/835/Electronic Remittance Advices". Submission and EFT/Electronic Remittance information will also be posted for 2019 on the WellCare website at <https://www.wellcare.com/en/Arizona> .**

## Changes to EFT/835/Electronic Remittance Advices

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12/13/2018

As we integrate into WellCare and migrate to WellCare's claims payment system, we are partnering with PaySpan®, a company with more than 25 years of experience in developing payment solutions. PaySpan offers our providers electronic funds transfer (EFT) and electronic remittance advice (ERA) services **at no charge**. This change will be **effective January 1, 2019, for ONECare (Medicare) and April 1, 2019, for Care1st (Medicaid)**.

Please register for PaySpan now! Don't wait! We want your EFT payments to continue seamlessly.

### How to Register with PaySpan

Enrollment is quick and easy. You just set up a profile for your practice, specify bank accounts (multiple accounts if you wish), and set preferences to manage payments, ERAs/835s or online presentation of claims payment information.

1. To begin the process, providers will need their registration code, PIN and TIN. To get a registration code and a PIN, providers can either:
  - a. Call PaySpan at **1-877-331-7154, option 1**
  - b. Or email [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)
2. Once you have your registration code and PIN, **go to [payspanhealth.com](http://payspanhealth.com)** and click the *Register* button.
3. **Personal Information:** Enter your personal contact information and choose a user name and password.
4. **Account Setup:** Designate the bank account(s) where you want your funds deposited. Click the *Next* button to continue.
5. **Verify your Information:** Review the information you entered and, if correct, check the box to agree to the Services Agreement, Business Associate Agreement. Then click *Confirm*.

### After you register for electronic payments (EFT), you will:

1. Receive a deposit of less than \$1 from PaySpan within a few business days.
2. Contact your financial institution to learn the amount.
3. Log in to PaySpan and click *Your Payments*.
4. Click *Account Verification* to verify the amount and activate your account.

The deposit does not need to be returned to PaySpan. Paper checks will be mailed until account information is verified. Please confirm your account information within 30 days or you will need to restart the process.

### Options for Remittance Viewing and Receipt

You have several options to review and receive remittance details. PaySpan will match your preference for remittance information, with the following options:

- A HIPAA-compliant data file that can be downloaded directly to your practice management or patient accounting system
- Electronic remittance advice presented online and printed at your location

### PaySpan Contact information

Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

Call: **1-877-331-7154, option 1**, Monday–Friday, 8 a.m. to 8 p.m. Eastern Time.

Please call us at the numbers below if you have questions.

***Thank you!***

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#### Network Management

Phone 1-602-778-1800/1-866-560-4042 (Options in order: 5, 7) | Fax 1-602-778-1875

E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com) | Visit our website at [www.care1staz.com](http://www.care1staz.com)

Looking for your assigned Provider Network Representative?

On our website go to Providers > Provider Rep Contact Information