

Claim Submission, SNIP Edits, Correspondence, Real-Time and EFT Updates **New Effective Date 6/1/2019**

Dear Provider and Billing Staff,

The Care1st integration date has changed! On June 1, 2019, Care1st Health Plan Arizona Inc. (Care1st), a WellCare company, will integrate with WellCare and be known as WellCare of Arizona. The new logo is included in the header: **WellCare, Beyond Healthcare. A Better You.** In addition to name and branding changes, the following outlines changes for claims submissions (EDI and paper), correspondence, EFT, real time connectivity and SNIP edits for 2019.

EDI CLAIM SUBMISSIONS

Please use the same payer id 57116, as this will be the quickest and most efficient way to submit all (837P) and (837I) claim submissions. Change Healthcare is routing 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 identified as having active benefits for the date of service billed to the Care1st payer ID 57116, WellCare will send that claim to the appropriate affiliated payer (Care1st or ONECare) on your behalf. It will then 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.”**

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.

SNIP EDITS

SNIP edits 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.

DIRECT DATA ENTRY (DDE) AND SMALL BATCH FILE SOLUTIONS

1. **AdminisTEP** offers a web browser for single submission **direct data entry (DDE) or batch upload** for professional and institutional submissions, claim status, reporting and inquiry functions **at no cost to you.** To sign up go to: <http://www.administep.com/Signup.aspx> or call **1-888-751-3271**. Features include:
 - a. Manually input claims data for electronic submission
 - b. Menu-driven prompts guide providers through data-entry screens
 - c. Screens look like CMS-1500 and UB-04 forms
 - d. View electronic rejection letter and remittance
 - e. Manage claims electronically
 - f. Business edits applied to claims before submission
 - g. Online standard paper claim form for direct entry
 - h. Online non-standard paper claim form for direct entry

2. **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**, and select **option. 2.**
 - a. Providers will need to enter a credit card upon initial enrollment to verify them as valid submitter.
 - b. Only WellCare submissions are free of charge, and please ensure you use vendor code **212750** when you register.
 - c. Providers must use the WellCare payer id **14163** if choosing to use Connect Center for free DDE or batch upload services.



For questions regarding submission filing or other EDI-related issues, please email WellCare's EDI department directly at EDI-Master@wellcare.com.

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
 P.O. 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 rejection, professional claim submissions with dates of service spanning the migration date of June 1, 2019 should be split and sent as two claim submissions to be handled by the appropriate payers.

PROFICIENT SELF-SERVICE OFFERINGS & CONTACT INFORMATION

WellCare Provider Portal & Interactive Voice Response (IVR) System

WellCare offers robust technology options to save you time. These options are outlined below. The fastest, most effective way to get what you need is through the secure provider portal located at: <https://provider.wellcare.com>. To register, please visit the account registration page at: <https://provider.wellcare.com/Provider/Accounts/Registration>.

Inquiry Types	Portal https://provider.wellcare.com	(IVR) Interactive Voice Response Medicaid Providers Services 1-866-560-4042, select desired prompt
Authorization Requirements	Fastest Result ✓	Available
Authorization Status	Fastest Result ✓	Available
Authorizations Request	Fastest Result ✓	N/A
Benefit Information	Fastest Result ✓	Available
Claims Status	Fastest Result ✓	Available
Co-Payment	Fastest Result ✓	Available
Eligibility Verification	Fastest Result ✓	Available
Submit Claims	Fastest Result ✓	N/A
Submit Corrected Claims	Fastest Result ✓	N/A

CORRESPONDENCE

Medicaid

All Medicaid correspondence that does not pertain to claims submission should be sent to:

**WellCare Health Plans
 432 N 44th Street, Suite 100
 Phoenix, AZ 85008-6523**

Medicare

Medicare correspondence should be sent to the correct Florida address. Address examples for Medicare disputes, appeals and grievances are below. For additional Medicare addresses, please visit the Arizona Medicare Quick Reference Guide page at: https://www.wellcare.com/~media/PDFs/Arizona/Provider/Medicare/2019/AZ_CARE_Prov_Quick_Reference_Guide_ENG_2019_R.as hx

Type of Correspondence	WellCare Medicare Only Correspondence Addresses
Claim Payment Disputes (Related to untimely filing, incidental procedure, unlisted procedure code)	WellCare Health Plans Claim Payment Disputes P.O. Box 31370 Tampa, FL 33631-3370
Claim Payment Policy Disputes (for codes beginning with IHXXX, MKXXX, or PDXXX)	WellCare Health Plans Claim Payment Policy Disputes P.O. Box 31426 Tampa, FL 33631-3426
Claim Appeals (Medical) (Medical necessity, authorization denials, benefits exhausted and non-covered procedures)	WellCare Health Plans Appeals Department P.O. Box 31368 Tampa, FL 33631-3368
Disputes for explanation of payment codes beginning with CPIXX	OPTUM P.O. Box 52846 Philadelphia, PA 19115
Disputes for explanation of payment codes LTXXX	WellCare Health Plans CCR Pre-pay P.O. Box 31394 Tampa, FL 33631-1394
Disputes for explanation of payment codes RVLTX	WellCare Health Plans CCR Post-pay P.O. Box 31395 Tampa, FL 33631-3395
Grievances	WellCare Health Plans Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384

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



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 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 on the WellCare website at <https://www.wellcare.com/Arizona/Care1st-Migration>.