



WellCare Health Plans, Inc.

The WellCare Group of Companies

WELL CARE HMO, INC. ♦ HEALTHEASE OF FLORIDA, INC. ♦ WELL CARE OF NEW YORK, INC.
FIRST CHOICE HEALTH PLANS OF CONNECTICUT, INC. ♦ THE WELL CARE MANAGEMENT GROUP, INC.
COMPREHENSIVE HEALTH MANAGEMENT, INC. ♦ COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.

Provider Guidelines for Accurate and Timely Claim Payments

Did you know that if you submit claims electronically you can **get paid up to 15 days faster** than if you submit claims on paper? To establish EDI with WellCare, we invite you to call your Provider Relations Representative or our **EDI Hotline at (813) 243-0071**.

The largest driver of payment turnaround time is accurate claims data, regardless of whether you are submitting electronic or paper claims. To ensure Providers are submitting the correct information in the correct fields, we are enclosing **Claim Submission Guidelines**. These guidelines identify all the fields that WellCare requires for processing as well as the data source.

Additionally, WellCare requires the use of the payer issued **Provider ID** on all claim submissions, both electronic and paper. If submitting claims electronically, there is a required field in the file format for the WellCare Provider ID. Providers are encouraged to verify that your software management tool or clearinghouse has the correct Provider ID and is using it in the correct field. To obtain or inquire about your WellCare Provider ID, call the EDI Hotline.

Providers submitting paper claims should include their WellCare issued Provider ID on both CMS 1500 and UB92 forms in the following designated fields:

CMS 1500	Field 19, reserved for local use
UB92	Field 2, blank field at top of form

If you have additional questions related to accurate claims processing or improving your payment turnaround time, please contact your Provider Relations Representative.