



Filing Claims with WellCare Health Plans

Welcome to our provider network! We'd like to assist your Billing department in getting your EDI (claims and real-time) transactions processed as efficiently as possible.

We've partnered with RelayHealth, who is our preferred EDI clearinghouse. You may connect directly to RelayHealth; however, your existing clearinghouse, billing service or trading partner may maintain existing reciprocal agreements with RelayHealth. We encourage you to contact your claims vendor and determine if they have connectivity to RelayHealth. If they don't, you may want to consider contacting RelayHealth to establish free connectivity with us for your EDI transactions.

For questions regarding submission of EDI transactions directly through RelayHealth, providers may call **1-888-499-5465**; clearinghouses, practice management vendors or billing services may call **1-888-743-8735**. RelayHealth will provide assistance and recommendations regarding EDI transactions.

In cases where this is not a viable option, you may wish to enroll with MD On-Line and submit your WellCare claims for free through any Web browser. You can enroll with MD On-Line, a RelayHealth partner, at no cost to you. There are two ways to enroll with MD On-Line:

- 1) Visit their website at **www.mdol.com/wellcare**.
- 2) Call **1-888-499-5465** and choose option 1 (Sales). Tell the associate you'd like to enroll so you can submit WellCare claims electronically.

- If your clearinghouse or billing system is not connected to McKesson/RelayHealth and requires 5-digit payer ID's, please use the following according to the file type (Fee-For-Service or Encounters).

WellCare Payer IDs

14163 Fee-For-Service – Professional or Institutional	59354 Encounters – Professional or Institutional
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- If your clearing house or billing system is connected to McKesson/RelayHealth and uses their 4-digit CPID's, please use the following according to the file type (Fee-For-Service or Encounters).

McKesson/RelayHealth CPIDs

1844 Fee-For-Service Professional	3211 Encounters Professional
8551 Fee-For-Service Institutional	4949 Encounters Institutional

We encourage electronic (EDI) claim submissions; however, we also accept paper CMS-1500 and UB-04 claim forms. Paper claims should only be submitted on original (red ink on white paper) claim forms. If the paper claim is not submitted on the original red and white claim form, it may increase the possibility of rejection. Please [refer to our website](#) and/or provider manual for complete details about paper submission guidelines.

Mail paper claim submissions to:
WellCare Health Plan Claims
P.O. Box 31372
Tampa, FL 33631-3372

If you have any questions about this information, please feel free to contact our EDI department at **EDI-Master@wellcare.com**

Real-Time Connectivity

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

- RelayHealth: **1-800-522-6562**
- TransUnion Healthcare (Med Data): **1-877-732-6853**
- Emdeon: **1-800-845-6592**
- Availity: **1-800-282-4548**
- Dorado Systems, LLC: **1-856-354-0048**

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.

- Real-time eligibility and claim status information – no waiting on the phone
- Low or no cost to the provider community
- Increase 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
- Free online tutorials and training

SNIP Edits

We perform 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 be rejected. The following is a list of the SNIP level requirements:

SNIP Level 1: EDI Syntax Integrity Validation

This level validates at the file level for any syntax errors such as an incorrect date or time formats.

SNIP Level 2: HIPAA Syntactical Requirement Validation

This level validates HIPAA syntax errors such as an incorrect or invalid NPI number or Employer Identification Number (EIN).

SNIP Level 3: Balancing Validation

This level validates that the claim charges balance such as the total claim charge balances with the claim line charges.

SNIP Level 4: Situational Requirements

This level validates that situational requirements are sent when they are required by the Implementation Guide such as a referral number is required when a referral is involved.

SNIP Level 5: External Code Set Validation

This level validates that the code sets sent are appropriate. This includes, but is not limited to procedure codes, ZIP codes, National Drug Codes, Taxonomy Codes, etc.

SNIP Level 7: Custom Health Plan Edits

This level is for specific business requirements. At this time, none are active for this line of business, but may be turned on if needed to meet a Centers for Medicare & Medicaid Services (CMS) mandated requirement.

Contact Information

For eligibility/benefit information, claim status or other claims-related questions you may have, please call our Provider Help Desk at **1-855-582-6175**.

For claims filing and EDI-related issues, please send an email to **EDI-Master@wellcare.com**.