

# ER Claim Reconsideration Process

WELLCARE HEALTH PLANS, INC.  
THE WELLCARE GROUP OF COMPANIES

March 20, 2006

WELLCARE OF FLORIDA, INC.

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COMPREHENSIVE HEALTH MANAGEMENT, INC.

COMPREHENSIVE REINSURANCE, LTD.

The purpose of this communication is to clarify the process for providers to submit a request for consideration of ER payment beyond the triage fee.

## ER Claim Informal Reconsideration Process

If you have received a claim payment with an applied triage fee and believe it warrants additional ER payment, you can submit the claim and any new documentation to WellCare using the ER Medical Review Request Form. This form is included with this communication and can also be found in the Provider area of our Web site, <http://georgia.wellcare.com> under Forms & Documents.

A single form may be submitted with one or multiple claims. Each claim submission should contain new information which provides complete insight on the member's visit to the ER. All claims will be reviewed within an average of 15 business days and a follow-up letter of determination (upheld or overturned) will be sent for each claim. In the event a claim decision is overturned, WellCare of Georgia, Inc. will automatically reprocess the claim at the appropriate ER payment rate determined by the provider contract. In the event the ER Triage decision is upheld through this informal ER reconsideration process, you can still submit the claim for review under the formal appeals process.

You can submit all ER Medical Review Request Forms utilizing one of the following delivery methods:

1. USPS Package:

**WellCare of Georgia, Inc.**

Attn: Retrospective Review Dept.

PO Box 31377

Tampa, FL 33631- 3377

-Or-

2. Overnight Package:

**WellCare of Georgia, Inc.**

Attn: Retrospective Review Dept.

8735 Henderson Road

Tampa, FL 33634

211 Perimeter Center Parkway  
Suite 800  
Atlanta, Georgia 30346

-Or-

3. Fax: If less than 10 pages, fax to 1-866-201-0657

If you need additional information about submitting ER claims for medical review, please visit <http://georgia.wellcare.com>, or contact our Provider Hotline at **(866) 231-1821**.

Sincerely,

A handwritten signature in black ink, appearing to read "John J. Esslinger". The signature is written in a cursive style with a vertical line extending downwards from the bottom of the signature.

John Esslinger, MD  
Senior Medical Director

