

Claim Corrections, Adjustments or Appeals

WellCare Health Plans, Inc.
The WellCare Group of Companies

November 18, 2008

Dear Provider,

The purpose of this communication is to clarify the timeframes and processes for providers to submit claim corrections, requests for claim adjustments and claim appeals.

A provider can resubmit a corrected claim to WellCare within the 90-day or 180-day timely filing period.

- There is no restriction on the number of line items on the claim that can be corrected, resubmitted or appealed.
- There is no restriction on a provider resubmitting a corrected claim for reconsideration of payment.

There are three situations which must be considered by providers when determining how to resolve a question related to a claim payment:

1. Corrected Claim Resubmission: Per Georgia Department of Community Health (DCH) guidelines, a provider can resubmit a corrected claim for reconsideration of payment within three months of the Explanation of Payment's (EOP) post month. For example, if the EOP posted in August, a provider can resubmit through November.

- A corrected claim is any claim for which any information is changed and is resubmitted for consideration of payment.
- Any corrected claim must be billed with a corrected claim indicator or bill type or have "corrected claim" indicated
- The provider can utilize the claim edit function on the WellCare Provider Portal.
- WellCare accepts corrections on the claim regardless of the number of line items changed on the claim.
- If a provider has a corrected claim that has exceeded the 180-day timely filing period, but has *not* exceeded three months since the month the EOP posted, the provider would need to resubmit the corrected claim on paper along with an Remittance Advice (RA) indicating the initial claim was submitted within the timely filing guidelines.

WellCare's Provider Hotline (1-866-231-1821) or our Provider Relations staff members can assist providers in the event they have corrected claims that exceed the 180-day timely filing period. Any claims falling outside the timeframe for a corrected claim submission will not be reviewed for reconsideration of payment.

Examples of a Corrected Claim Resubmission:

1. ER reconsideration – Provider submits an ER claim and receives a Triage payment.
 - Submission of medical records for ER claims is considered submission of a corrected claim and WellCare will apply the timeframe of three months since the month for which the EOP posted.
 - A letter will be issued to the provider indicating whether the original claim payment is upheld or overturned.
2. Provider submits a claim and receives a denial indicating a missing modifier.
 - Provider would correct the claim and resubmit to WellCare through EDI, via paper or via the claim edit function on the Provider Portal for reconsideration of payment.

2. Claim Adjustment: Per DCH guidelines, a provider can dispute a claim payment within three months of the month the EOP posted.

- A claim dispute is when a provider receives payment on any or all lines of the claim, but disagrees with the *amount* received.
- If a provider disputes a claim payment, they should contact our Provider Hotline at 1-866-231-1821 or a Provider Relations staff member to review their dispute.
- Any claims falling outside the timeframe for a claim adjustment will not be reviewed for reconsideration of payment.
- In November 2008, upon review of the provider's dispute, WellCare will begin issuing letters to the provider outlining our findings.
- If the provider still disputes the payment, the provider will have 30 days from the date of the claim dispute resolution letter to file a formal claim appeal.

Examples of a Claim Adjustment:

1. Provider receives a payment on a line item for \$16.00 and believes the payment should have been \$17.00. The provider will need to notify the WellCare Provider Hotline at 1-866- 231-1821 or their Provider Relations staff member and request review of their claim payment dispute.
2. Provider receives \$0 for a line item with denial reason of "inclusive of another code". In this example, the payment of this line item follows Corrective Coding Initiative (CCI) guidelines and separate payment for this code is not applicable. If a provider disputes CCI bundling rules, the provider will need to notify their the WellCare Provider Hotline at 1-866-231-1821 or their Provider Relations staff member and request review of the claim payment dispute.

3. **Claim Appeal:** Per DCH policy, providers must submit requests for appeal within 30 days of the date of the denial of claim payment.

Denial of a claim payment would be considered any one of the following:

- i. Denial for any or all of the line items on the EOP for the original claim if no corrected claim submitted, or
- ii. Denial for any or all of the line items on the EOP on the submission of a corrected claim, or
- iii. The letter for ER Reconsideration indicating an Uphold of the Triage payment, or
- iv. The letter for a claim adjustment request indicating any or all the claim lines are denied for additional payment

Examples of a Claim Appeal:

1. Provider submits an original claim and receives a denial for “member not eligible.” Provider can appeal the claim for further consideration and should provide supporting documentation indicating the Georgia Health Partnership GHP portal was verified for eligibility prior to services being rendered and indicates WellCare as the payer.
2. Provider received an initial claim line item denial and makes a correction to the line item. Provider resubmits the corrected claim and receives a subsequent denial. Provider can submit an appeal for the claim with supporting documentation.
3. Provider receives a letter indicating ER Triage payment will be upheld. Provider can submit an appeal with a copy of the ER Triage Payment Uphold letter along with any further documentation, or reference Medical Records previously submitted, and the claim will be considered.
4. Provider submitted claim adjustment request on a disputed payment amount and receives a letter indicating the amount paid was correct. Provider can submit a formal appeal on the disputed payment.

If you need additional information, please contact your our Provider Hotline at (866) 231-1821 or your Provider Relations staff member.

Thank you,

WellCare of Georgia, Inc.