

## WellCare Private Fee-for-Service (PFFS) 2009 Quick Reference Contact Guide

Concert, Melody, Melody-Plus, Prelude, Quartet, Serenade, Sonata and Sonata-Plus are Medicare Advantage Private Fee-for-Service (PFFS) plans offered by WellCare Health Plans, Inc. These plans are Medicare Advantage plans approved by CMS.

### SERVICE CENTERS

**WellCare Provider Service Center (toll-free)** ..... 1-866-235-2770  
Monday–Sunday, 7am to 2am Eastern TTY/TDD: 1-866-239-6265

**WellCare Member Customer Service (toll-free)** ..... 1-866-238-9898  
Monday–Sunday, 8am to 2am Eastern TTY/TDD: 1-866-239-6265

### WEB SITE

WellCare Private Fee-for-Service (PFFS) Terms and Conditions of Payment and most forms referenced henceforth may be found at [www.wellcarepffs.com](http://www.wellcarepffs.com) under the “Providers” tab.

For online verification of member eligibility and claims status, providers must first complete the Web registration found at [www.wellcarepffs.com/provider/eligibilityandbenefits](http://www.wellcarepffs.com/provider/eligibilityandbenefits).

### CLAIMS SUBMISSION

#### Electronic Claims Submission

To register for electronic claims submission through use of clearinghouses, visit the Emdeon Web site at <http://emdeon.com>.

Emdeon Business Services

Payer ID: 77072

Emdeon Support .....1-800-845-6592

For paper Medicare-covered claims, please mail complete, CMS-approved documents to:

WellCare Health Plans, Inc.  
P.O. Box 4438  
Scranton, PA 18505

Mailing addresses for non-Medicare-covered services are on the next page.

All paper and electronic claims must have an NPI in the required primary and secondary provider fields. Failure to include an NPI will cause the claim to be rejected.

See more information on submitting claims under “TIPS FOR MAILING PAPER CLAIMS.”

### PROVIDER CLAIM PAYMENT DISPUTE RESOLUTION AND APPEALS

#### Provider Claim Payment Dispute Resolution Process

As of January 1, 2009, a provider has 120 days from the date of the initial determination notice to submit a dispute.

- The *Provider Claim Payment Resolution Process Form*, a copy of the claim being disputed and all supporting documentation should be mailed or faxed to:

WellCare Health Plans, Inc.  
Attn: PFFS Provider Claims Dispute  
P.O. Box 4438  
Scranton, PA 18505  
or 1-866-473-9122

- As of January 1, 2009, provider claim disputes will be resolved within thirty (30) days of initial receipt of the dispute by WellCare.

After completing the WellCare PFFS dispute resolution process, if you believe that we have reached an incorrect decision regarding your payment dispute, you may file a request for review of this determination with an independent entity contracted by CMS.

#### Provider Appeal for Medical Necessity and/or Benefits Process

A provider has sixty (60) days from the date of the initial determination to submit a medical necessity and/or benefit appeal.

- The *Provider PFFS Appeal Form*, all additional, appropriate appeal forms and medical records should be mailed or faxed to:

WellCare Health Plans, Inc.  
Attn: PFFS Provider Appeals  
P.O. Box 31368  
Tampa, FL 33631  
or 1-866-201-0657

- Provider appeals will be resolved, in writing, within sixty (60) days of initial receipt of the appeal by WellCare.

A provider may also appeal decisions on behalf of a member as an appointed representative, or appeal on his or her own right using the member’s appeal process by signing a waiver of liability (promising to hold the member harmless regardless of the outcome). There must be existing potential member liability in order for a provider to appeal utilizing the member’s appeal process.

\*The 2009 WellCare Private Fee-for-Service (PFFS) Quick Reference Contact Guide may change over the plan year. Please check the Web site at [www.wellcarepffs.com](http://www.wellcarepffs.com) or contact our Provider Service Center at 1-866-235-2770 (TTY/TDD: 1-866-239-6265) Monday–Sunday, 7am to 2am Eastern to be sure you have the most recent version and for additional information.



## COMMON WORKING FILE

When looking up WellCare PFFS plans on the Centers for Medicare & Medicaid Services (CMS) Web site in the Common Working File (CWF), please use the following plan numbers:

WellCare Health Insurance of Arizona, Inc. .... H1340

(AL, AZ, GA, HI, IA, ID, IN, KS, KY, LA, MI, MO, NC, ND, NE, NM, NV, OK, OR, SC, SD, VA, WY)

WellCare Health Insurance of Illinois, Inc. .... H4577

(AR, CA, CO, DC, DE, IL, MD, MN, MS, MT, NJ, OH, PA, TN, UT, WA, WV)

WellCare Health Insurance of New York, Inc. .... H6499

(NY)

## MEMBER GRIEVANCE DEPARTMENT

Members have the right to file a grievance, which WellCare PFFS defines as any complaint or dispute or an expression of dissatisfaction other than one that involves a coverage determination with any aspect of the operations, activities or behavior of WellCare.

Mail all grievances with supporting documentation to:

WellCare Health Plans, Inc.  
Attention: Grievance Department  
P.O. Box 31384  
Tampa, FL 33631-3384

## TIPS FOR MAILING PAPER CLAIMS

WellCare PFFS plans follow Medicare's prompt payment requirements for all clean claims. The following are only tips; please review WellCare PFFS Terms and Conditions for more complete information. CMS requires providers submit CMS-1500 and/or UB-04 forms that are complete, correct and include compliant data such as: current CPT and ICD-9 codes, claim modifiers (when necessary), insured's ID number and service address. In addition, ensure the claim form:

- Includes appropriate provider and/or practice names and ID numbers that exactly match those on the W-9 (i.e., Federal Tax ID).
- Includes the member's name exactly as indicated on their ID card.
- Follows timely filing guidelines.

Claims are processed in accordance with CMS requirements. For more information visit [www.cms.hhs.gov/manuals/downloads/clm104c01.pdf](http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf).

### Timely Filing Requirements

For services received between October 1, 2007, and September 30, 2008, claims must be submitted by December 31, 2009.  
For services received between October 1, 2008, and September 30, 2009, claims must be submitted by December 31, 2010.

Paper claims should be mailed to:

WellCare PFFS (Medicare-Covered Claims)	Dental (Non-Medicare-Covered Claims)	Vision (Non-Medicare-Covered Claims)	Hearing (Non-Medicare-Covered Claims)
WellCare Health Plans, Inc. P.O. Box 4438 Scranton, PA 18505	Doral National Medicare Plan P.O. Box 45 Grafton, WI 53024	Advantica EyeCare P.O. Box 6546 Ellicott City, MD 21042	HearUSA Hearing Care Network P.O. Box 220807 West Palm Beach, FL 33422
Provider Service Center: 1-866-235-2770	Provider Customer Service: 1-800-936-0913	Provider Service Center: 1-866-235-2770	Provider Service Center: 1-866-235-2770

## PHARMACY

Telephone (toll-free) ..... 1-866-235-2770

Coverage Determination Form

Fax (toll-free) ..... 1-877-277-1809

Preferred Drug List and Exception Request Form: [www.wellcarepffs.com](http://www.wellcarepffs.com)

## BEHAVIORAL HEALTH

No contracted network. Psychiatric facilities may contact 1-866-235-2770 toll-free, Monday–Sunday, 7am to 2am Eastern, to determine lifetime benefit status.

## PERSONAL HEALTH ADVISOR

Members may call this toll-free number 24 hours a day, seven days a week to ask medical questions ..... 1-800-765-8559

## SUSPECTED FRAUD AND ABUSE

### The Compliance Program Hotline

You may report suspected health care fraud and abuse by telephone through the toll-free confidential Compliance Program Hotline at 1-866-678-8355.

You may also report suspected health care fraud and abuse in writing to the corporate Special Investigations Unit at:

WellCare Health Plans, Inc.  
Attn: Director, Special Investigations Unit  
P.O. Box 31407  
Tampa, FL 33631-3407

Tell us how we are doing! We value your feedback. When you call our Provider Service Center, your comments will be recorded and reviewed in order to continually enhance your service experience. To reach our Provider Service Center, call 1-866-235-2770 (TTY/TDD: 1-866-239-6265), Monday–Sunday, 7am to 2am Eastern.

