Claims, Disputes & Recovery/CCU Guide

Wellcare partners with **Availity Essentials**, a multi-payer portal, to offer select secure provider portal services. Availity Essentials is the fastest way to get help with routine tasks. You can also get more information on Claims by calling Provider Services.

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES

For inquiries related to your electronic or paper submissions to Wellcare, please contact our EDI team at **EDIBA@centene.com**.

Timely Filing guidelines: 180 days from date of service or as specified in your Provider Contract.

ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE

Register online using the simplified, enhanced provider registration process at **payspanhealth.com** or call **1-877-331-7154**.

CLEARINGHOUSE CONNECTIVITY

Wellcare has partnered with Availity as our preferred EDI Clearinghouse. You may connect directly to Availity or continue to use your existing vendor/biller/clearinghouse. If you need assistance in making a connection with Availity or have any questions, please contact Availity client services at **1-800-282-4548**.

FREE DIRECT DATA ENTRY (DDE)

Availity Essentials offers providers a web portal for direct data entry (DDE) claims that will submit to Wellcare electronically at no cost to you. To register, submit the request to **availity.com/Essentials-Portal-Registration**.

PAYER ID: 68069

MAIL PAPER CLAIM SUBMISSIONS TO:

Wellcare
Attn: Claims Department
P.O. Box 3060
Farmington, MO 63640-3822

SKILLED HOME HEALTH CLAIM SUBMISSION

SUBMISSION INQUIRIES

Phone: **1-888-224-1409**

ACCEPTED EDI CLEARINGHOUSES

- Ability
- Availity
- eSolutions
- Experian
- Smart Data Solutions
- Quadax
- Transunion
- Waystar

PAYER ID: 26748

Please submit an **837I formatted** claim.

Timely Filing guidelines: 90 days from date of service for non-PAR providers. Per contract for PAR providers.

EFT

Form: **tangocare.com/providers/provider-materials/**
Required documents: 1) **W-9** and 2) **Voided Check**
Email: **credentialing@tangocare.com**

MAIL PAPER CLAIM SUBMISSIONS TO:

tango claims
7600 North 16th Street
Suite 140
Phoenix, Arizona 85020

COORDINATION OF PAYMENT BETWEEN MEDICARE AND MEDICAID

Wellcare shall coordinate payment, care and benefits for Member who are eligible for both Medicare and Medicaid. For members who are dual eligible for Medicare and Medicaid, Medicare is the primary payer and Medicaid is the secondary payor.

If a Wellcare Member's Medicare benefits are exhausted and a request is received for a Prior Authorization, Wellcare will deny the request and a letter will be sent to the provider and member with appeal rights. If the member has Medicare and Medicaid benefits, Wellcare will notify the provider to send the Prior Authorization to Medicaid.

Last updated: January 2026

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CLAIM PAYMENT DISPUTES

The Claim Payment Dispute Process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes, non-covered codes etc. Examples include Explanation of Payment Codes DN001, DN038, DN039, VSTEX, HRM16 and KYREC. However, this is not an all-encompassing list of Appeals codes. Claim payment disputes must be submitted in writing **within 365 calendar days** of the date on the EOP or as specified in your Provider Contract. Corrected claims must be submitted within 365 days from the date of service or as specified in your Provider Contract.

Submit all claims payment disputes with supporting documentation on the secure Provider Portal or by mail.

CLAIM PAYMENT DISPUTES WITH SUPPORTING DOCUMENTATION MAY ALSO BE MAILED TO:

Wellcare
Attn: Claim Payment Disputes
P.O. Box 3060
Farmington, MO 63640-3822

APPEALS (MEDICAL)

Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to Appeals (Medical). Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information (please do not include image of claim) like a summary of the appeal, relevant medical records and member-specific information.

MAIL APPEALS TO:

Wellcare
Appeals & Grievances Medicare Operations
P.O. Box 3060
Farmington, MO 63640-3822

RECOVERY/COST CONTAINMENT UNIT (CCU)

REFUND(S) in response to a Wellcare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

Wellcare
Attn: Recovery/Cost Containment Unit (CCU)
P.O. Box 947945
Atlanta, GA 30394-7945

NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process. Wellcare does not accept handwritten, faxed or replicated claim forms. Media storage devices such as CDs, DVDs, USB storage devices or flash drives are not accepted by the Health Plan.