

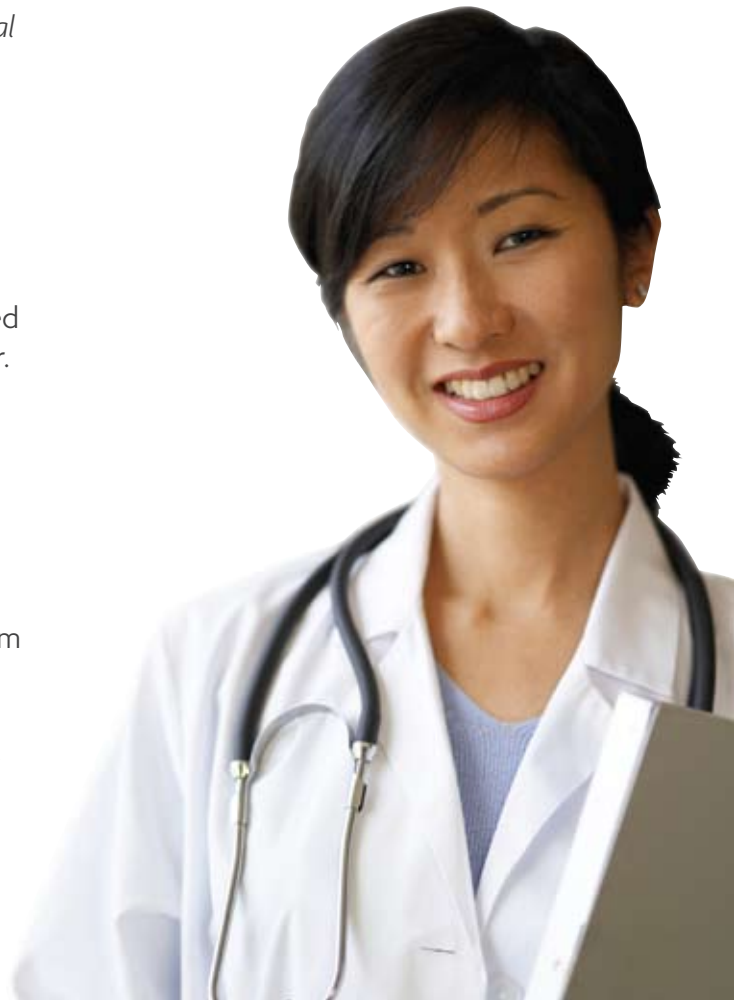
PROCESS FOR CORRECTED CLAIMS OR VOIDED CLAIMS



INSTITUTIONAL CLAIMS PROCESS

- Institutional claims, both EDI* and paper, have bill types to distinguish corrected or voided claims. The bill type code ends with a 7 (Replacement of prior claim) or 8 (Void/cancel of prior claim) and will be identified to follow the correction or void process.
- The Correction Process involves two transactions:
 1. The original claim will be negated—paid or zero payment (zero net amount due to a co-pay, coinsurance or deductible)—and noted with an adjustment reason code **RV059** “*Payment Reversal – Payment lost/voided/missed.*” This process will deduct the prior payment or zero net amount if applicable.
 2. The corrected claim will be processed with the newly submitted information and noted with an adjustment code **CL025** “*Adjusted per corrected bill.*” This process will pay out the newly calculated amount on a new claim with a new claim number.
- The Payment Reversal for this process may generate a negative amount, which will be seen on a later evidence of payment (EOP) than the EOP that is sent out for the newly submitted corrected claim. This is due to insert dates for the check-run process.
- The Void Process involves only the one claim. The claim will be negated—paid or zero payment—and noted with an adjustment reason code **RV059** “*Payment Reversal – Payment lost/voided/missed.*” This process will deduct the prior payment or zero net amount if applicable.

*For EDI, please include the original WellCare claim number, or DCN, or WCN for the claim you are adjusting or voiding in the REF*F8 for any 7 (Replacement of a prior claim) or 8 (Void/cancel of prior claim).



PROCESS FOR CORRECTED CLAIMS OR VOIDED CLAIMS



PROFESSIONAL CLAIMS PROCESS

If submitting electronically:

- Professional EDI* corrected claims or voided claims have the Frequency Code marked appropriately as **7** (Replacement of prior claim) or **8** (Void/cancel of prior claim) in the standard 837 layout and will be identified to follow the Correction Process.

If submitting via paper:

- Please submit professional paper-corrected claims or voided claims with an attachment stating “corrected claim” or “void/cancel.” These claims will be identified with an attachment and will follow the Correction or Void Process.
- The Correction Process involves two transactions:
 1. The original claim will be negated—paid or zero payment (zero net amount due to co-pay, coinsurance or deductible)—and noted with an adjustment reason code **RV059** “*Payment Reversal – Payment lost/voided/missed.*” This process will deduct the prior payment or zero net amount if applicable.

2. The corrected claim will be processed with the newly submitted information and noted with an adjustment code **CL025** “*Adjusted per corrected bill.*” This process will pay out the newly calculated amount on a new claim with a new claim number.

- The Payment Reversal for this process may generate a negative amount, which will be seen on a later EOP than the EOP that is sent out for the newly submitted corrected claim. This is due to insert dates for the check-run process
- The Void Process involves only the one claim. The claim will be negated—paid or zero payment—and noted with an adjustment reason code **RV059** “*Payment Reversal – Payment lost/voided/missed.*” This process will deduct the prior payment or zero net amount if applicable.

*For EDI, please include the original WellCare claim number, or DCN, or WCN for the claim you are adjusting or voiding in the REF*F8 for any 7 (Replacement of a prior claim) or 8 (Void/cancel of prior claim).

PLEASE SUBMIT PROFESSIONAL PAPER-CORRECTED CLAIMS OR VOIDED CLAIMS WITH AN ATTACHMENT STATING “CORRECTED CLAIM” OR “VOID/CANCEL.”



*Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

