Secure Provider Portal

Digital Communications

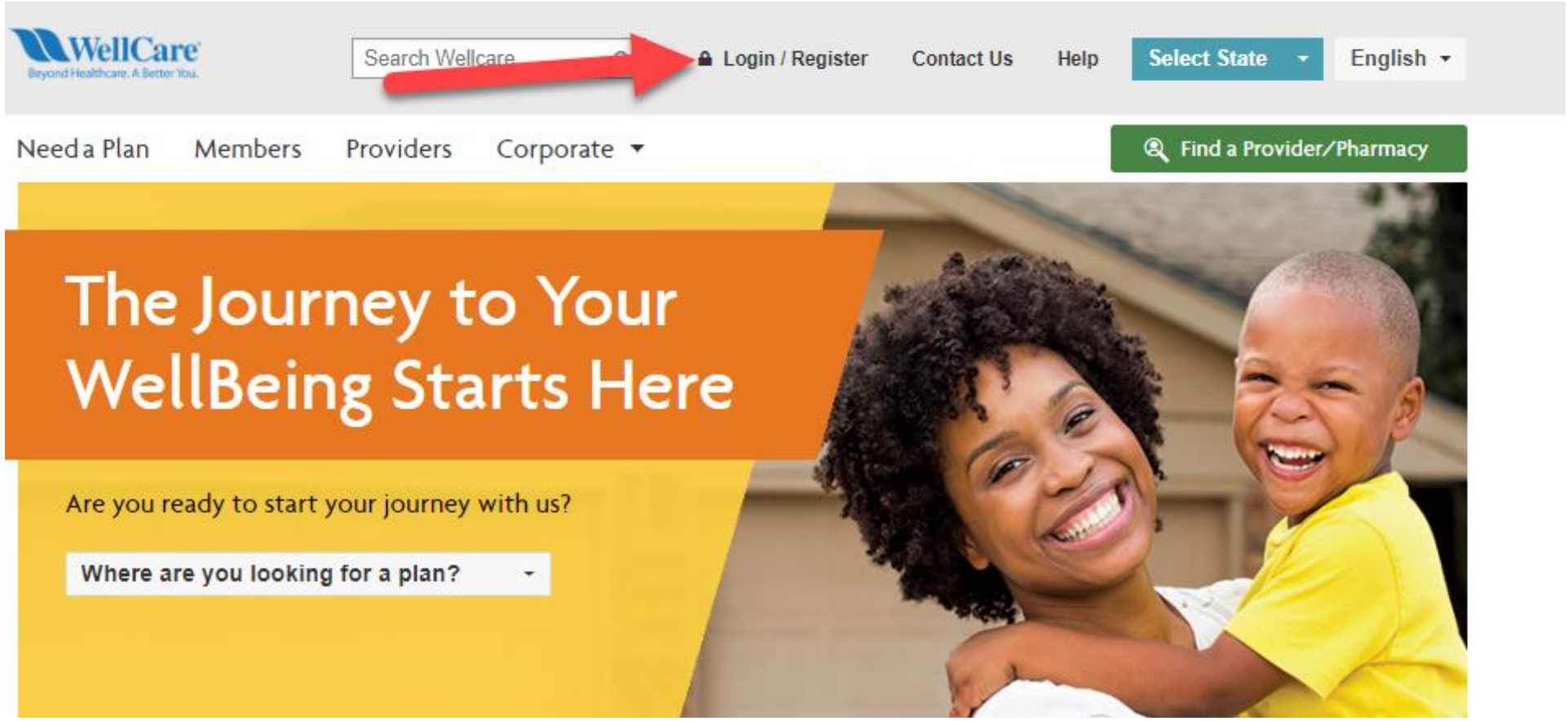
PRO_46871E Internal/State Approval 01092020 NA9PROPRS46871E_0000

Secure Provider Portal

- The secure provider portal offers an array of self-service tools for our participating providers.
- The “secure” area refers to the portion of the web that providers access after they authenticate, or log in.
- The portal offers tools and information including eligibility & co-pays, claim submission & status, authorization submission & status, member care gaps, visit checklist/appointment agenda, reports, training, and more.
- It’s available for all our participating Medicaid & Medicare providers.

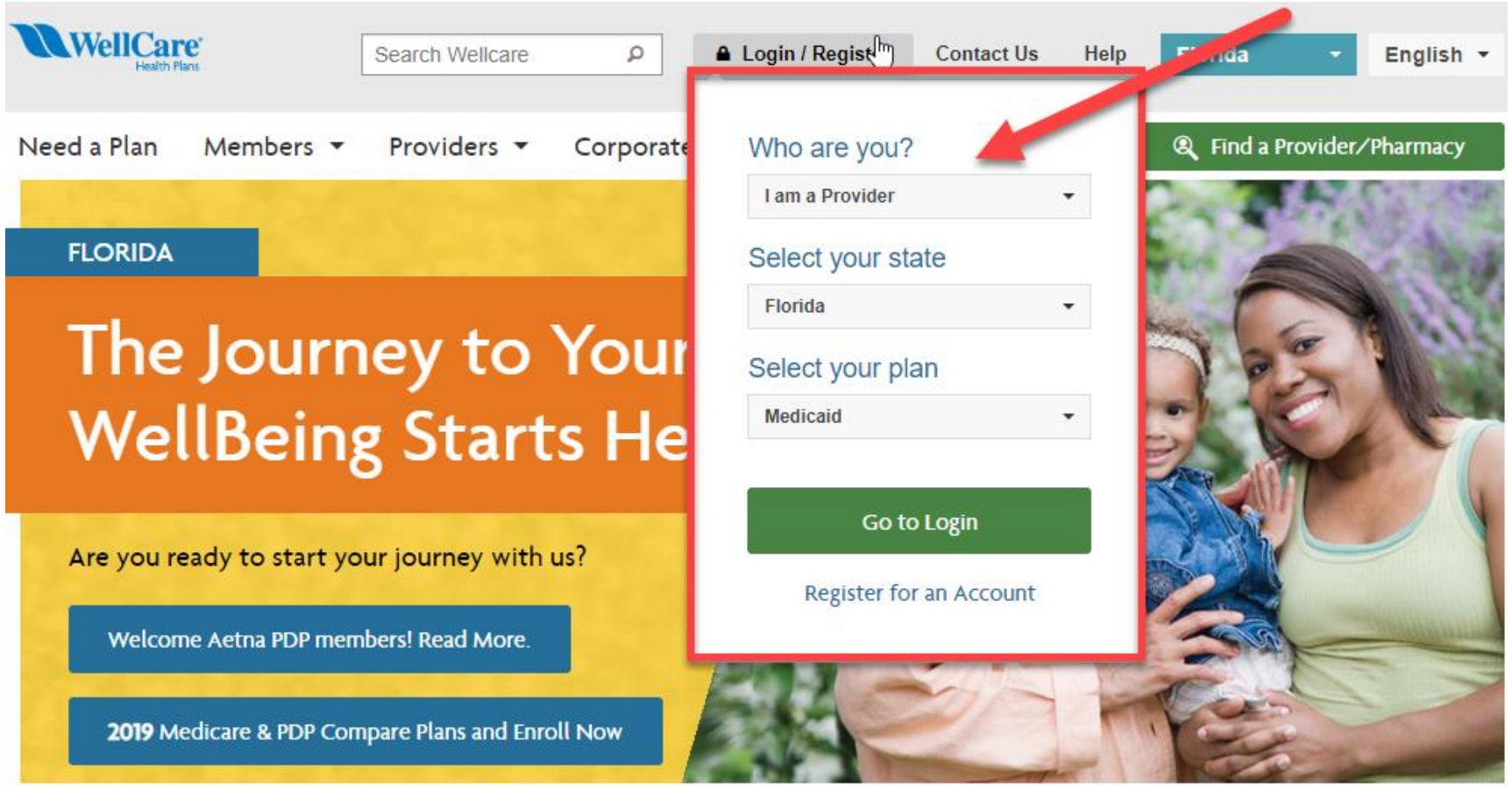
Accessing the portal

- From www.wellcare.com, click on the Login/Register button in the top navigation. This dropdown menu is available on every page of our public website.



Accessing the portal

- Users select an option from the Who are you?, Select your state, and Select your plan menus.
- Clicking the “Go to Login” button will open a new window to the portal login screen, or new users can register for an account via the “Register for an Account” link.



Login and Registration Screens

WellCare
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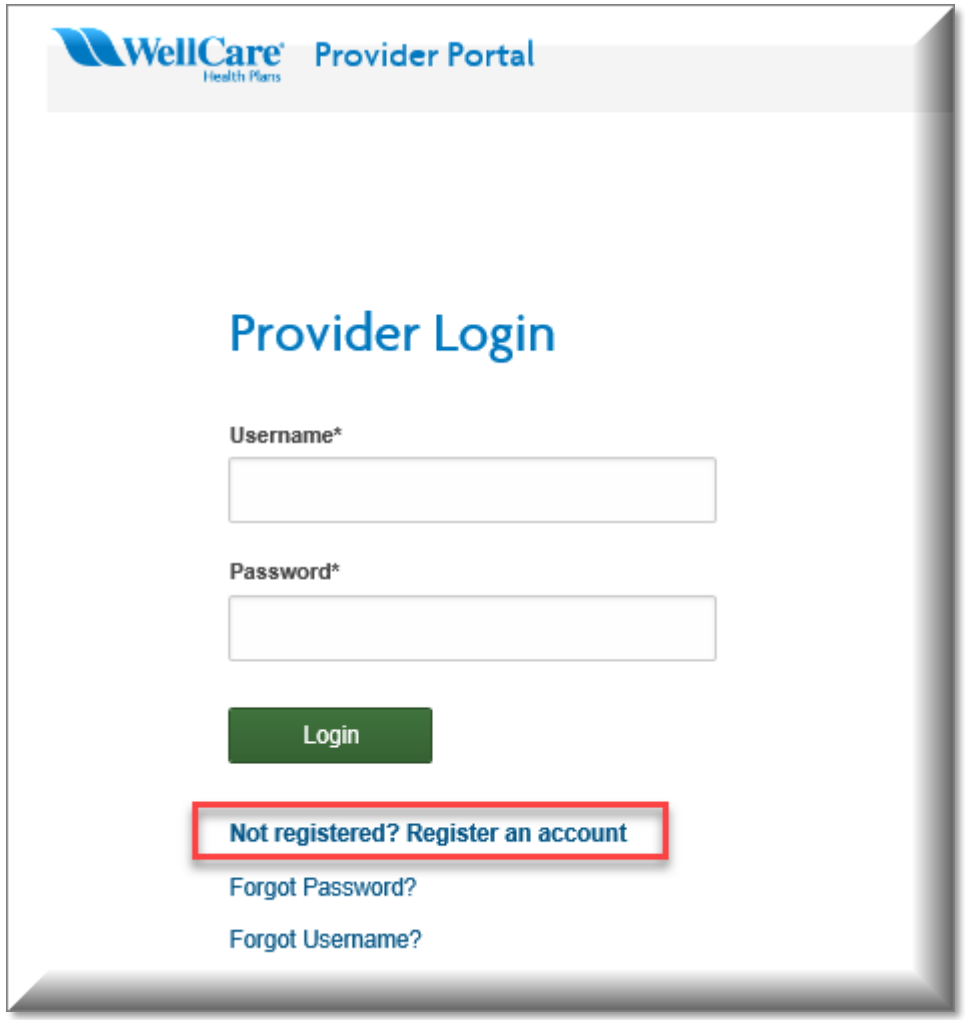
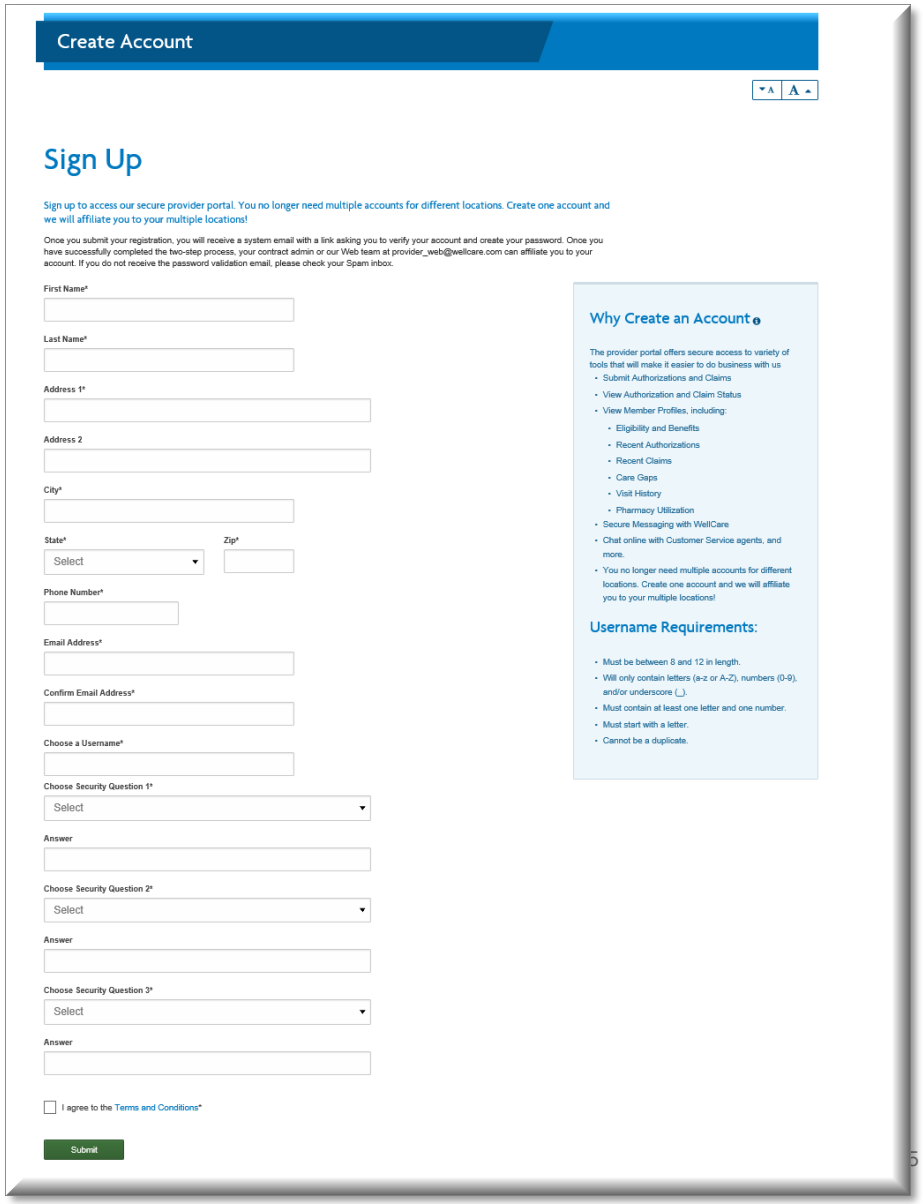
Provider Portal Login



Provider Portal Registration



How to Get Access to the Portal

After registering a username and password, providers need to request affiliation to an active contract or sub-group.

Contract Level Affiliation

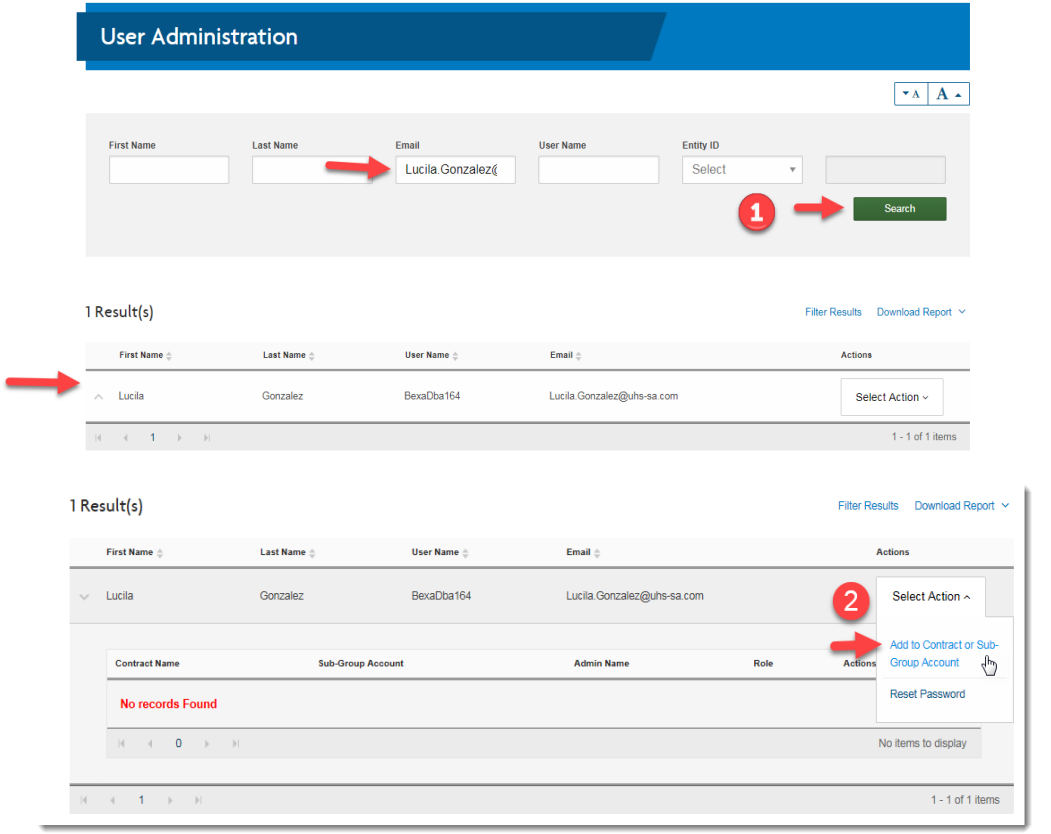
A Contract level affiliation request allows providers to request access to the portal at the contract level. Contract name(s) appear or display as they are recorded in WellCare's system.

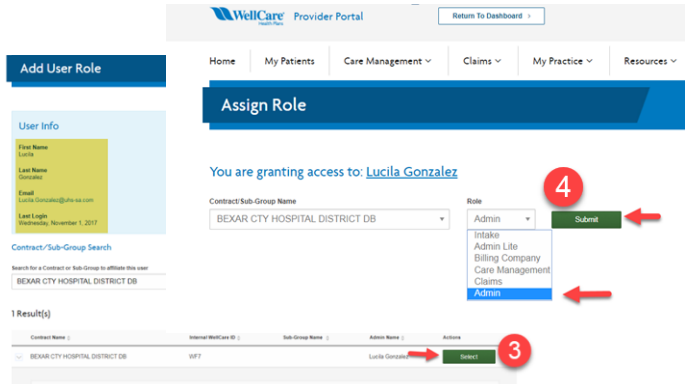
If a Contract Admin does not exist for the selected contract, you will need to contact your Provider Relations representative or Network Management Specialist for assistance.

Sub-Group Affiliation

This type of account can be set up if a provider contract has groups they want to keep separate and/or want to focus certain users to only see claims, authorizations, care gaps, etc. for a specific set of providers.

Allows the Contract Admin to limit what certain user groups can see – locations, facilities or providers.





Provider Portal Roles

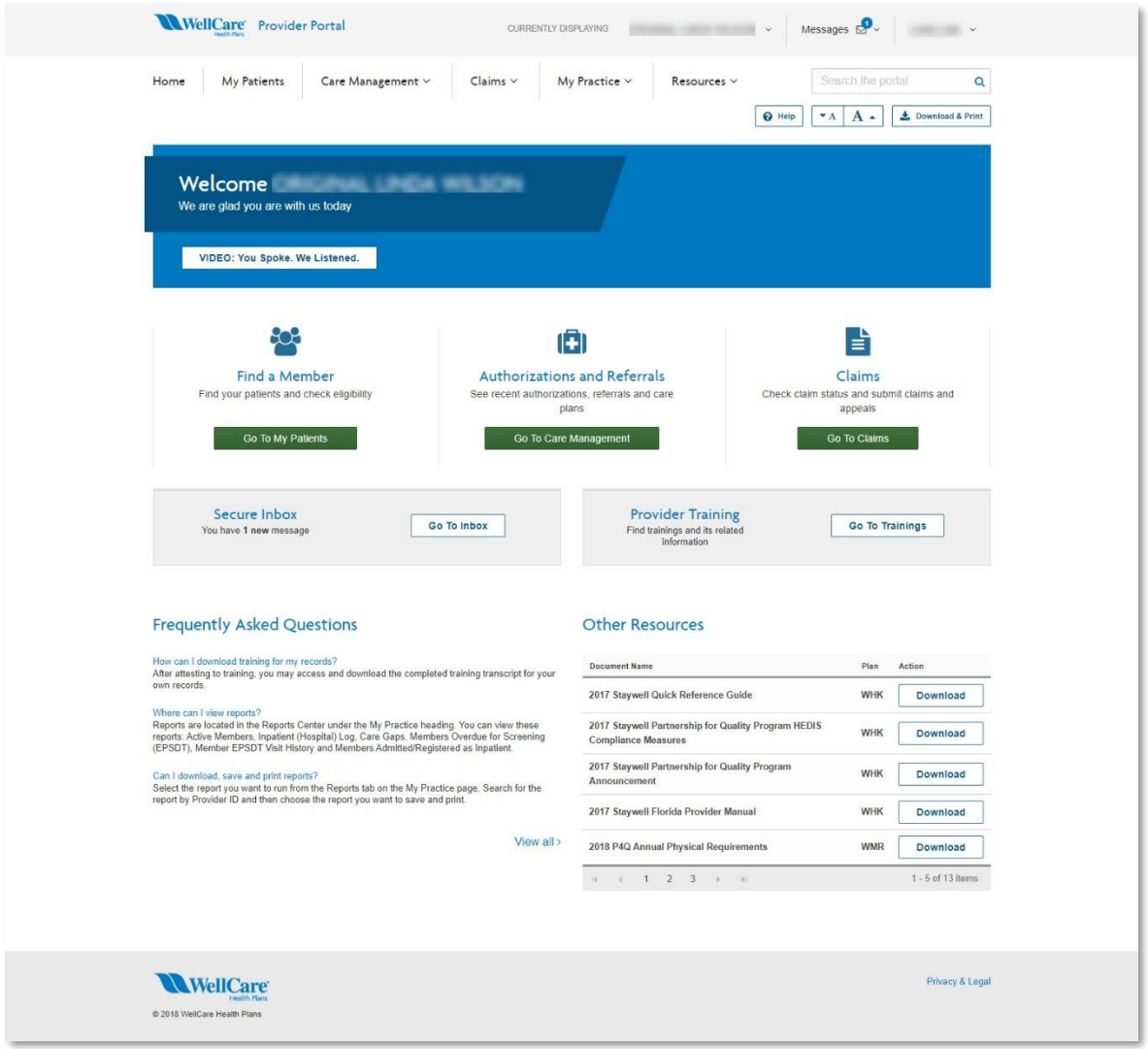
The provider portal has roles to accommodate different job functions in provider offices. Each role allows users to access a designated set of tools and features in the portal. Assignment of a role happens after a user registers for the portal and requests affiliation to a contract. A designated Contract Admin must first exist and can then grant each ensuing user a role.

- **Contract Admin** – Can perform all tasks in the portal as well as submit requests to update practice demographic information via the portal.
- **Admin Lite** – Can assist the contract admin; gets access to all functions except submitting practice demographic information.
- **Sub-Group Admin** – An admin assigned at the sub-group level. Cannot submit changes to contract information.
- **Claims** – Can access all claims functions.
- **Intake** – Can check member eligibility, claims and more.
- **Care Management** – Can check eligibility, submit claims, authorizations and referrals.
- **Billing Company** – This role allows third-party billing companies to look up claim status.
- **No Role Association** – No access; users cannot access any data in the portal until they have been affiliated to a contract.

Provider Portal Roles and Descriptions

No Association	Billing Company	Claims	Intake
This is the default role. After a user registers for the portal (gets a username and password) and signs into the portal, this is their role until they are affiliated with a Contract or Sub-Group Account. **Will be able to:** request affiliation at the Contract or Sub-Group Account level, and access the Help feature. **Will not be able to:** access any portal features until assigned one of the other roles in this guide.	This role is designed for billing company employees. **Will be able to:** view member eligibility, as well as authorization and claim status. **Will not be able to:** submit anything, such as claims, authorizations, etc. or view information such as care gaps, reports and visit checklists.	This role is designed for a user who focuses on managing claims. **Will be able to:** access all claims functions – searching claim status, submitting claims and submitting appeals or disputes, as well as complete training as necessary. **Will not be able to:** submit authorizations, care gaps, referrals, etc. or view care gaps.	This role is designed for staff that initially process patients, obtain insurance information and check member eligibility. **Will be able to:** view member eligibility, members' profiles and benefits, authorization and claims status, care gaps, reports and care plans, as well as complete training as necessary. **Will not be able to:** submit care gaps, claims, authorizations.
Care Management	**Admin Lite**	**Sub-Group Admin**	**Contract Admin**
Designed for a staff member who works across multiple functions in the site such as claims, authorizations and referrals. **Will be able to:** perform a combination of the Claims role and Intake role with a few additional features, including the ability to submit authorizations and request member transfers. **Will not be able to:** change practice demographic information or manage users in the account.	This role is typically assigned to assist the Contract or Sub-Group Admin with access requests and managing/assigning user roles. This role can be assigned to more than one user. **Will be able to:** perform all activities that a Care Management role can, as well as approve/reject users to the portal account and assign/change user roles. **Will not be able to:** assign the Sub-Group and Contract Admin roles or update demographic information within Practice Management.	This role manages a Sub-Group Account. If a Sub-Group Admin has not been assigned when a Sub-Group Account is created, then the role defaults to the Contract Admin role. **Will be able to:** perform all activities within the Sub-Group Account within the limits of their assigned Sub-Group. **Will not be able to:** view or submit anything within the Contract Account or other Sub-Group Account(s).	This role has full administrative access of the Contract Account. Each contract can only have one Contract Admin. **Will be able to:** perform all activities in the portal within the Contract Account. **Will not be able to:** n/a.

Provider Portal Home Page



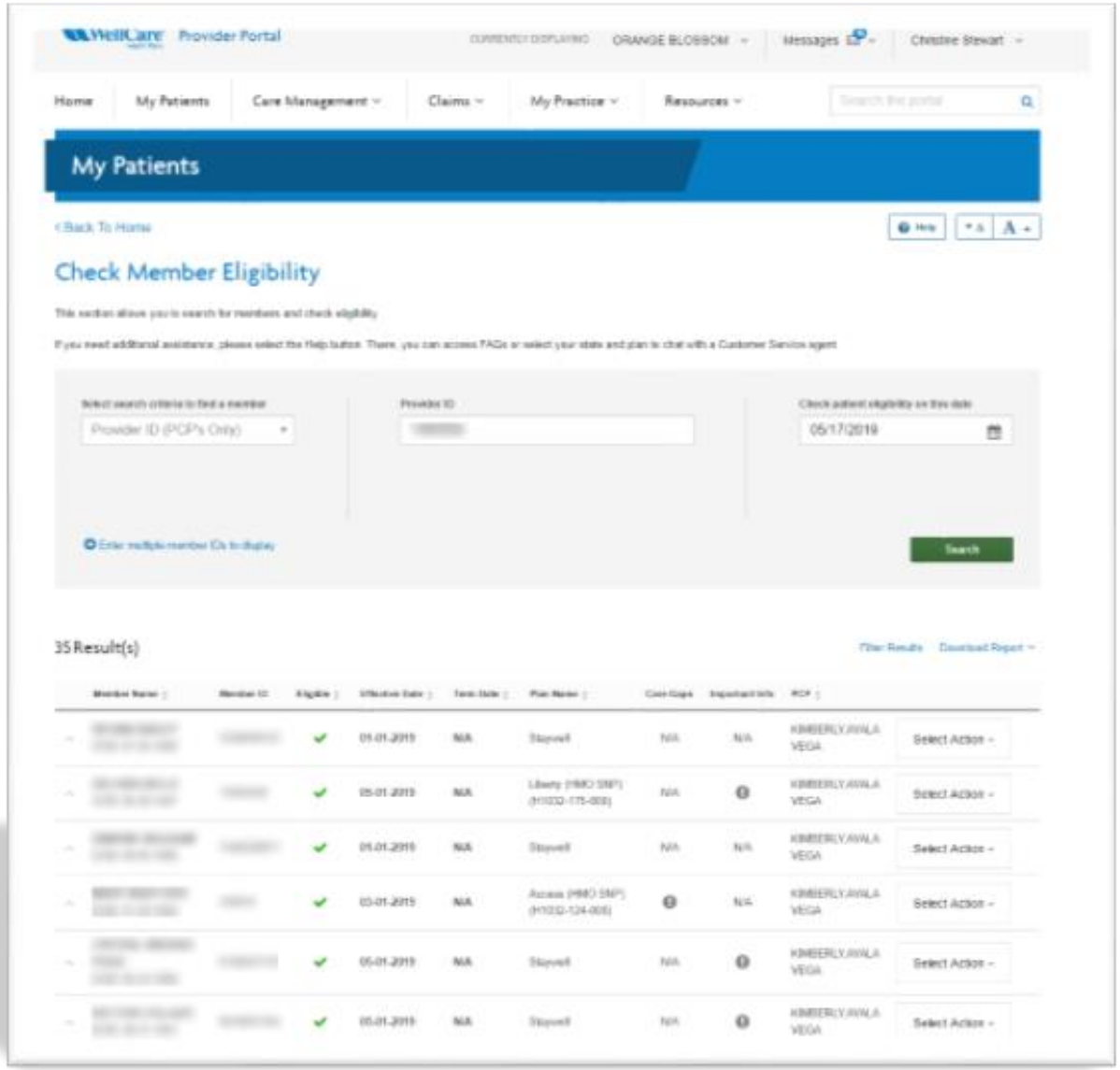
Home Page Overview:

- Navigate to tools such as eligibility lookup, claims, authorizations, reports and more
- Access key documents such as Provider Manual and Quick Reference Guide
- Access Secure Messages box
- Access to update account preferences
- Frequently Asked Questions and Help
- Ability to resize the text on the page for readability

My Patients

The My Patients area has many tools and features:

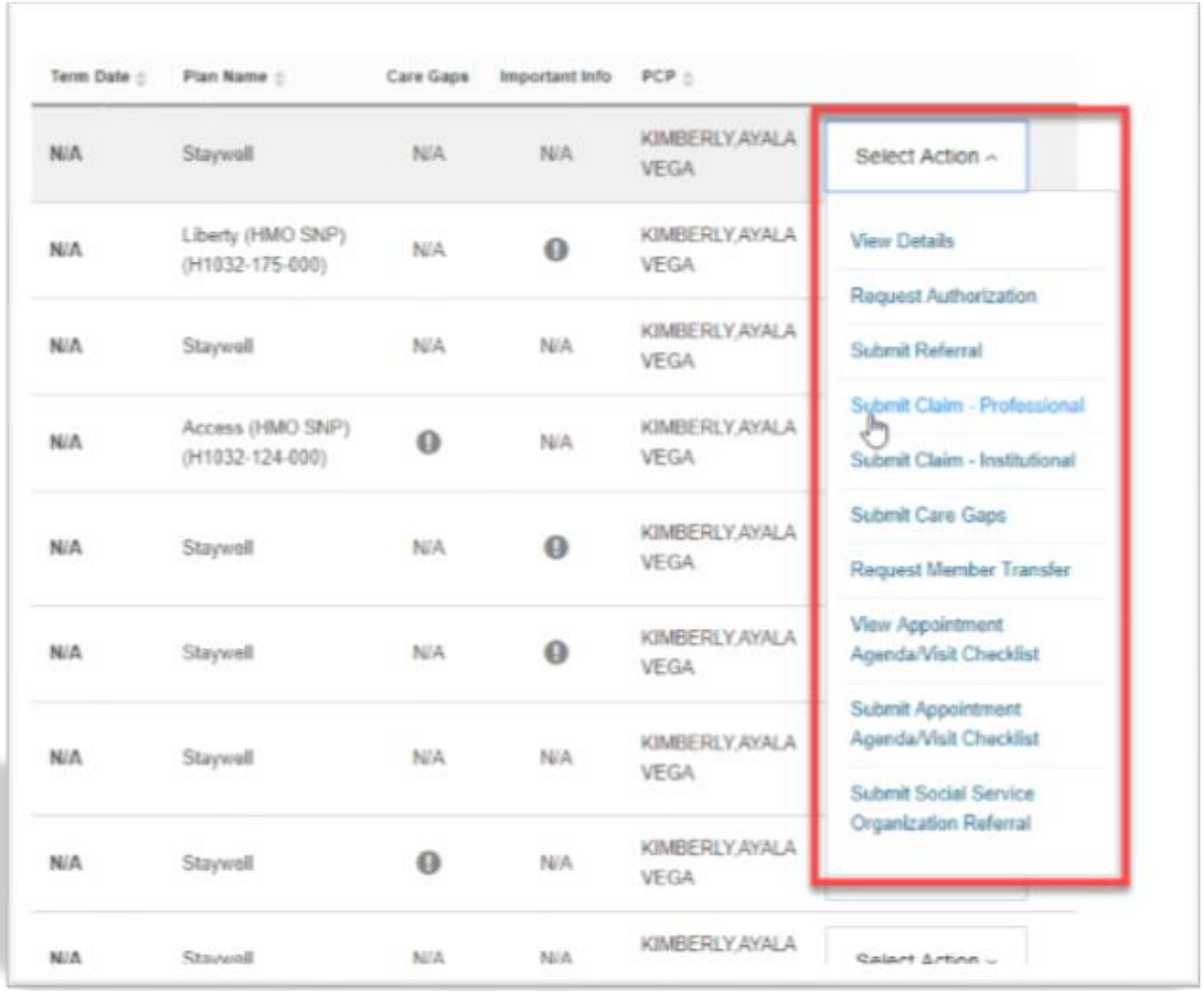
- Member eligibility and benefits
- If the provider is a PCP, their member panel will automatically display
- Visual indicator identifying whether member has open care gaps
- Primary care physician
- Ability initiate transactions such as a claim, authorization, visit checklist, request member transfer and more
- A comprehensive member profile, including:
  - Member address and contact information
  - Copay, plan history and coordination of benefits information
  - Pharmacy utilization information
  - Member Care Information:
    - Recent authorizations
  - Member Billing information:
    - Recent claims
  - Open care gaps
  - Inpatient visit history



My Patients - Actions

Providers have the ability initiate transactions such as a claim, authorization, visit checklist, request member transfer and more.

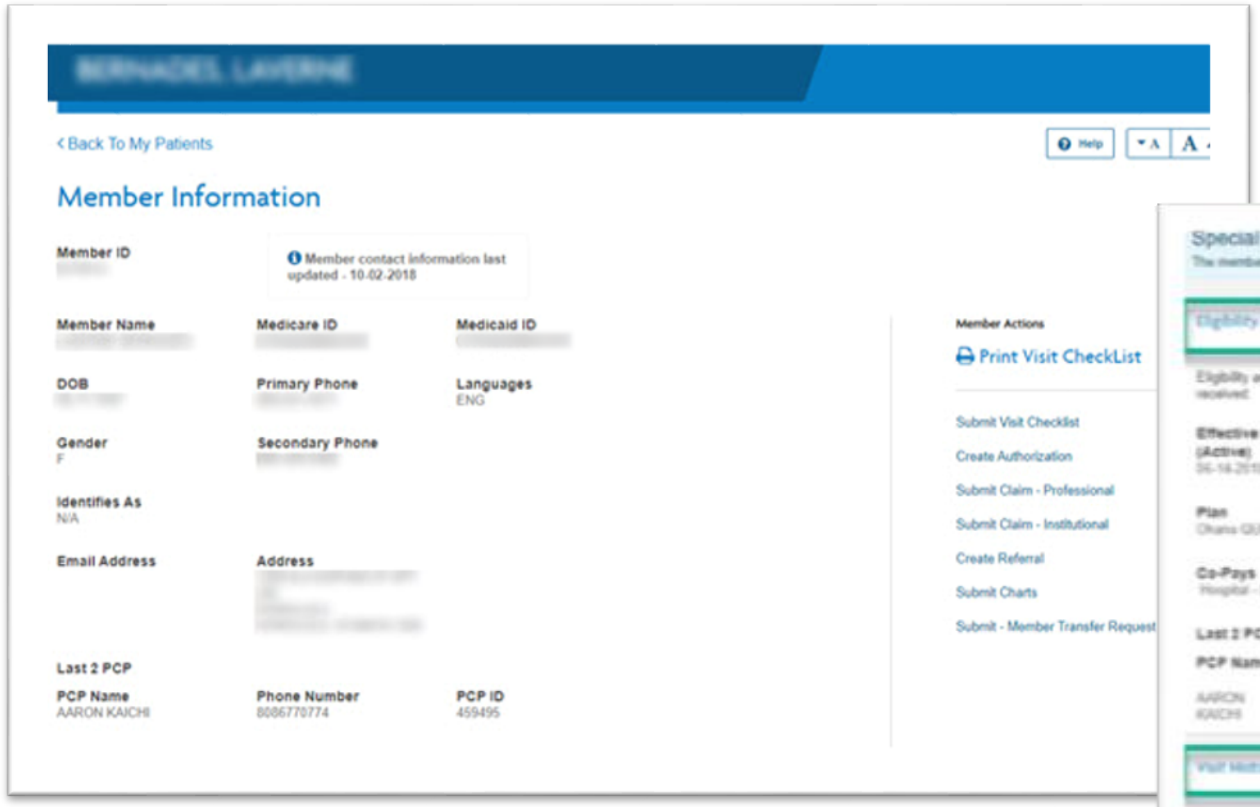
- View Member Details (member profile)
- Request Authorization
- Submit Referral
- Submit Claim – Professional
- Submit Claim – Institutional
- Submit Care Gaps
- Request Member Transfer
- View Appointment Agenda/Visit Checklist
- Submit Appointment Agenda/Visit Checklist
- Submit Social Service Organization Referral

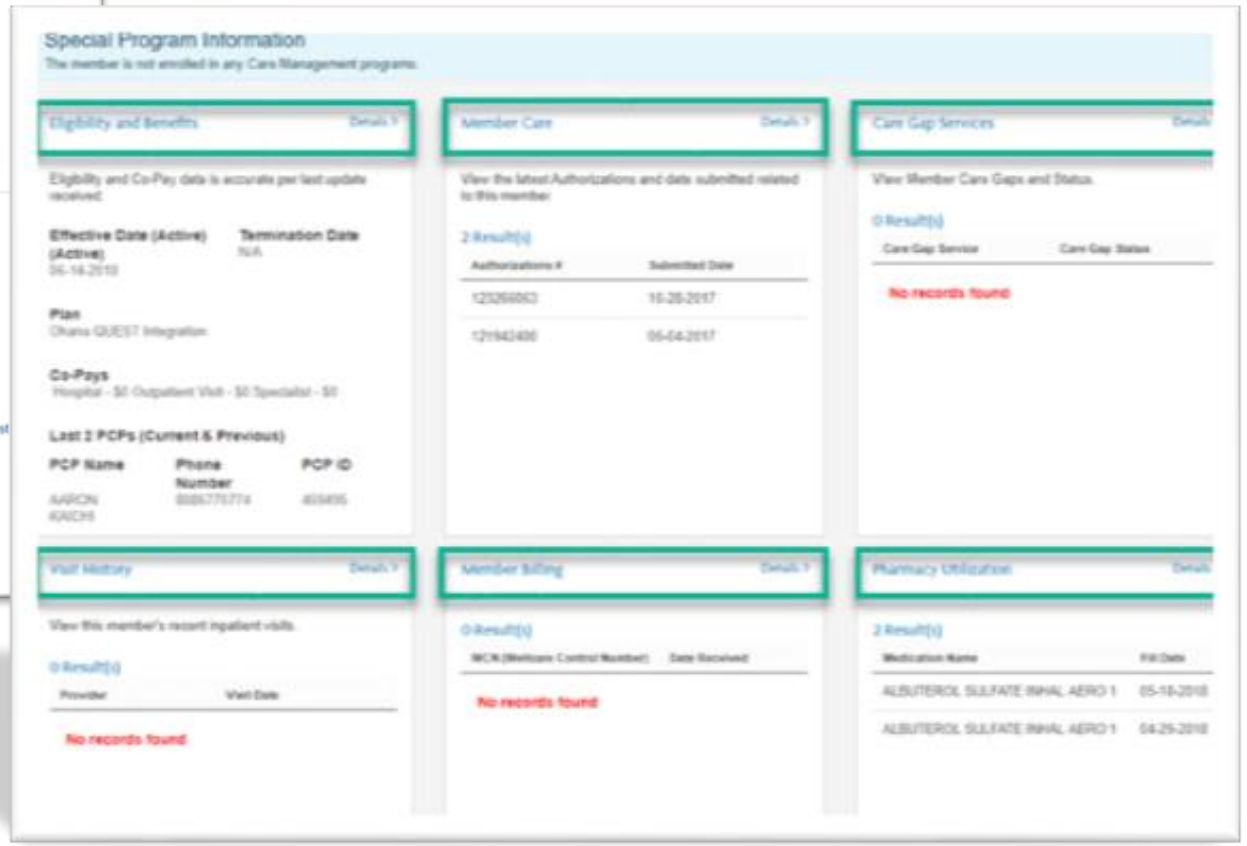


Member Profile Information

Each box on the Member Profile page links to a full page of additional information for each topic:

- Eligibility and Benefits
- Member Care (Authorizations)
- Care Gap Services
- Visit History
- Member Billing (Claims)
- Pharmacy Utilization



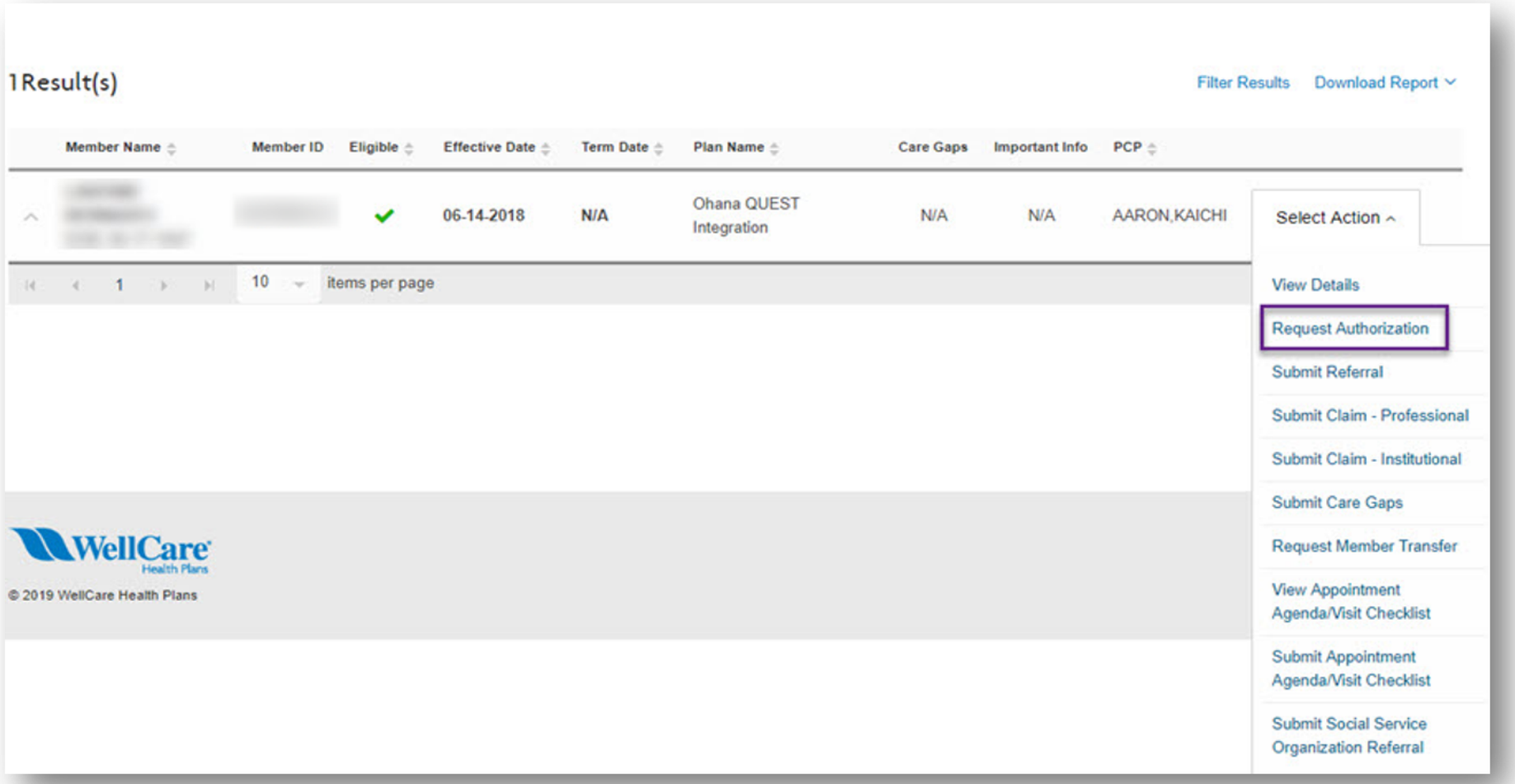


** Some markets will display the Member's IPA name

Authorization Submission

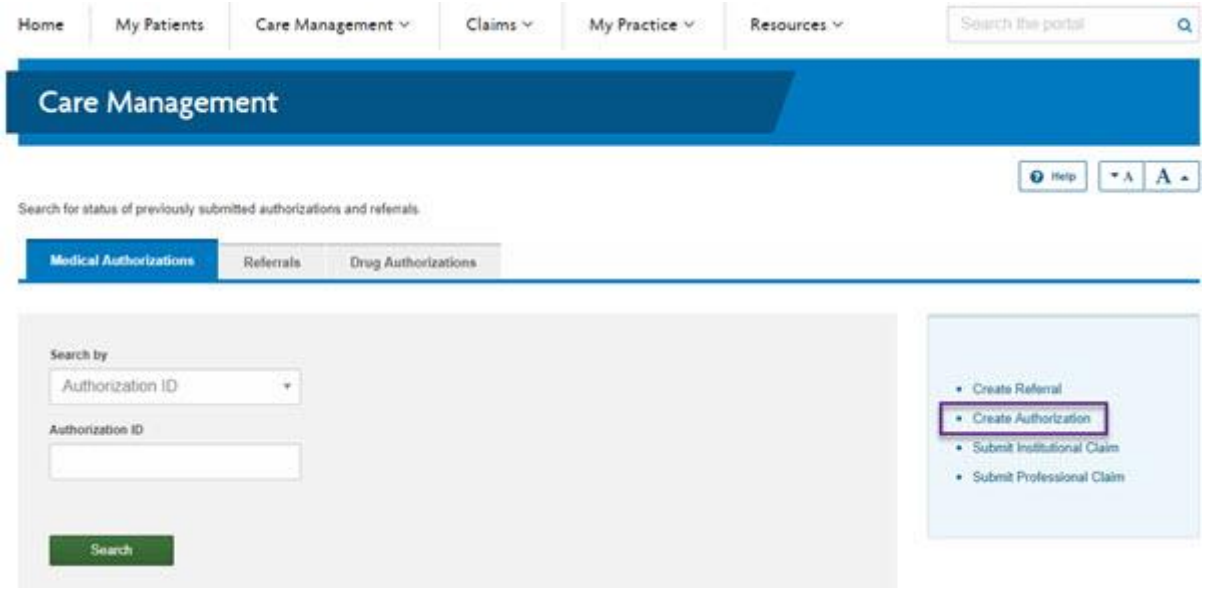
- Need to submit an authorization? There are multiple ways to do so:
  1. From the My Patients tab, look up a member by Member ID or search by Provider ID to get the member panel (PCP only)
     - Click on Select Action > Request Authorization. By beginning an authorization from My Patients, the member and provider information is pre-populated into the Authorization Request form.
  2. Or click on the Care Management tab and then select Create Authorization from the menu on the right hand side of the screen.
     - You will need the Member ID to begin the Authorization (see next slide).

From My Patients:



Authorizations

- From the Care Management tab, begin an Authorization by clicking on Create Authorization:



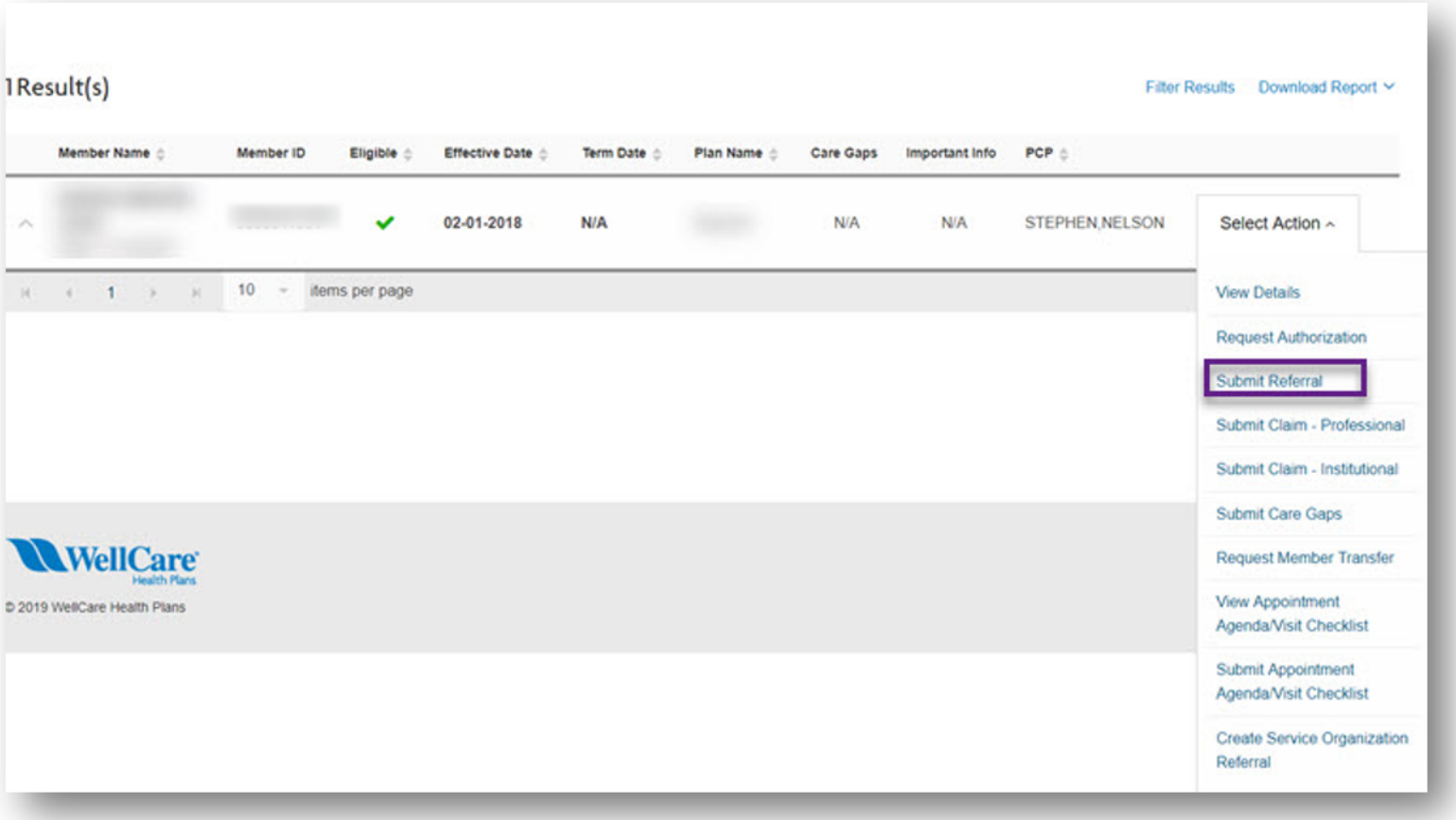
- You can search for a member by Member ID, Medicare ID, Medicaid ID or Patient Name and Date of Birth

Authorizations

- Completing the Authorization Request (Note: The form displays additional information as fields are completed.)
  - User needs to enter Provider information by using the Choose Provider tool
  - They then need to select whether the authorization is a prescheduled service or an inpatient notification
  - **Servicing Provider Information**
    - Select either Facility, Ordering or Treating (required)
  - **Authorization Information**
    - Service Type (required)
    - Subtype (required)
    - Place of Service (required)
  - **Diagnosis Information**
    - Enter dates and diagnosis code
  - **CPT Codes**
    - Enter dates and procedure code and requested units
    - All of the information you have filled out (provider, member) helps to determine whether or not the Auth is required. Now, click on
    - **If** the auth is required, continue to the next step:
  - **Requestor Name** and phone number (required)
  - **Attachments** (at least one attachment is required)
    - Attachments are limited to 10 MB
    - PDF or Word

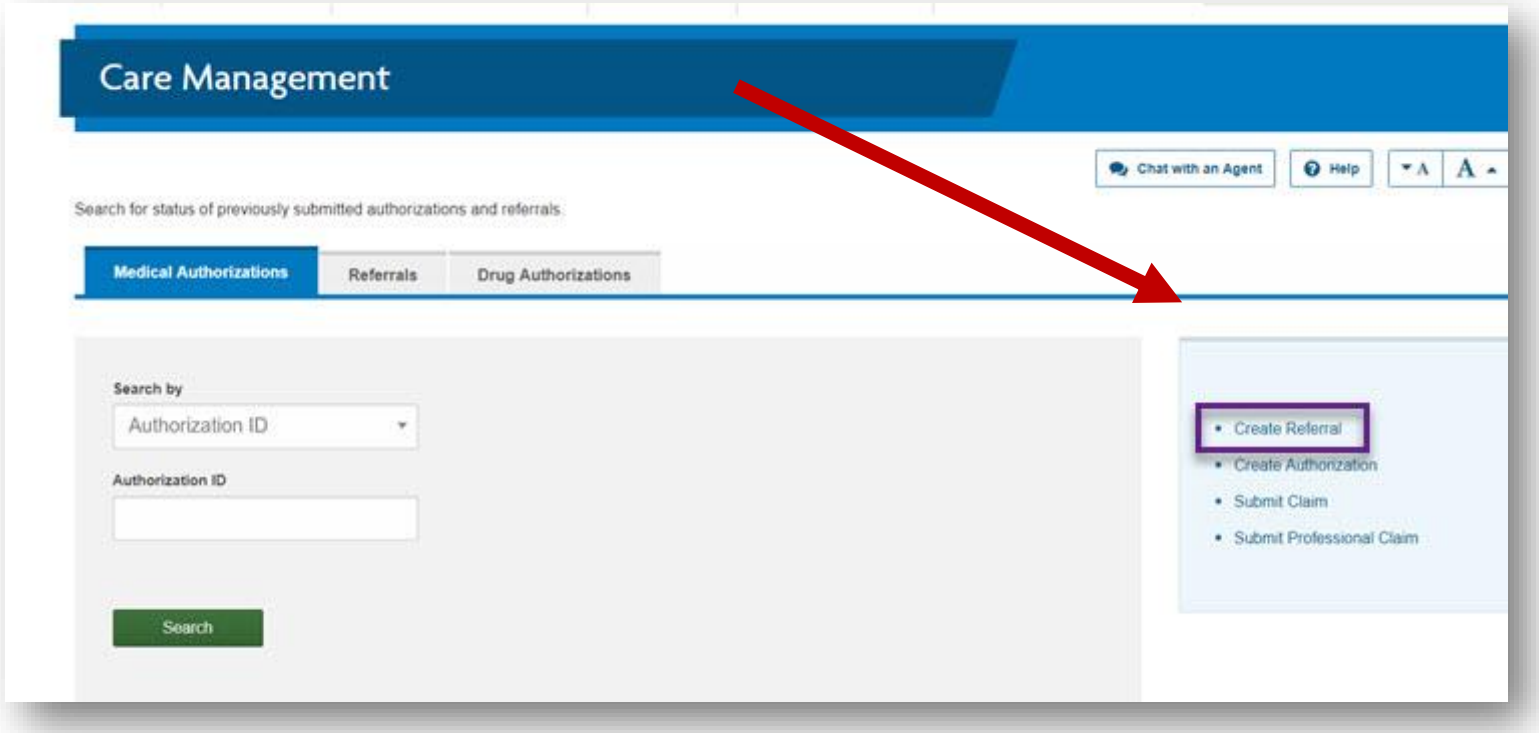
Referrals

- Two ways to navigate to Referrals:
  1. My Patients: Look up the member or provider and from the Select Action dropdown, click on Submit Referral
     - Member information is automatically populated into the form



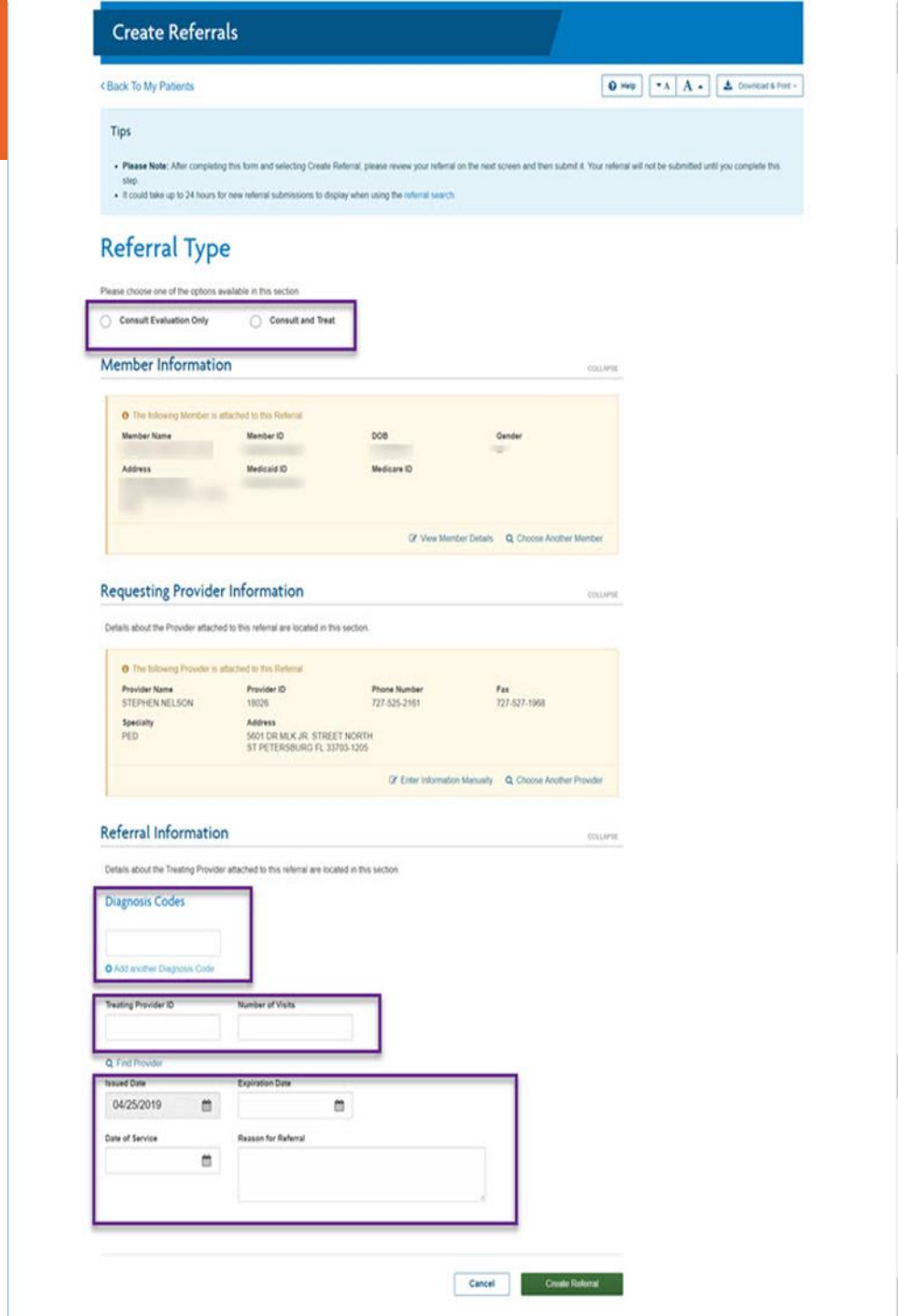
Referrals

- Care Management: Click on Create Referral located in the navigation panel on the right-hand side of the screen.
  - If you begin a referral from the Care Management tab, you will need to look up the member and provider information using the Choose Member or Choose Provider options



Submitting a Referral

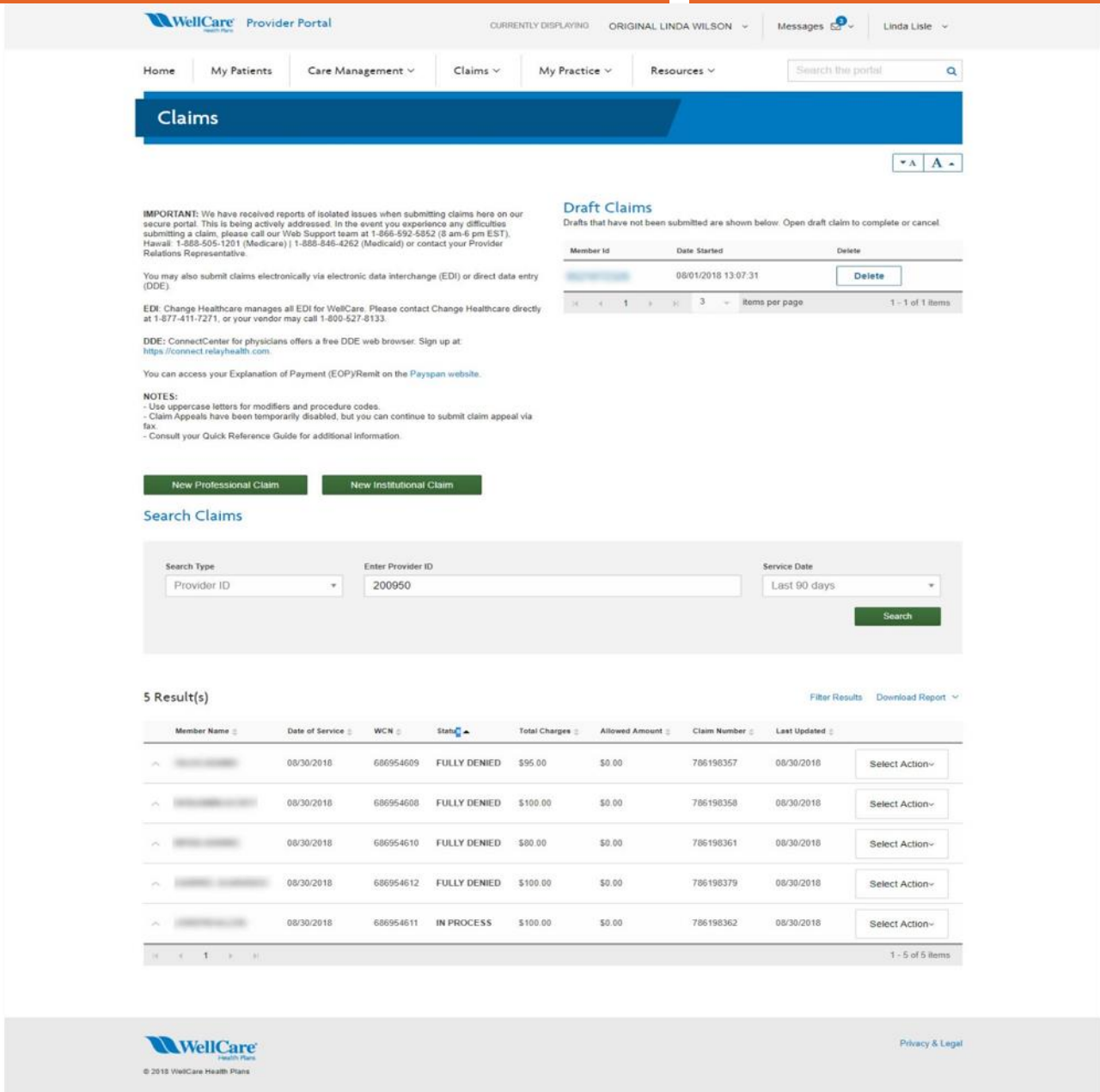
- When submitting a referral choose either **Consult and Treat** or **Consult Only**
- You will need:
  - Diagnosis code(s)
  - Treating provider information
  - Issue date | Expiration date
  - Date of service and reason for referral



Claims

- Users can do the following in the Claims section:
  - Submit professional claims
  - Submit institutional claims
  - Search and view real-time claims status
    - In Process
    - Fully Paid
    - Partially Paid
    - Fully Denied
  - Save drafts claims and return later to submit
  - Take these actions:
    - Dispute claims
    - Appeal claims
    - Correct claims
    - Void claims

Note: Users can also start a claim from the My Patients section of the portal and by doing so, the claim form is auto-populated with member information and provider information if the provider is contracted with one line of business.



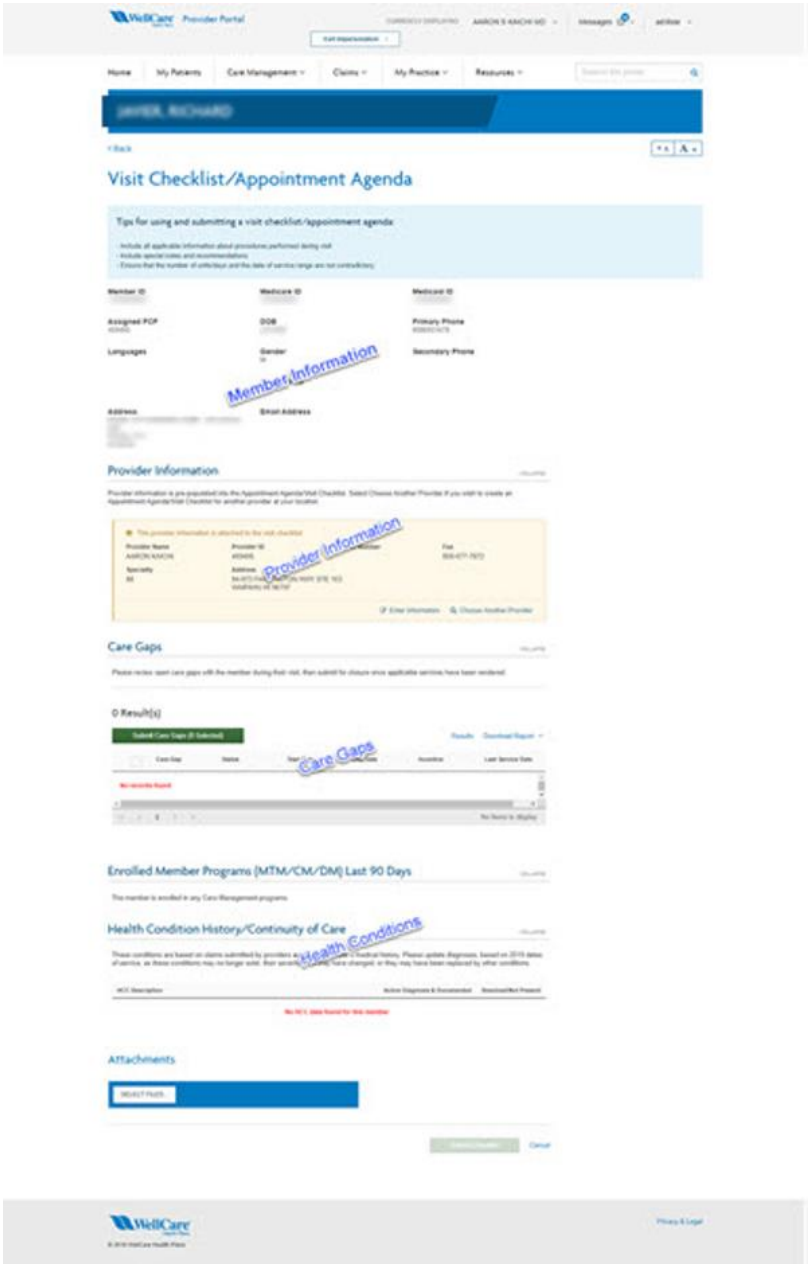
Appointment Agenda/Visit Checklist

View and Print Appointment Agenda/Visit Checklist:

- Ideal for printing before member visit.
- Gives the provider the information they need to review and address with members:
  - Medication History
  - Open Care Gaps
  - Health Conditions History

Submit Appointment Agenda/Visit Checklist:

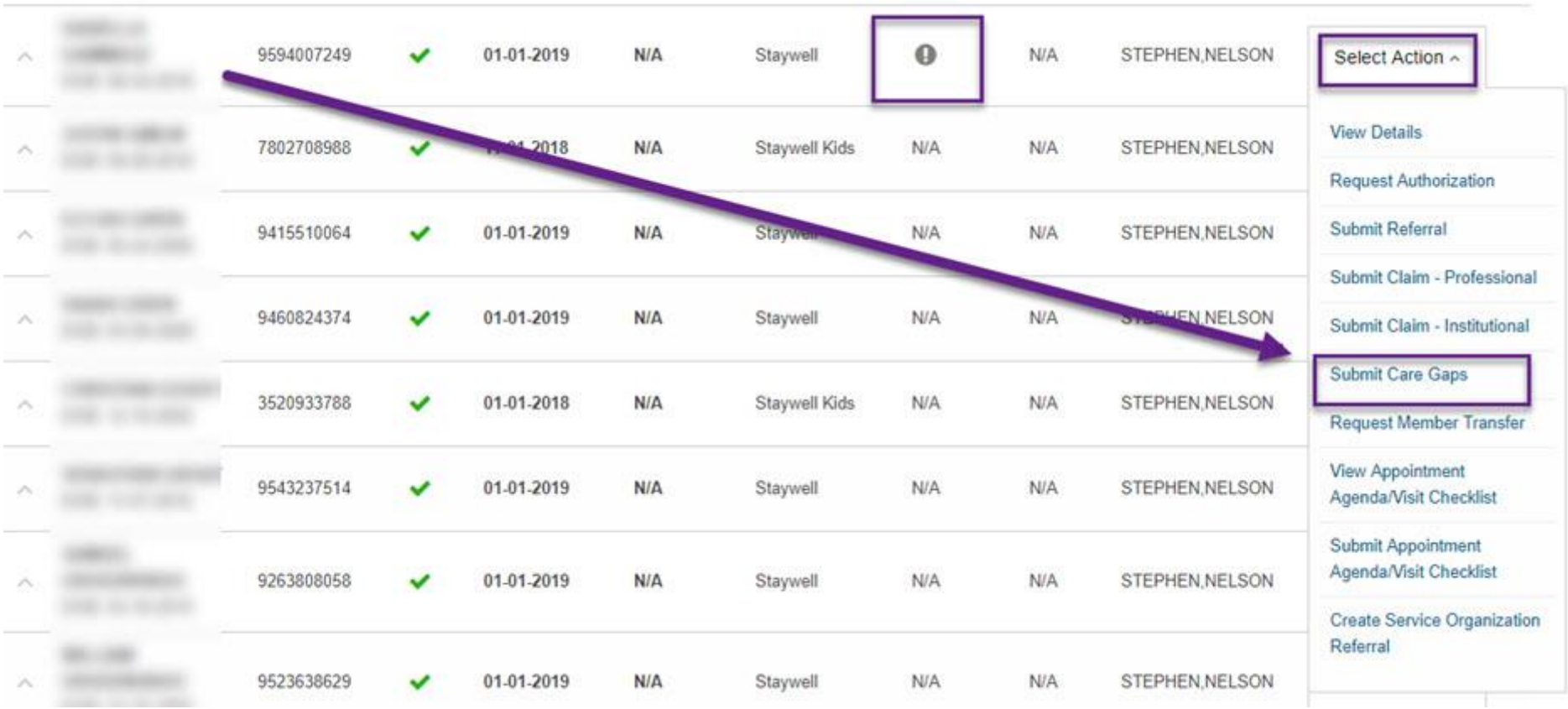
- Once the visit is complete, the provider can submit the Condition Codes (HCCs) that were addressed.



Care Gaps

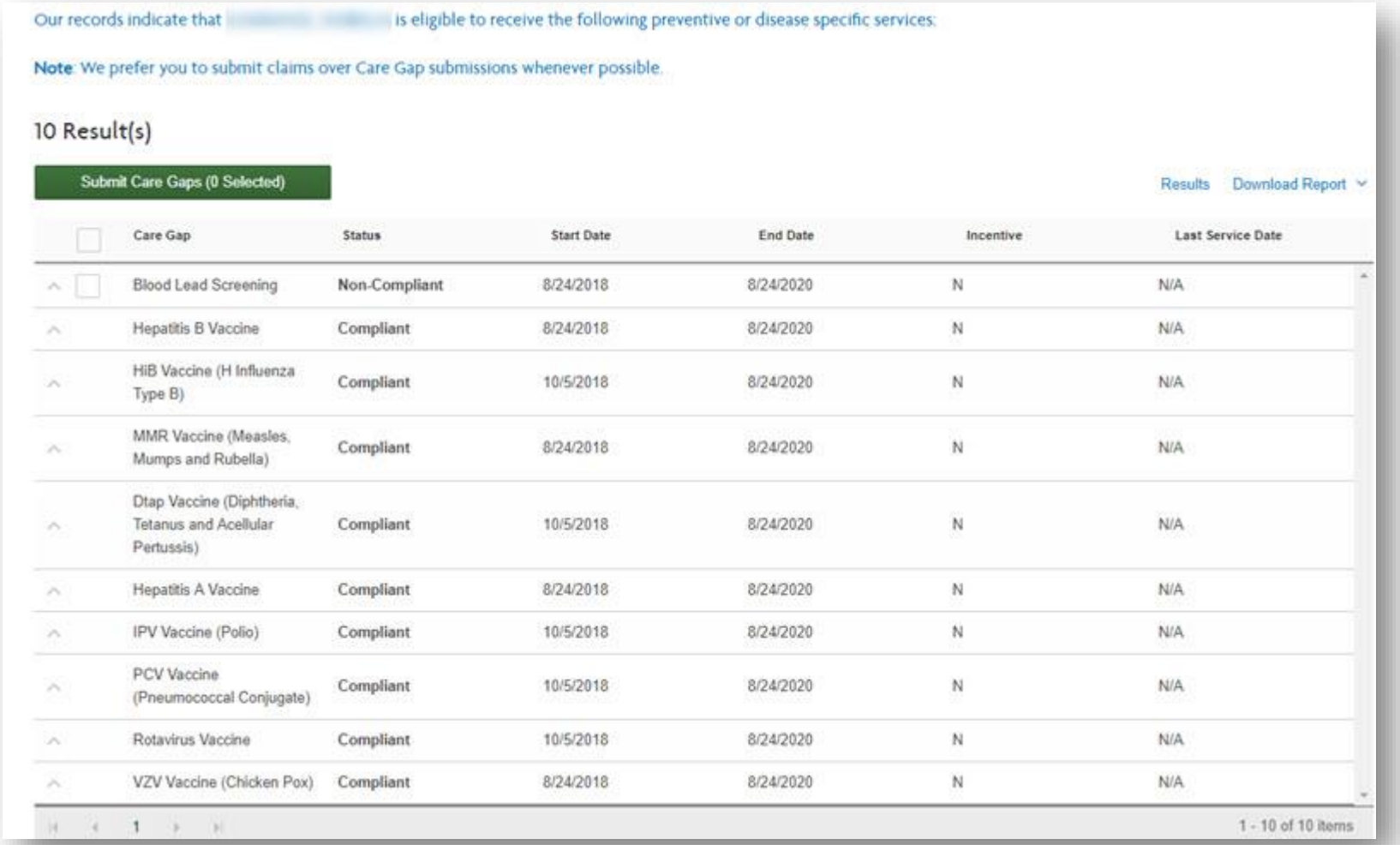
WellCare members have a variety of care needs that should be addressed by their provider. By addressing member care needs in a timely manner, providers are also affecting and influencing their quality scores.

- **Care Gap Services** – The portal identifies members with care needs that need to be addressed and provides status on whether the member is compliant or non-compliant. A special indicator identifies whether a member has open care needs.



Care Gaps

- This example shows a member with a care need that should be addressed. Compliant care needs have already been addressed. Note the absence of a checkbox next to the compliant care needs.



Our records indicate that [redacted] is eligible to receive the following preventive or disease specific services:

Note: We prefer you to submit claims over Care Gap submissions whenever possible.

10 Result(s)

Submit Care Gaps (0 Selected)

Results | Download Report

Care Gap	Status	Start Date	End Date	Incentive	Last Service Date
Blood Lead Screening	Non-Compliant	8/24/2018	8/24/2020	N	N/A
Hepatitis B Vaccine	Compliant	8/24/2018	8/24/2020	N	N/A
HiB Vaccine (H Influenza Type B)	Compliant	10/5/2018	8/24/2020	N	N/A
MMR Vaccine (Measles, Mumps and Rubella)	Compliant	8/24/2018	8/24/2020	N	N/A
Dtap Vaccine (Diphtheria, Tetanus and Acellular Pertussis)	Compliant	10/5/2018	8/24/2020	N	N/A
Hepatitis A Vaccine	Compliant	8/24/2018	8/24/2020	N	N/A
IPV Vaccine (Polio)	Compliant	10/5/2018	8/24/2020	N	N/A
PCV Vaccine (Pneumococcal Conjugate)	Compliant	10/5/2018	8/24/2020	N	N/A
Rotavirus Vaccine	Compliant	10/5/2018	8/24/2020	N	N/A
VZV Vaccine (Chicken Pox)	Compliant	8/24/2018	8/24/2020	N	N/A

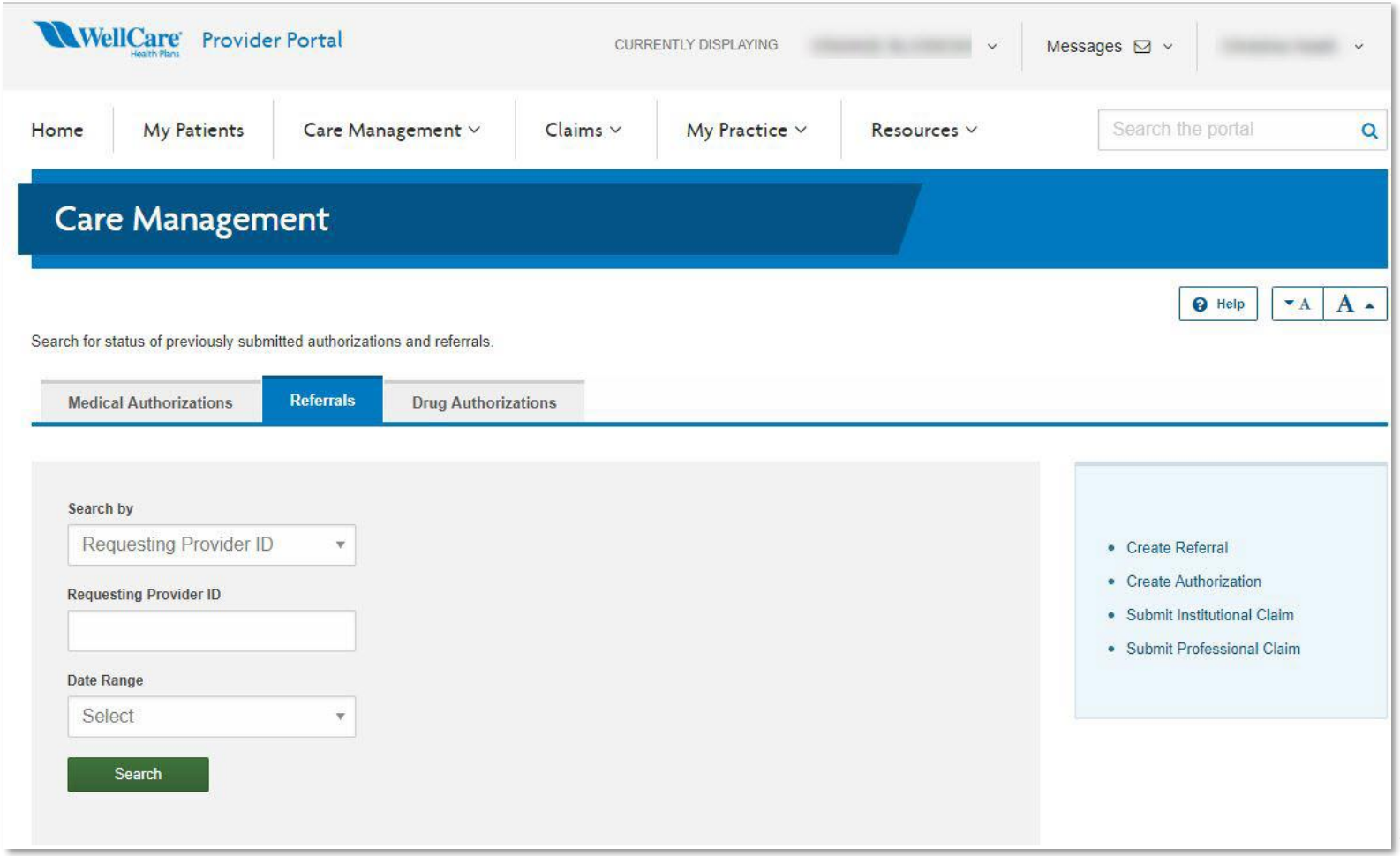
1 - 10 of 10 items

Care Management

- What can users do in the Care Management section of the portal?

Using the easy-to-use interface, users can perform the following tasks:

- Request a Medical Authorization
- Search Authorizations
- Request a Referral
- Search Referrals
- Search Drug Authorizations

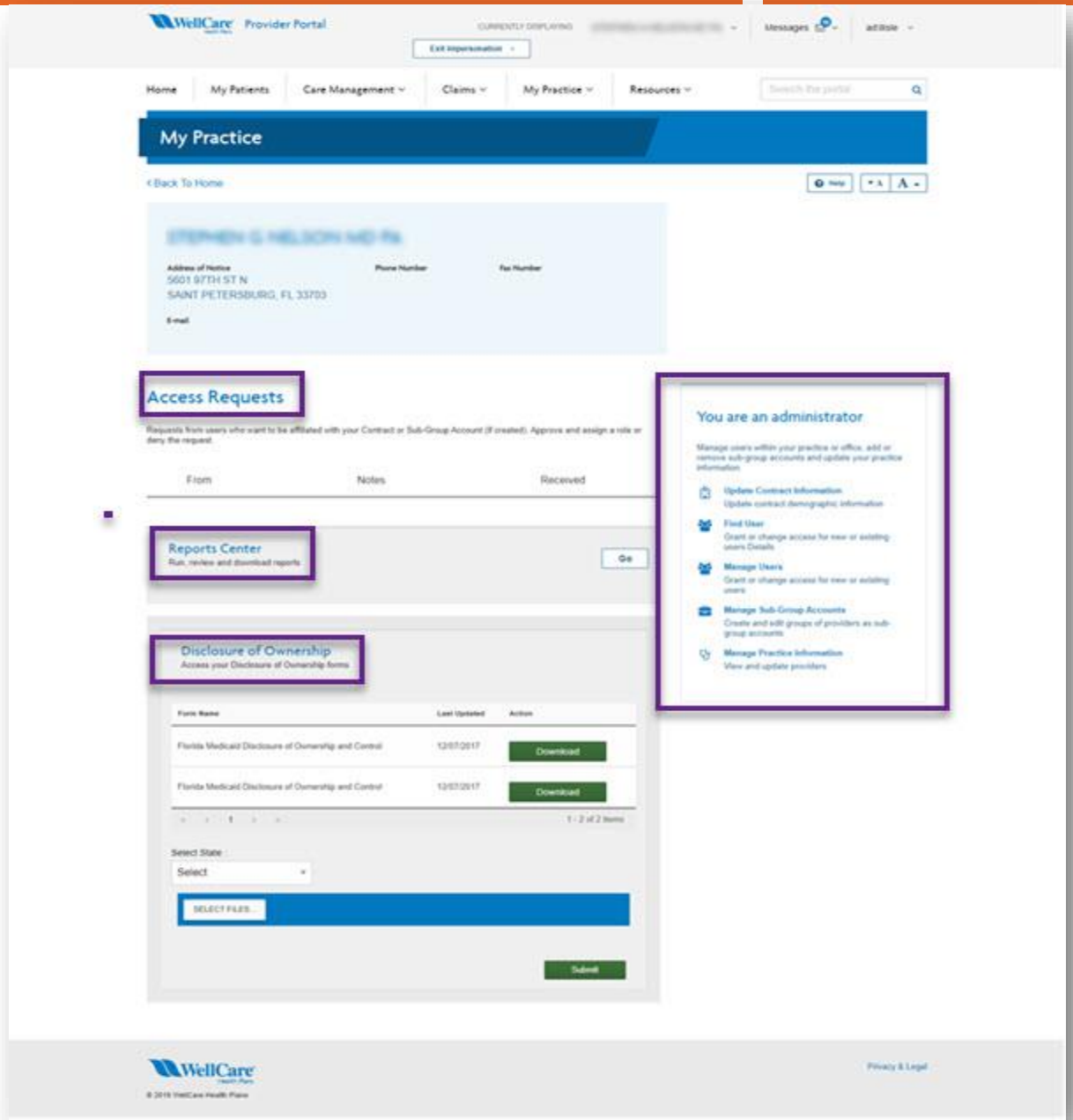


My Practice

- The My Practice section of the portal is only available to users with a Contract admin or Admin Lite role. Users with these roles can:
  - Request updates to their contract information
  - Manage Access Requests from users requesting access to their contract
  - Update user roles, add or remove users
  - Access the Reports Center and request reports for Active Members, Inpatient Log, Pharmacy Utilization, Care Gaps, Emergency Room
  - Create sub-groups as needed. Sub-group accounts are great for large IPAs and national accounts where users at facilities and medical groups only need access to a particular set of information
  - Manage practice information and request the removal of providers who may have left the practice
  - Manage their Disclosure of Ownership records
  - Note: Some users have access to the Enterprise Provider Dashboard on a trial basis. The Enterprise Provider Dashboard provides portal usage metrics.

My Practice

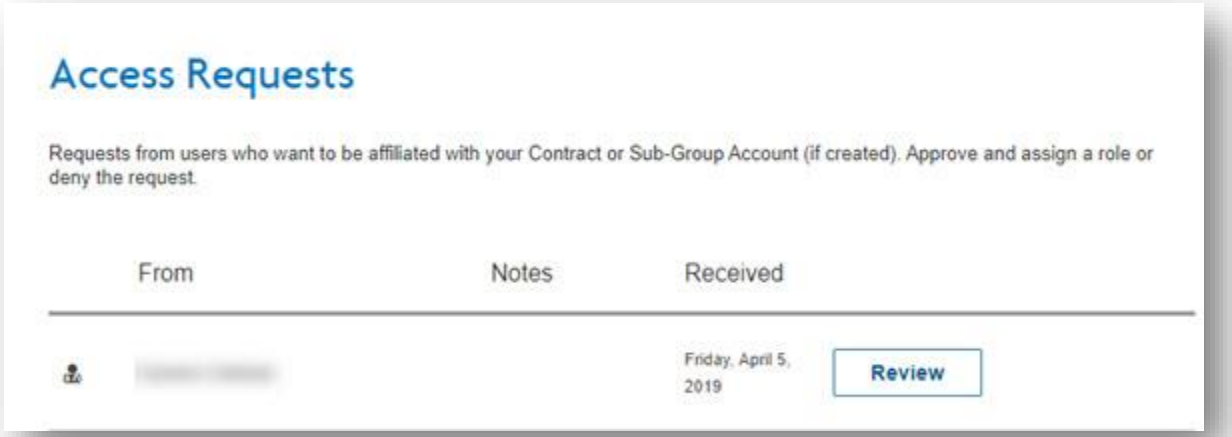
- Available to the contract admin and admin lite roles:
  - Review and approve (or deny) user access requests
  - Access and run reports in the Reports Center
  - Update Disclosure of Ownership documentation
    - Disclosure of Ownership documentation is for anyone who is an owner or part owner of a practice
  - Submit updates to contract information
  - Create sub-group accounts
  - Manage providers and practice information

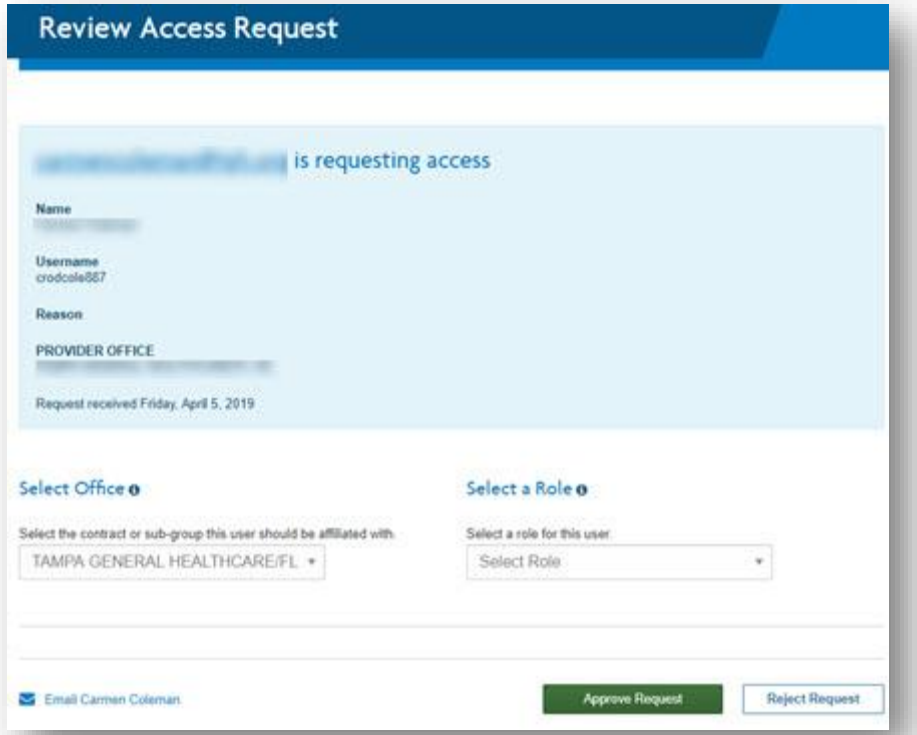


Granting user access

- When users request affiliation to a contract, a few things will happen:
  - The contract admin will receive an email notifying them that someone has requested access to their contract
  - The contract admin can view the Access Request on the My Practice page
  - The contract admin or an admin lite can review the access request, get more information and decide to approve or deny the request. If the request is approved, the contract admin or admin lite will then need to assign the user a role. The user will get an email when this is complete. If the request is denied, the user will get an email indicating such and will need to contact the Contract Admin to find out why.

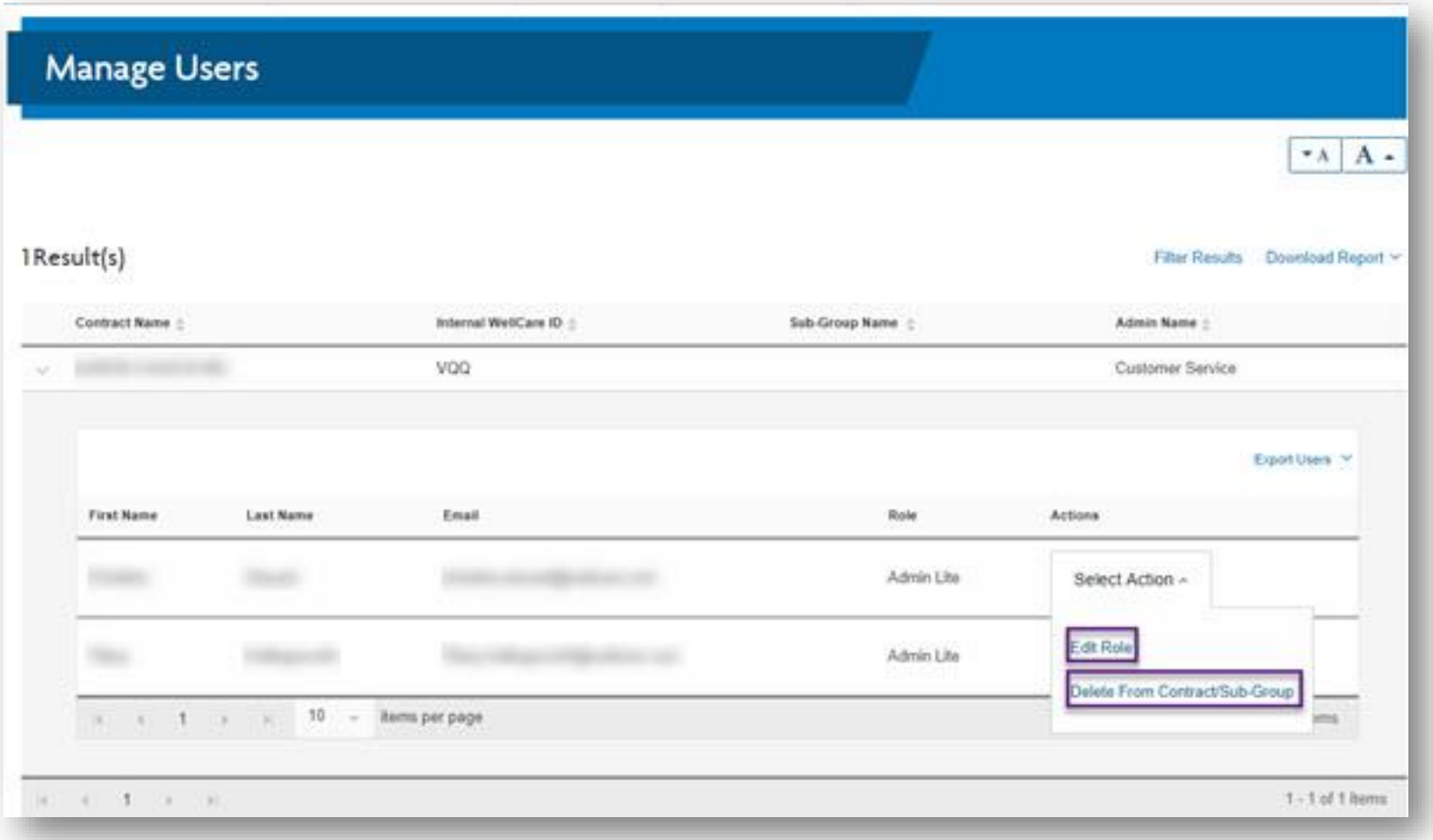
- An access request on the My Patients page:





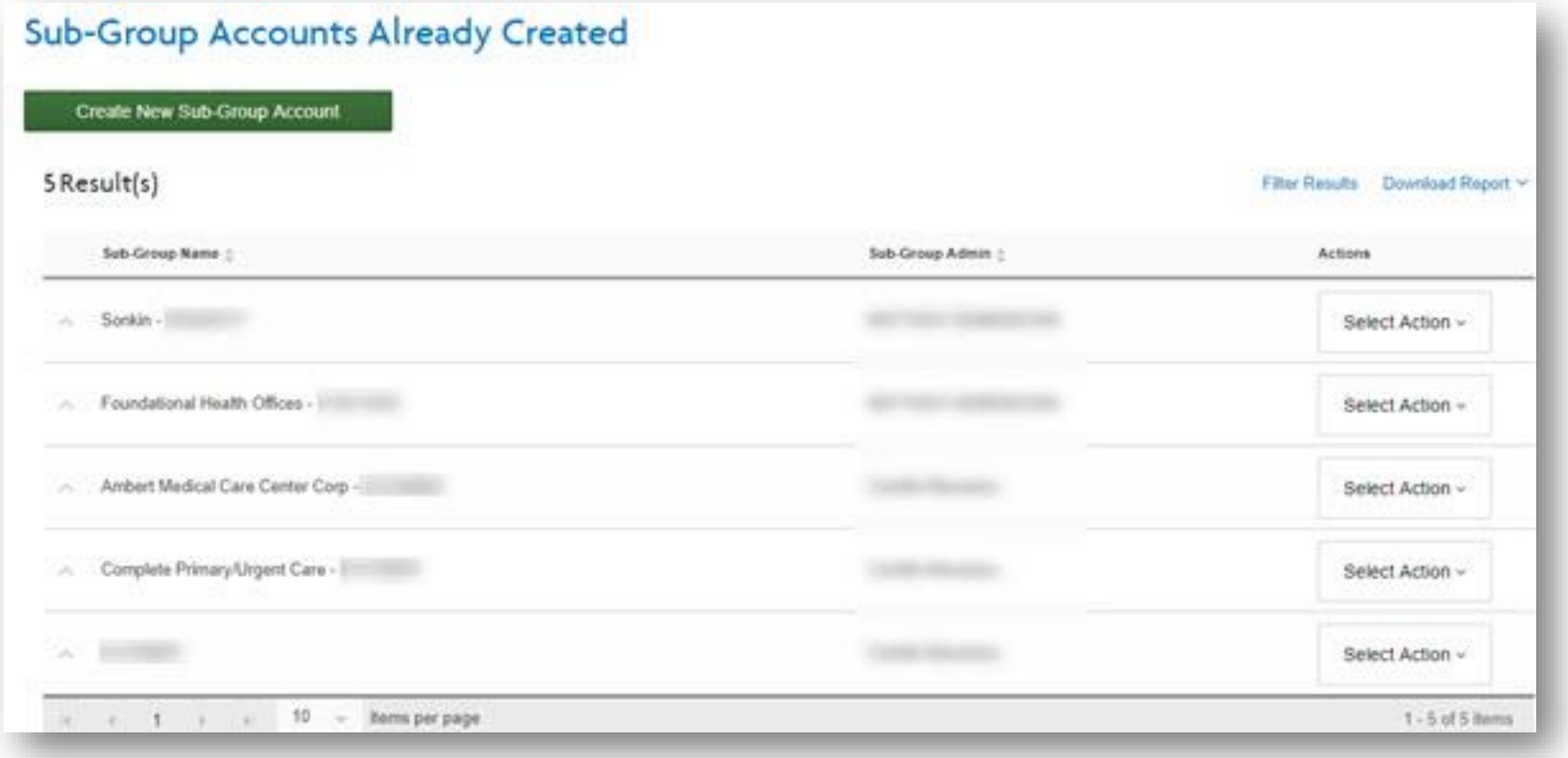
Managing Users

- The Manage Users function gives the contract admin or admin lite role the ability to see all of the users who are affiliated to the contract. In addition, they can:
  - Update users' roles
  - Remove users from a contract or sub-group



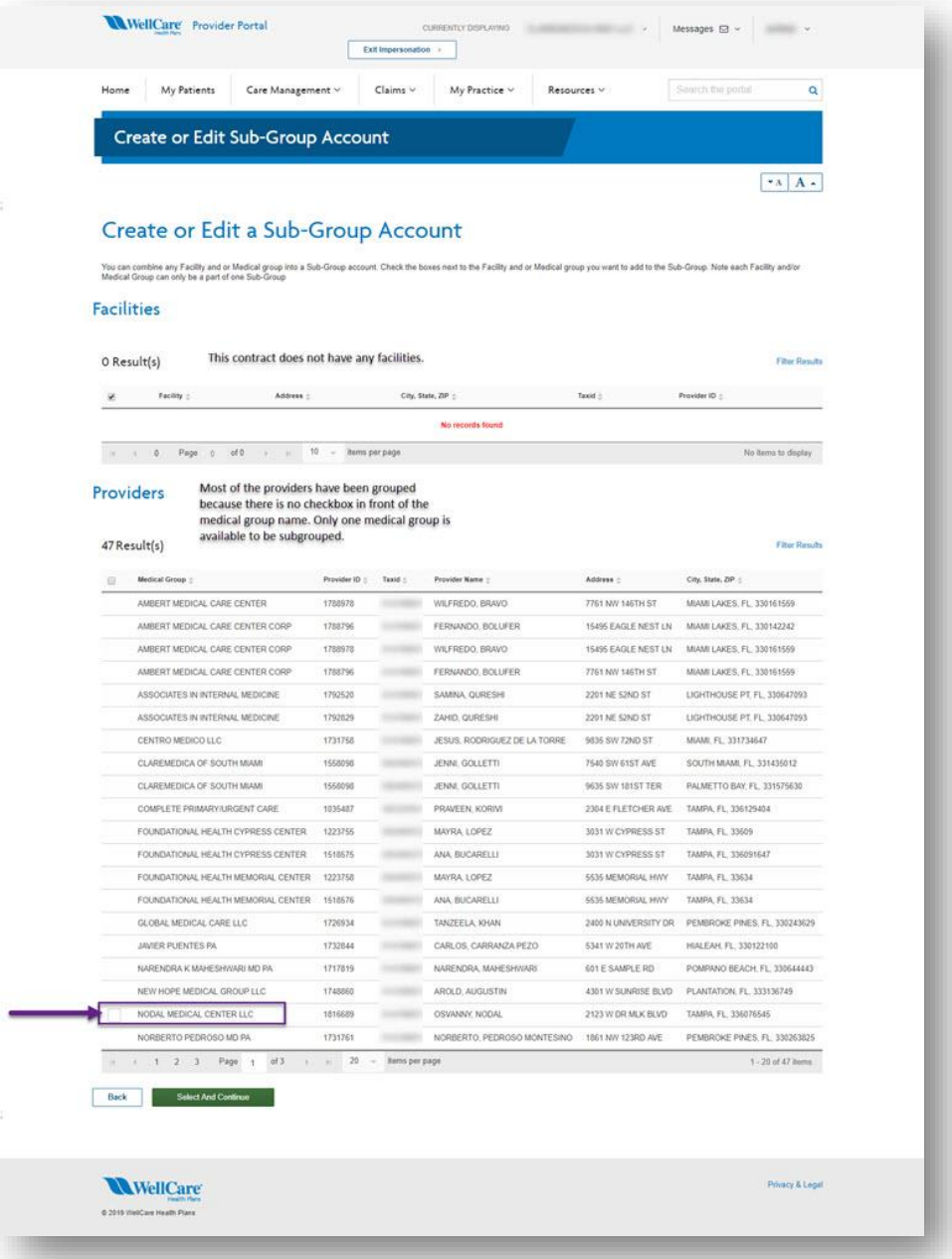
Manage Sub-Group Accounts

- Sub-groups are a way of allowing the contract admin maximum flexibility in structuring the contract for their users
- Who can create sub-groups?
  - Contract admins, admin lites and WellCare Associates can create sub-groups



Create Sub-Group Accounts

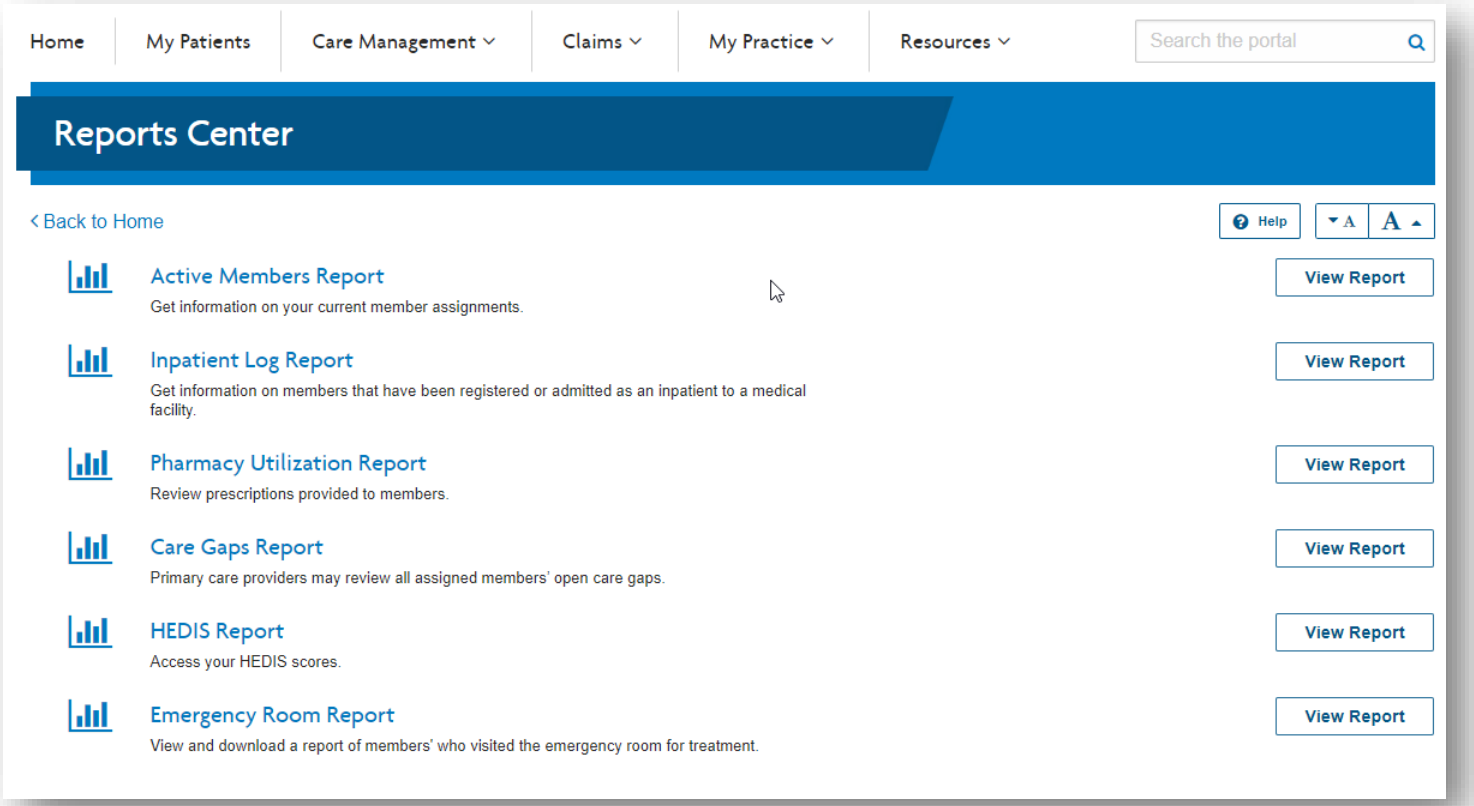
- How and why do you create sub-groups?
  - Begin by impersonating the contract admin
  - Click on My Practice
  - Click on Manage Sub-Group Accounts > Create New Sub-Group Account
    - The Create or Edit Sub-Group Account webpage is divided by Facilities and Medical Groups.
    - A sub-group can be created however best serves the user (Tax ID is used most frequently)
  - Sub-groups are used by National accounts, Large IPAs, any contract with multiple tax IDs
  - The creation of sub-groups is flexible. There are many ways to filter and separate the data:
    - By Tax ID
    - By Medical Group name
    - By Provider ID
    - By Provider Name
    - By Address



Reports

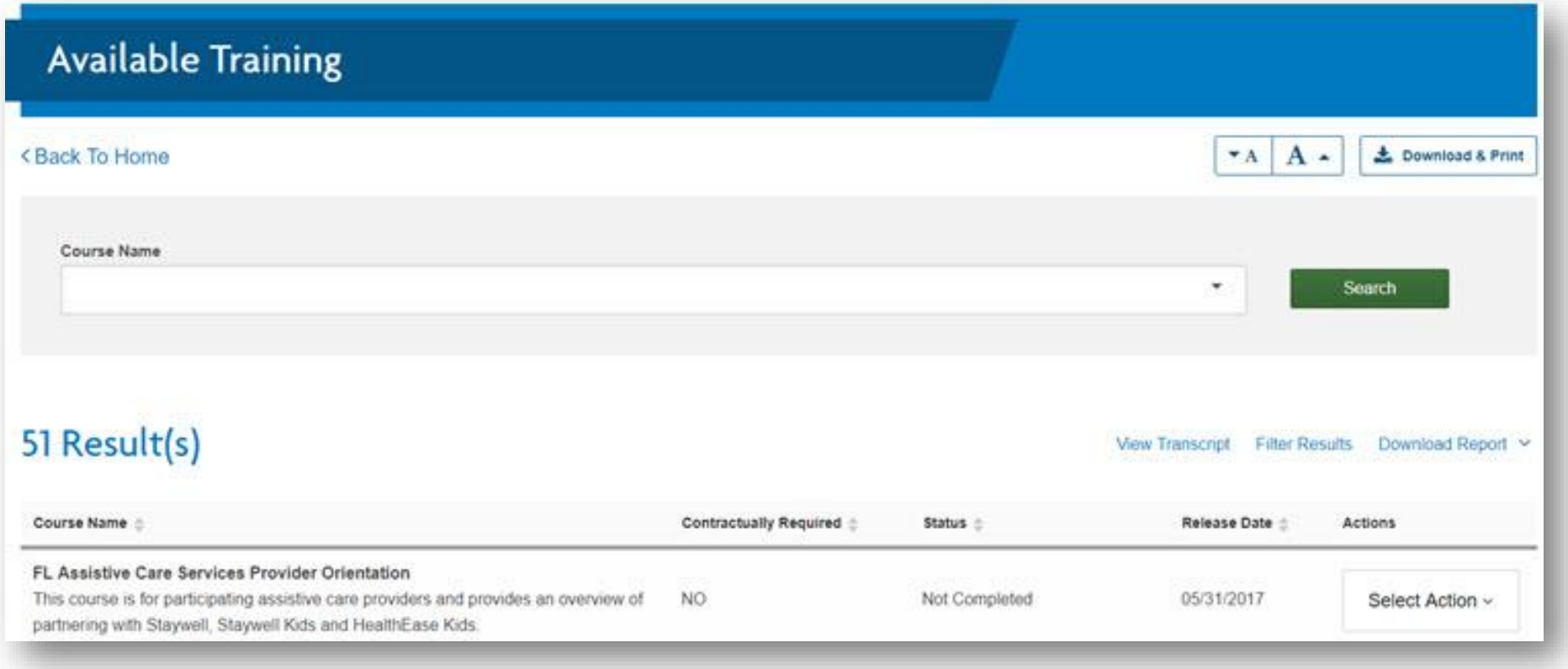
The Provider Portal gives users access to a wealth of reporting data:

- **Active Members Report**
  - Users can view their current member assignment
- **Inpatient Log Report**
  - Access information on members that have been registered or admitted as an inpatient to a facility
- **Pharmacy Utilization Report**
  - Review members' prescriptions
- **Care Needs Report**
  - Review members' care needs
- **Emergency Room Report**
  - Access information about members who have visited the emergency room



Training

- The Resources section of the portal contains training modules available to providers based on the lines of business they are
- Providers can take training such as Provider Orientation, Cultural Competency, and more.
- Training videos on how to use the portal are also available here.
- Providers can submit an attestation through the portal that they have completed each training.



Additional Information

Secure Provider Portal login links:

- **All other plans except the those listed below:** https://provider.wellcare.com/

- **Ohana Health Plan**: https://provider.wellcare.com/ohanacare
- **Missouri Care**: https://provider.wellcare.com/missouricare
- **Easy Choice**: https://provider.wellcare.com/california

- Training videos and reference documents available on the WellCare.com public site.

To report issues or request updates, please submit a Digital Communications Request through the Channel Communications Request Wizard.