



# Secure Provider Portal

## Digital Communications

- 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

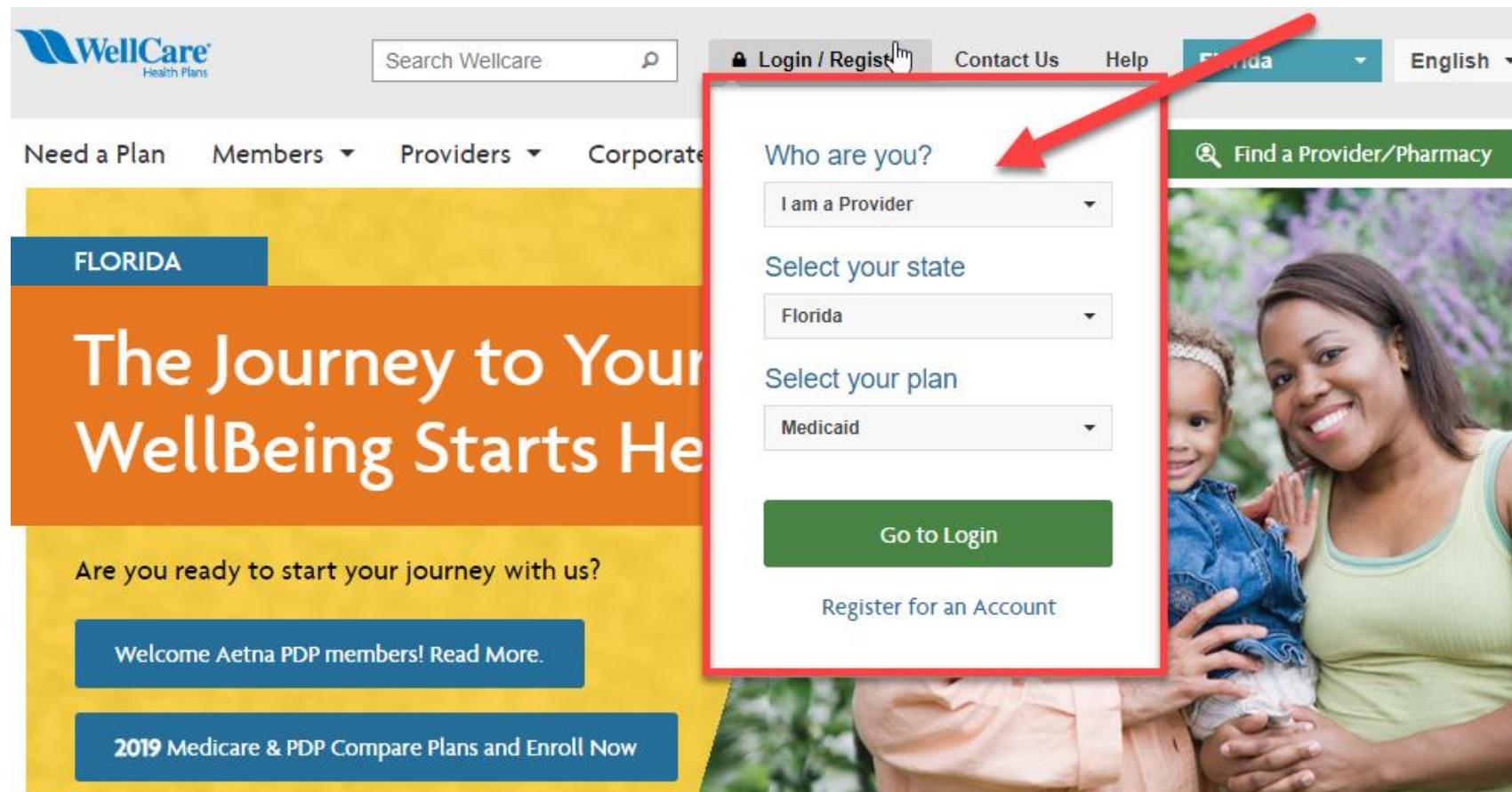
- From [www.wellcare.com](http://www.wellcare.com), click on the Login/Register button in the top navigation. This dropdown menu is available on every page of our public website.



The screenshot shows the WellCare website homepage. The top navigation bar includes the WellCare logo, a search bar, a 'Login / Register' button with a red arrow pointing to it, 'Contact Us', 'Help', 'Select State', and 'English' dropdown menus. Below the navigation is a main menu with 'Need a Plan', 'Members', 'Providers', and 'Corporate' options. To the right is a 'Find a Provider/Pharmacy' button. The main content area features a large orange banner with the text 'The Journey to Your WellBeing Starts Here' and a smaller text 'Are you ready to start your journey with us?'. Below this is a dropdown menu labeled 'Where are you looking for a plan?'. To the right of the banner is a photograph of a smiling woman holding a young child.

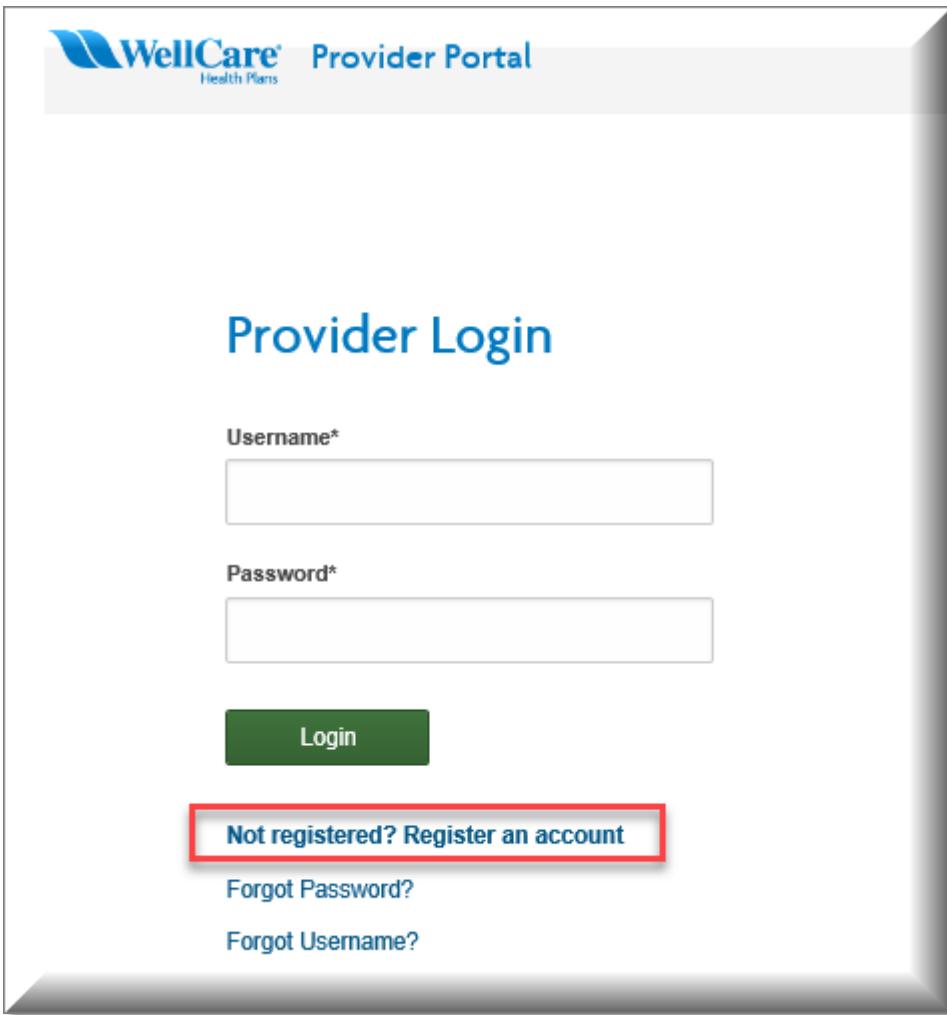
# Accessing the portal

- 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.



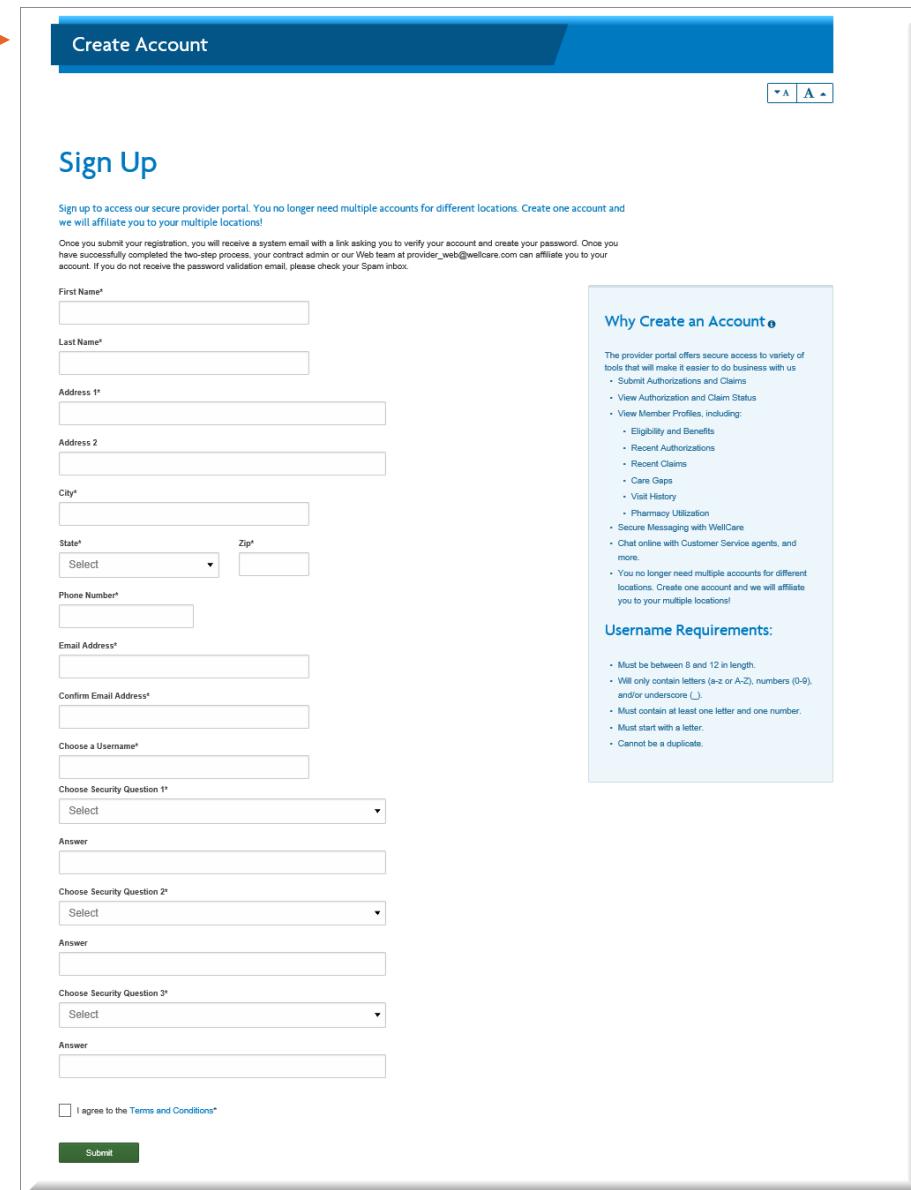
# Login and Registration Screens

## Provider Portal Login



The Provider Portal Login screen features the WellCare Health Plans logo and "Provider Portal" text at the top. Below is a "Provider Login" section with "Username\*" and "Password\*" fields, a "Login" button, and a "Not registered? Register an account" link highlighted with a red box. At the bottom are "Forgot Password?" and "Forgot Username?" links.

## Provider Portal Registration



The Provider Portal Registration screen has a "Create Account" header and "Sign Up" sub-header. It includes fields for First Name, Last Name, Address 1, Address 2, City, State, Zip, Phone Number, Email Address, Confirm Email Address, Choose a Username, Choose Security Question 1, Answer, Choose Security Question 2, Answer, Choose Security Question 3, Answer, and a "I agree to the Terms and Conditions\*" checkbox. To the right, a "Why Create an Account" section lists benefits like secure access to tools for managing authorizations, claims, and member profiles. Below it, "Username Requirements" specify rules for username length and content. At the bottom is a "Submit" button.

# 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

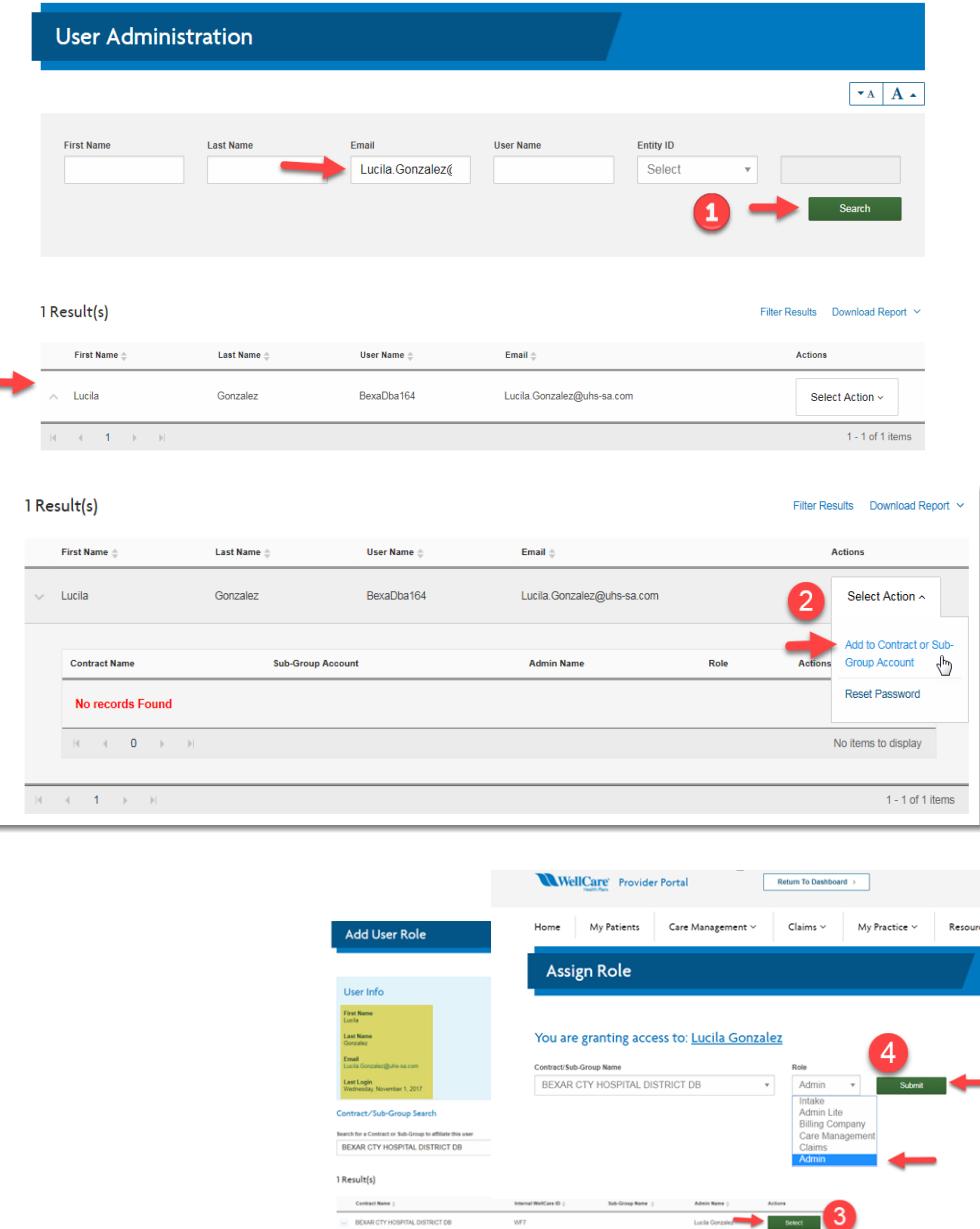
A Contract level affiliation request allows providers to request access to the portal at the contract level. Contract name(s) appear or display as they are recorded in WellCare's system.

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.



User Administration

First Name Last Name Email User Name Entity ID

1 Result(s)

First Name	Last Name	User Name	Email	Actions
Lucila	Gonzalez	BexaDba164	Lucila.Gonzalez@uhs-sa.com	Select Action

1 Result(s)

First Name	Last Name	User Name	Email	Actions
Lucila	Gonzalez	BexaDba164	Lucila.Gonzalez@uhs-sa.com	Select Action

No records Found

Add User Role

User Info

Contract/Sub-Group Search

Assign Role

You are granting access to: Lucila Gonzalez

Contract/Sub-Group Name: BEXAR CITY HOSPITAL DISTRICT DB

Role: Admin

Submit

1 Result(s)

Contract/Sub-Group Name: BEXAR CITY HOSPITAL DISTRICT DB

Sub-Group Name: BEXAR CITY HOSPITAL DISTRICT DB

Admin Name: Lucila Gonzalez

Select

# 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



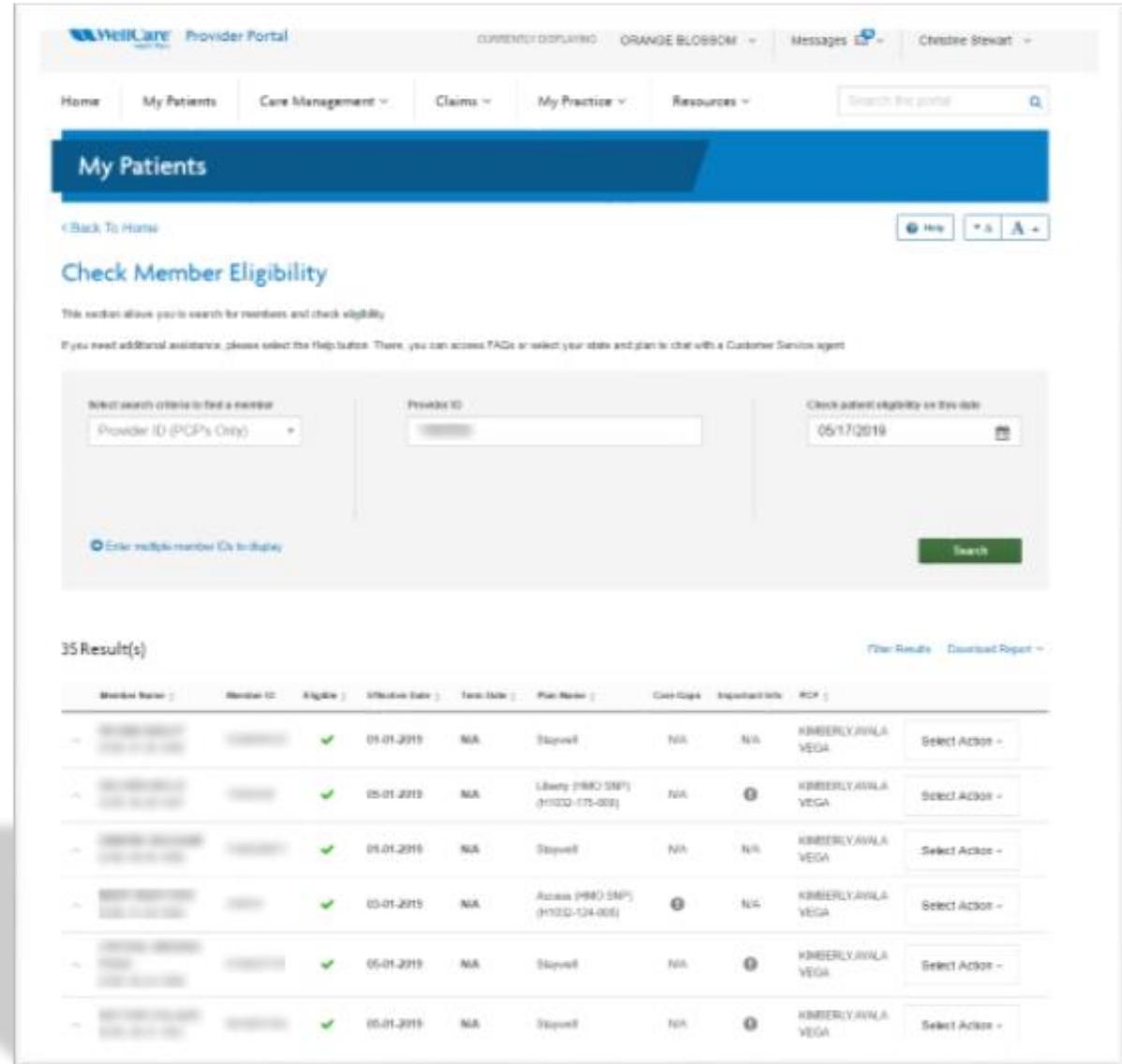
## Home Page Overview:

- 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



The screenshot shows the WellCare Provider Portal interface. The top navigation bar includes links for Home, My Patients, Care Management, Claims, My Practice, and Resources, along with a search bar and user profile. The main content area is titled 'My Patients' and features a 'Check Member Eligibility' section. This section includes fields for 'Select search criteria to find a member' (set to 'Provider ID (PCPs Only)'), 'Provider ID' (input field containing '1234567890'), and 'Check patient eligibility as this date' (input field showing '05/17/2019'). Below this is a button labeled 'Search'. The results section displays '35 Result(s)' in a table with columns: Member Name, Member ID, Eligible, Effective Date, Term Date, Plan Name, Care Gaps, Important Info, and PCP. Each row includes a 'Select Action' button. The table shows multiple entries for 'KIMBERLY JAHN, VEGA' with various plan names like 'Liberty (PMO-SNP) (H1020-175-009)', 'Access (PMO-SNP) (H1020-124-009)', and 'Bluewell'. The bottom right of the results table has links for 'Filter Results' and 'Download Report'.

# My Patients - Actions

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

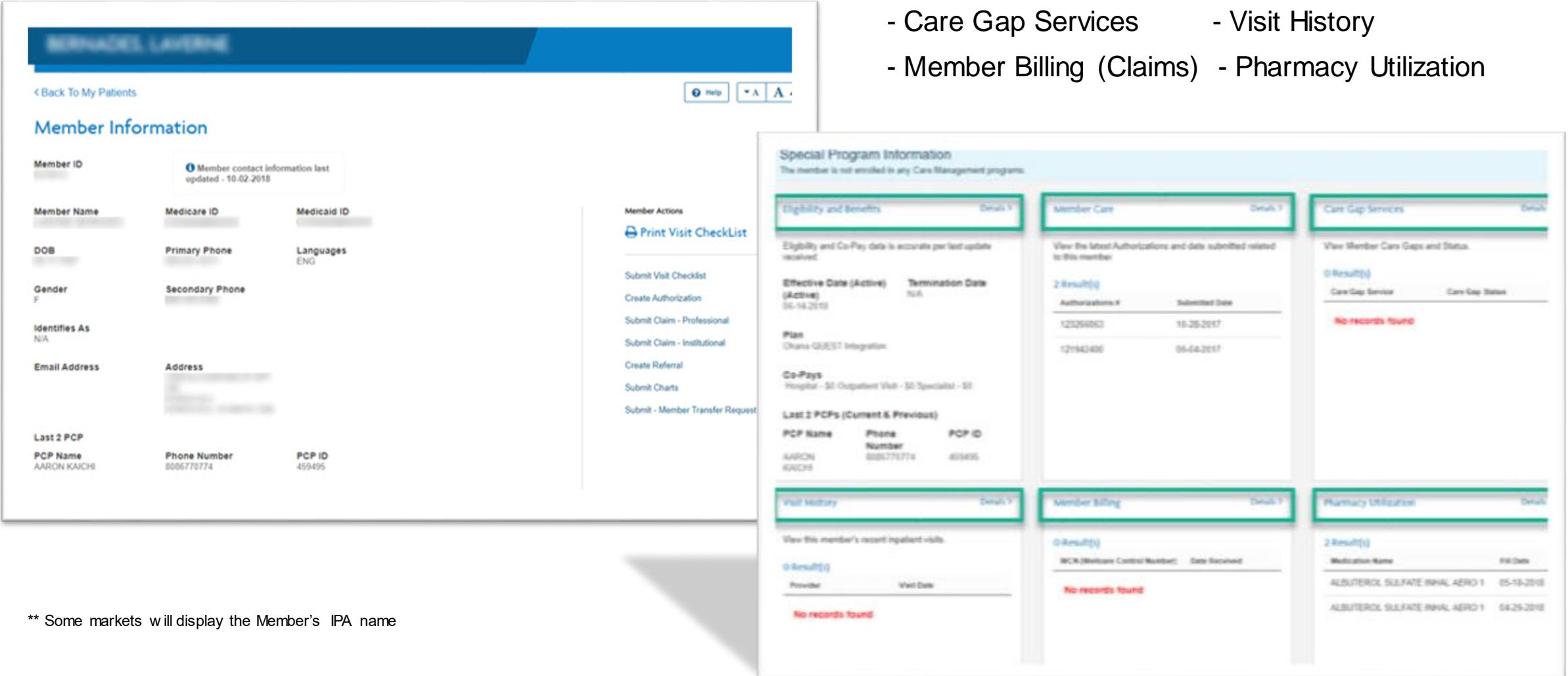
- View Member Details (member profile)
- Request Authorization
- Submit Referral
- Submit Claim – Professional
- Submit Claim – Institutional
- Submit Care Gaps
- Request Member Transfer
- View Appointment Agenda/Visit Checklist
- Submit Appointment Agenda/Visit Checklist
- Submit Social Service Organization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

Term Date	Plan Name	Care Gaps	Important Info	PCP	Select Action
N/A	Staywell	N/A	N/A	KIMBERLY,AYALA VEGA	<a href="#">View Details</a>
N/A	Liberty (HMO SNP) (H1032-175-000)	N/A	①	KIMBERLY,AYALA VEGA	<a href="#">Request Authorization</a>
N/A	Staywell	N/A	N/A	KIMBERLY,AYALA VEGA	<a href="#">Submit Referral</a>
N/A	Access (HMO SNP) (H1032-124-000)	①	N/A	KIMBERLY,AYALA VEGA	<a href="#">Submit Claim - Professional</a>
N/A	Staywell	N/A	①	KIMBERLY,AYALA VEGA	<a href="#">Submit Claim - Institutional</a>
N/A	Staywell	N/A	①	KIMBERLY,AYALA VEGA	<a href="#">Submit Care Gaps</a>
N/A	Staywell	N/A	①	KIMBERLY,AYALA VEGA	<a href="#">Request Member Transfer</a>
N/A	Staywell	N/A	①	KIMBERLY,AYALA VEGA	<a href="#">View Appointment Agenda/Visit Checklist</a>
N/A	Staywell	N/A	①	KIMBERLY,AYALA VEGA	<a href="#">Submit Appointment Agenda/Visit Checklist</a>
N/A	Staywell	N/A	①	KIMBERLY,AYALA VEGA	<a href="#">Submit Social Service Organization Referral</a>
N/A	Staywell	N/A	N/A	KIMBERLY,AYALA VEGA	<a href="#">Select Action</a>

# Member Profile Information

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

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



The screenshot shows the WellCare Member Profile page for a member named Bernadette LaVerne. The page is divided into several sections:

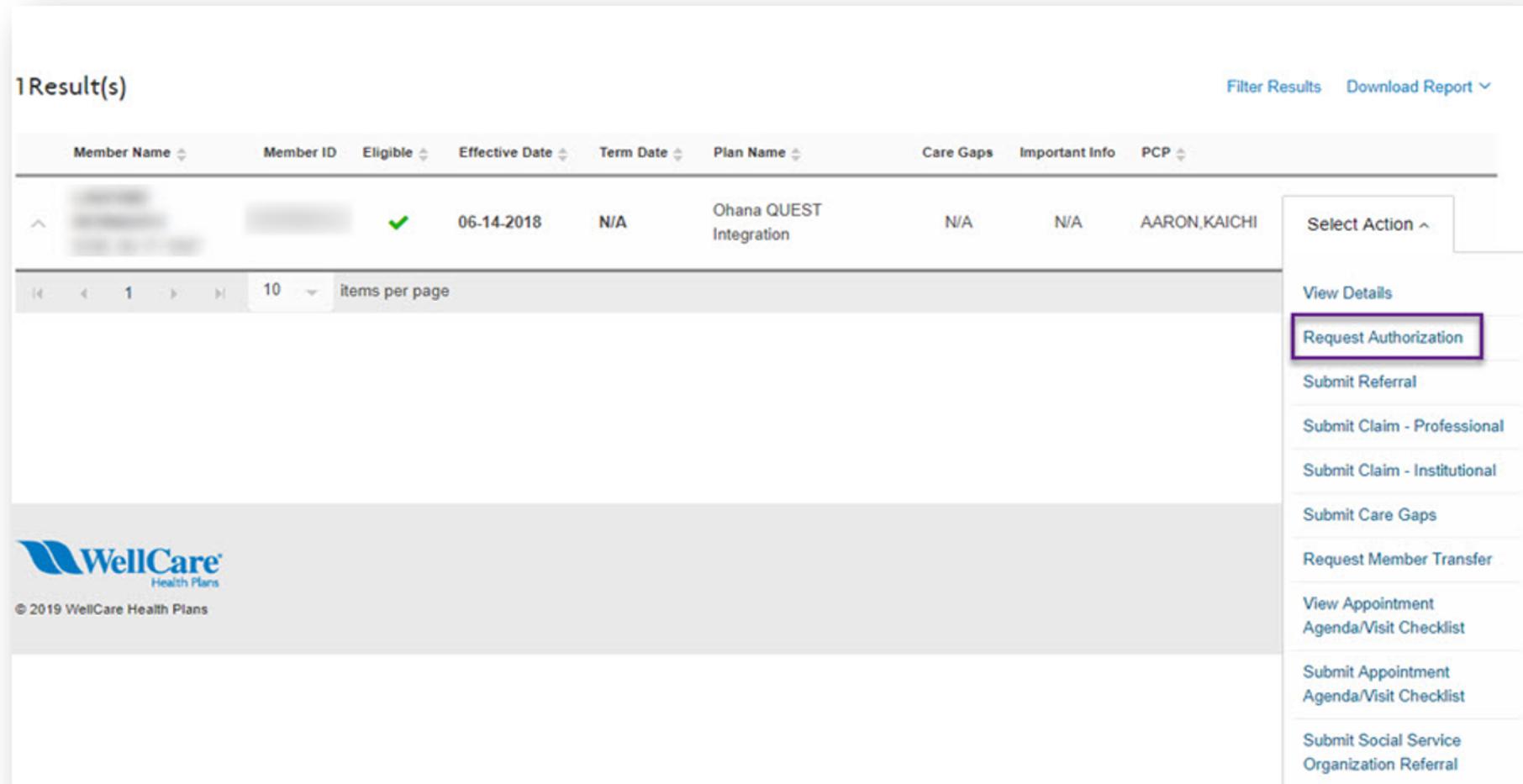
- Member Information:** Includes fields for Member ID (redacted), Member Name (Bernadette LaVerne), Medicare ID (redacted), Medicaid ID (redacted), DOB (redacted), Primary Phone (redacted), Languages (ENG), Gender (F), Secondary Phone (redacted), Identifies As (N/A), Email Address (redacted), and Last 2 PCP (PCP Name: AARON KAICHI, Phone Number: 8006770774, PCP ID: 459495).
- Member Actions:** Includes links to Print Visit CheckList, Submit Visit Checklist, Create Authorization, Submit Claim - Professional, Submit Claim - Institutional, Create Referral, Submit Charts, and Submit - Member Transfer Request.
- Special Program Information:** States "The member is not enrolled in any Care Management programs."
- Eligibility and Benefits:** Shows Effective Date (Active) (06-18-2010) and Termination Date (N/A). Includes a note: "Eligibility and Co-Pay data is accurate per last update received." It also lists the Plan (Oasis QUEST Integration) and Co-Pays (Hospital - \$0 Outpatient Visit - \$0 Specialist - \$0).
- Member Care:** Shows 2 Result(s) of Authorizations. The results are: 123456662 (Submitted Date: 15-05-2017) and 123454300 (Submitted Date: 05-04-2017).
- Care Gap Services:** Shows 0 Result(s) of Care Gap Service. The status is "No records found".
- Visit History:** Shows 0 Result(s) of Visit History. The status is "No records found".
- Member Billing:** Shows 0 Result(s) of Member Billing. The status is "No records found".
- Pharmacy Utilization:** Shows 2 Result(s) of Pharmacy Utilization. The results are: ALBUTEROL SULFATE INHAL AERO 1 (F1 Date: 05-15-2018) and ALBUTEROL SULFATE INHAL AERO 1 (F1 Date: 04-25-2018).

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

# Authorization Submission

- Need to submit an authorization? There are multiple ways to do so:
  - 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.
  - 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:



1 Result(s)

Member Name	Member ID	Eligible	Effective Date	Term Date	Plan Name	Care Gaps	Important Info	PCP
[REDACTED]	[REDACTED]	✓	06-14-2018	N/A	Ohana QUEST Integration	N/A	N/A	AARON,KAICHI

Filter Results Download Report

View Details

Request Authorization

Submit Referral

Submit Claim - Professional

Submit Claim - Institutional

Submit Care Gaps

Request Member Transfer

View Appointment Agenda/Visit Checklist

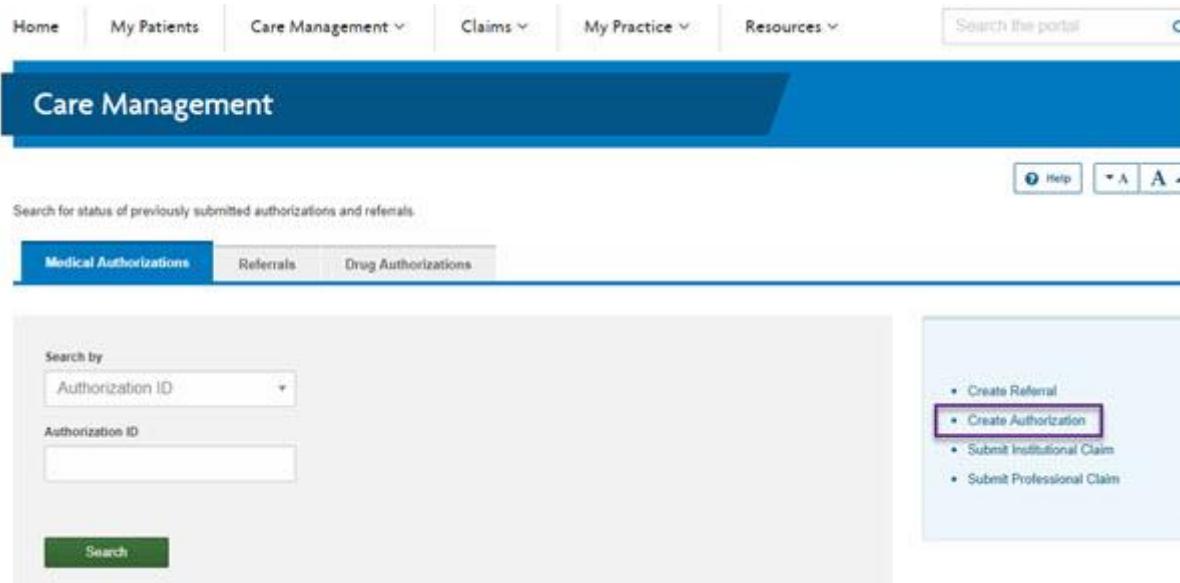
Submit Appointment Agenda/Visit Checklist

Submit Social Service Organization Referral

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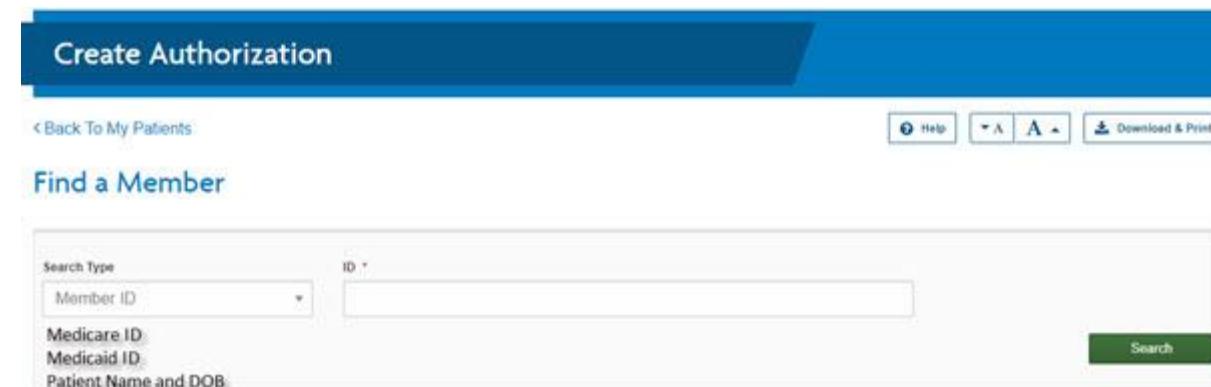
# Authorizations

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



The screenshot shows the WellCare Care Management portal. At the top, there is a navigation bar with links for Home, My Patients, Care Management, Claims, My Practice, and Resources. A search bar is also present. Below the navigation bar, a blue header bar says 'Care Management'. Underneath, there is a search bar for previously submitted authorizations and referrals. A sub-navigation bar below the search bar includes 'Medical Authorizations' (which is selected and highlighted in blue), 'Referrals', and 'Drug Authorizations'. On the left, there is a search section for 'Authorization ID'. On the right, a sidebar contains a list of options: 'Create Referral', 'Create Authorization' (which is also highlighted in blue), 'Submit Institutional Claim', and 'Submit Professional Claim'. A 'Search' button is located at the bottom left of the search section.

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

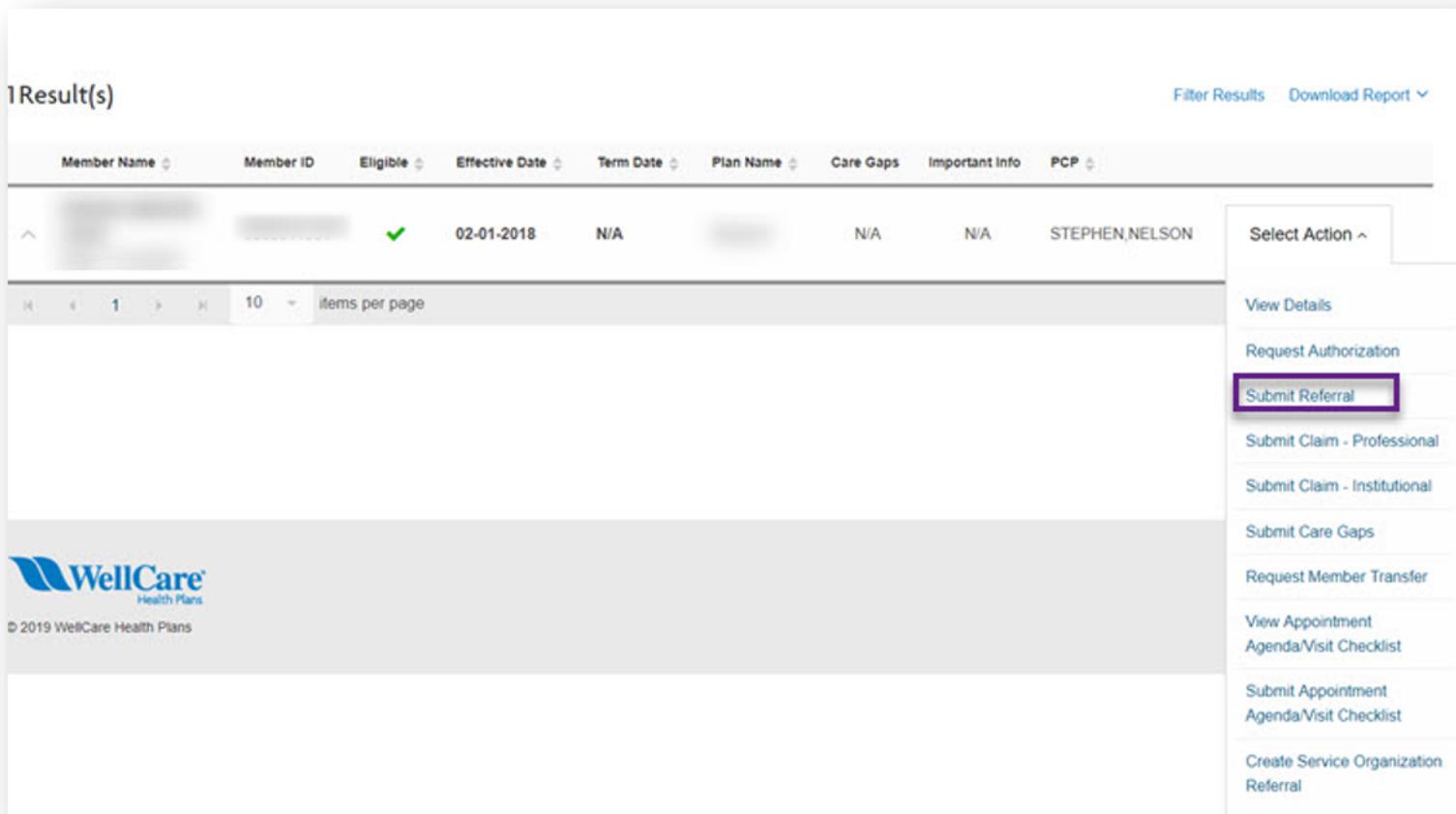


The screenshot shows the 'Create Authorization' portal. At the top, there is a blue header bar with the title 'Create Authorization'. Below the header, there is a link to 'Back To My Patients' and a set of navigation buttons. The main section is titled 'Find a Member'. It features a search form with a 'Search Type' dropdown set to 'Member ID' and an 'ID' input field. Below the dropdown, there are other options: 'Medicare ID', 'Medicaid ID', and 'Patient Name and DOB'. A 'Search' button is located at the bottom right of the search form.

- 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 Is Auth Required
  - 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

- 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



1 Result(s)

Member Name	Member ID	Eligible	Effective Date	Term Date	Plan Name	Care Gaps	Important Info	PCP
[REDACTED]	[REDACTED]	✓	02-01-2018	N/A	[REDACTED]	N/A	N/A	STEPHEN,NELSON

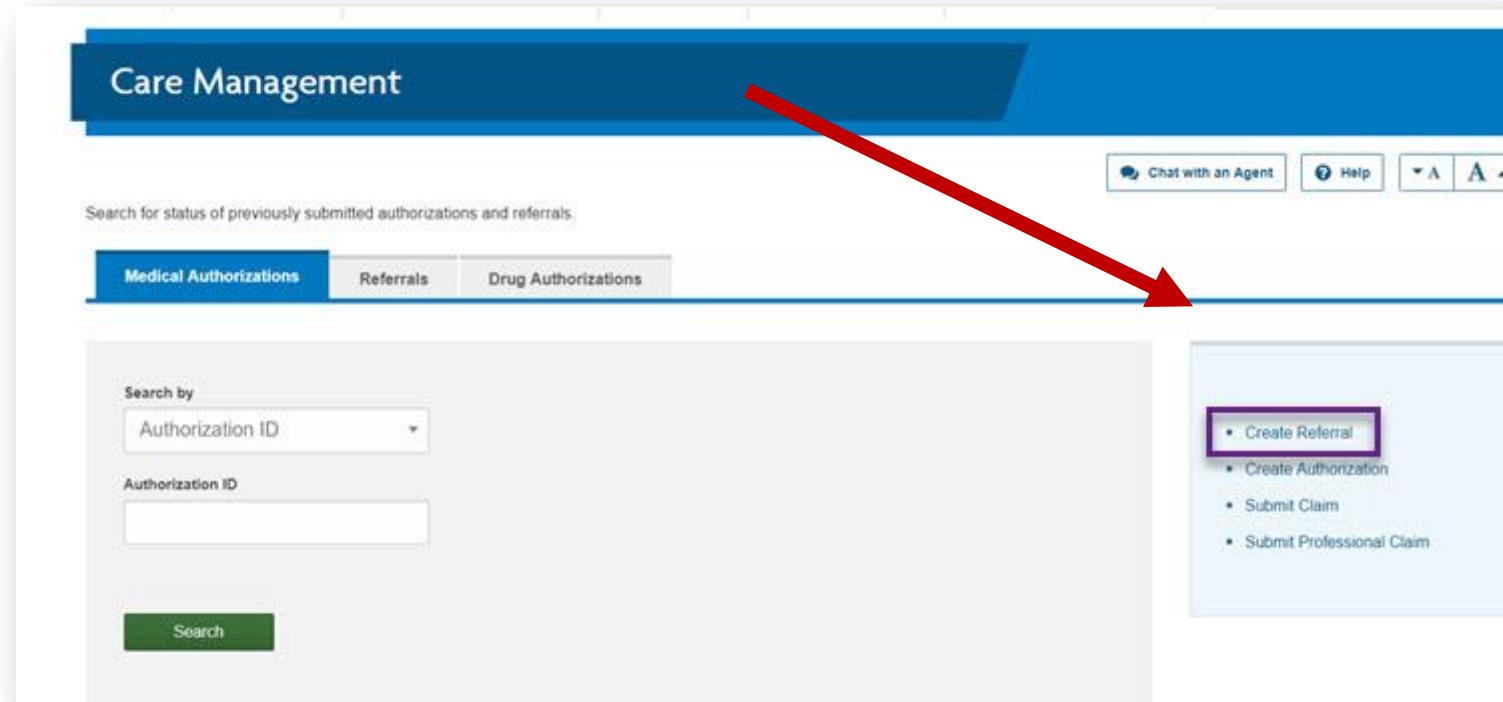
Filter Results Download Report

Select Action

- View Details
- 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
- Create Service Organization Referral

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- 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

## Create Referrals

[« Back To My Patients](#)

[Help](#) [A](#) [Download & Print](#)

### Tips

- **Please Note:** After completing this form and selecting **Create Referral**, please review your referral on the next screen and then submit it. Your referral will not be submitted until you complete this step.
- It could take up to 24 hours for new referral submissions to display when using the [referral search](#).

### Referral Type

Please choose one of the options available in this section.

Consult Evaluation Only  Consult and Treat

### Member Information

The following Member is attached to this Referral.

Member Name: STEPHEN NELSON Member ID: 18026 DOB: 01/01/1980 Gender: M  
Address: 5601 DR MLK JR. STREET NORTH Medicaid ID: Medicare ID:

[View Member Details](#) [Choose Another Member](#)

### Requesting Provider Information

Details about the Provider attached to this referral are located in this section.

The following Provider is attached to this Referral.

Provider Name: STEPHEN NELSON Provider ID: 18026 Phone Number: 727-525-2161 Fax: 727-527-1968  
Specialty: PED Address: 5601 DR MLK JR. STREET NORTH ST PETERSBURG FL 33703-1205

[Enter Information Manually](#) [Choose Another Provider](#)

### Referral Information

Details about the Treating Provider attached to this referral are located in this section.

#### Diagnosis Codes

Add another Diagnosis Code

Treating Provider ID:  Number of Visits:

[Find Provider](#)

Issued Date: 04/25/2019  Expiration Date:

Date of Service:  Reason for Referral:

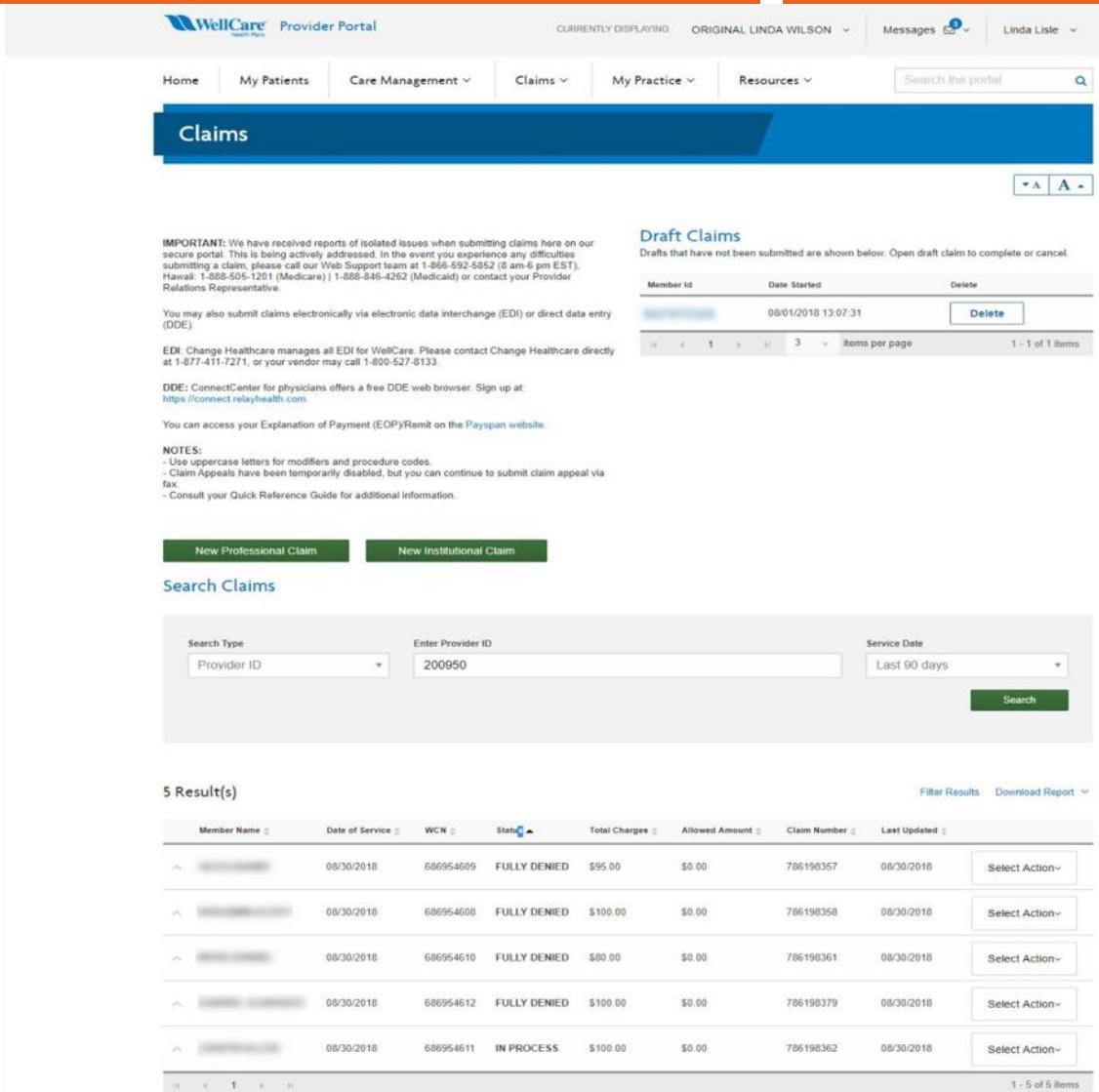
[Cancel](#) [Create Referral](#)

# 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.



WellCare Health Plans Provider Portal

CURRENTLY DISPLAYING ORIGINAL LINDA WILSON Messages Linda Lisle

Home My Patients Care Management Claims My Practice Resources

Search the portal

Claims

IMPORTANT: We have received reports of isolated issues when submitting claims here on our secure portal. This is being actively addressed. In the event you experience any difficulties submitting a claim, please call our Web Support team at 1-866-592-5852 (8 am-6 pm EST), Hawaii: 1-866-505-1201 (Medicare) | 1-866-646-4262 (Medicaid) or contact your Provider Relations Representative.

You may also submit claims electronically via electronic data interchange (EDI) or direct data entry (DDE).

EDI: Change Healthcare manages all EDI for WellCare. Please contact Change Healthcare directly at 1-877-411-7271, or your vendor may call 1-800-527-8133.

DDE: Connect.Center for physicians offers a free DDE web browser. Sign up at: <https://connect.relayhealth.com>.

You can access your Explanation of Payment (EOP)/Remit on the Payspan website.

NOTES:

- Use uppercase letters for modifiers and procedure codes.
- Claim Appeals have been temporarily disabled, but you can continue to submit claim appeal via fax.
- Consult your Quick Reference Guide for additional information.

New Professional Claim New Institutional Claim

Search Claims

Search Type Enter Provider ID Service Date

Provider ID 200950 Last 90 days

Search

5 Result(s)

Member Name	Date of Service	WCN	Status	Total Charges	Allowed Amount	Claim Number	Last Updated	Actions
[REDACTED]	08/30/2018	686954609	FULLY DENIED	\$95.00	\$0.00	786198357	08/30/2018	Select Action
[REDACTED]	08/30/2018	686954608	FULLY DENIED	\$100.00	\$0.00	786198358	08/30/2018	Select Action
[REDACTED]	08/30/2018	686954610	FULLY DENIED	\$80.00	\$0.00	786198361	08/30/2018	Select Action
[REDACTED]	08/30/2018	686954612	FULLY DENIED	\$100.00	\$0.00	786198379	08/30/2018	Select Action
[REDACTED]	08/30/2018	686954611	IN PROCESS	\$100.00	\$0.00	786198362	08/30/2018	Select Action

1 - 5 of 5 items

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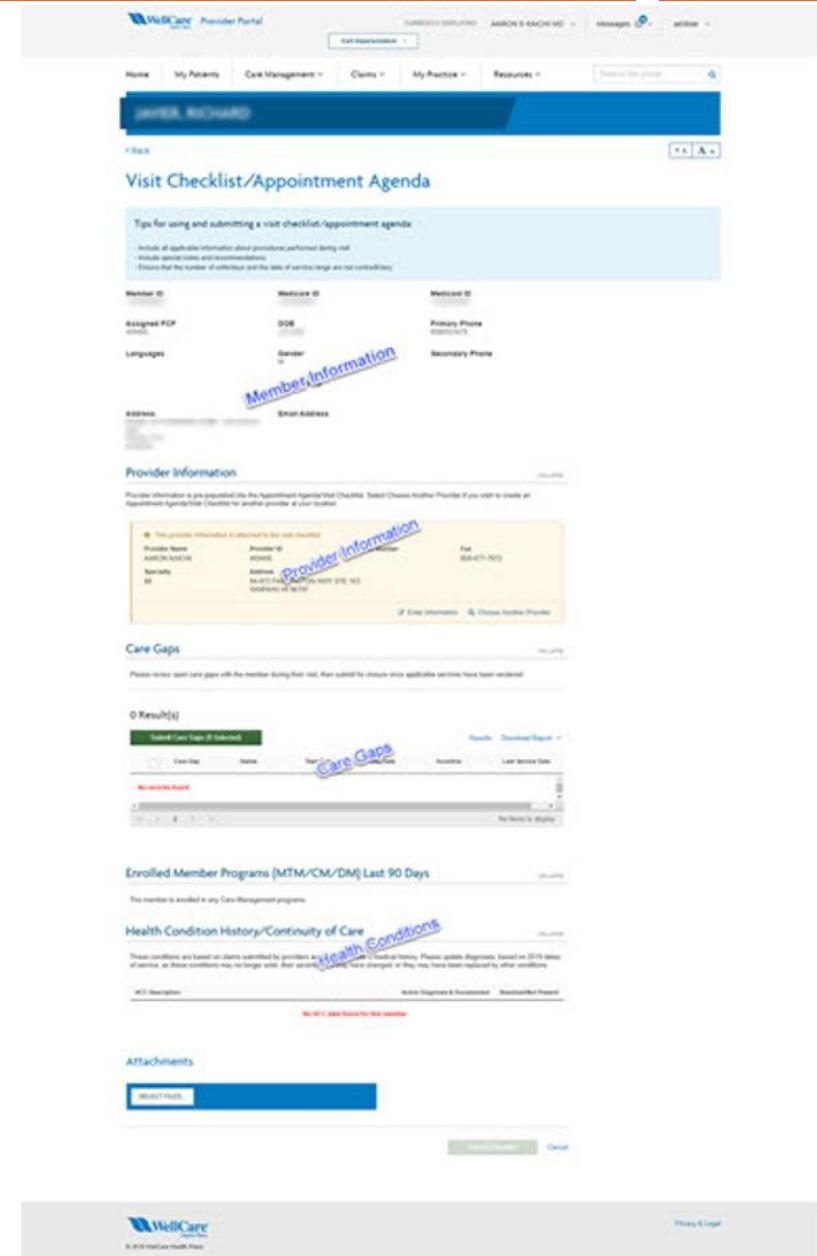
# Appointment Agenda/Visit Checklist

## 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:

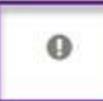
- Once the visit is complete, the provider can submit the Condition Codes (HCCs) that were addressed.



The screenshot shows the WellCare Provider Portal interface. The main title is "Visit Checklist/Appointment Agenda". It includes sections for "Member Information" (with fields for Member ID, Medicare ID, and Address), "Provider Information" (with fields for Provider Name, Address, and Phone), "Care Gaps" (with a table for "Result(s)" and "Care Gaps"), "Enrolled Member Programs (MTM/CM/DM) Last 90 Days", "Health Condition History/Continuity of Care" (with a table for "HCC Description" and "Active Diagnoses & Treatment"), and "Attachments" (with a "SELECT FILES" button). Handwritten blue annotations "Member Information" and "Provider Information" are placed over their respective sections.

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.

	9594007249	✓	01-01-2019	N/A	Staywell		N/A	STEPHEN,NELSON	<span>Select Action</span> ▾	
	7802708988	✓	01-01-2018	N/A	Staywell Kids	N/A	N/A	STEPHEN,NELSON	<a href="#">View Details</a>	
	9415510064	✓	01-01-2019	N/A	Staywell	N/A	N/A	STEPHEN,NELSON	<a href="#">Request Authorization</a>	
	9460824374	✓	01-01-2019	N/A	Staywell	N/A	N/A	STEPHEN,NELSON	<a href="#">Submit Referral</a>	
	3520933788	✓	01-01-2018	N/A	Staywell Kids	N/A	N/A	STEPHEN,NELSON	<a href="#">Submit Claim - Professional</a>	
	9543237514	✓	01-01-2019	N/A	Staywell	N/A	N/A	STEPHEN,NELSON	<a href="#">Submit Claim - Institutional</a>	
	9263808058	✓	01-01-2019	N/A	Staywell	N/A	N/A	STEPHEN,NELSON	<span>Submit Care Gaps</span>	
	9523638629	✓	01-01-2019	N/A	Staywell	N/A	N/A	STEPHEN,NELSON	<a href="#">Request Member Transfer</a>	

- 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)**

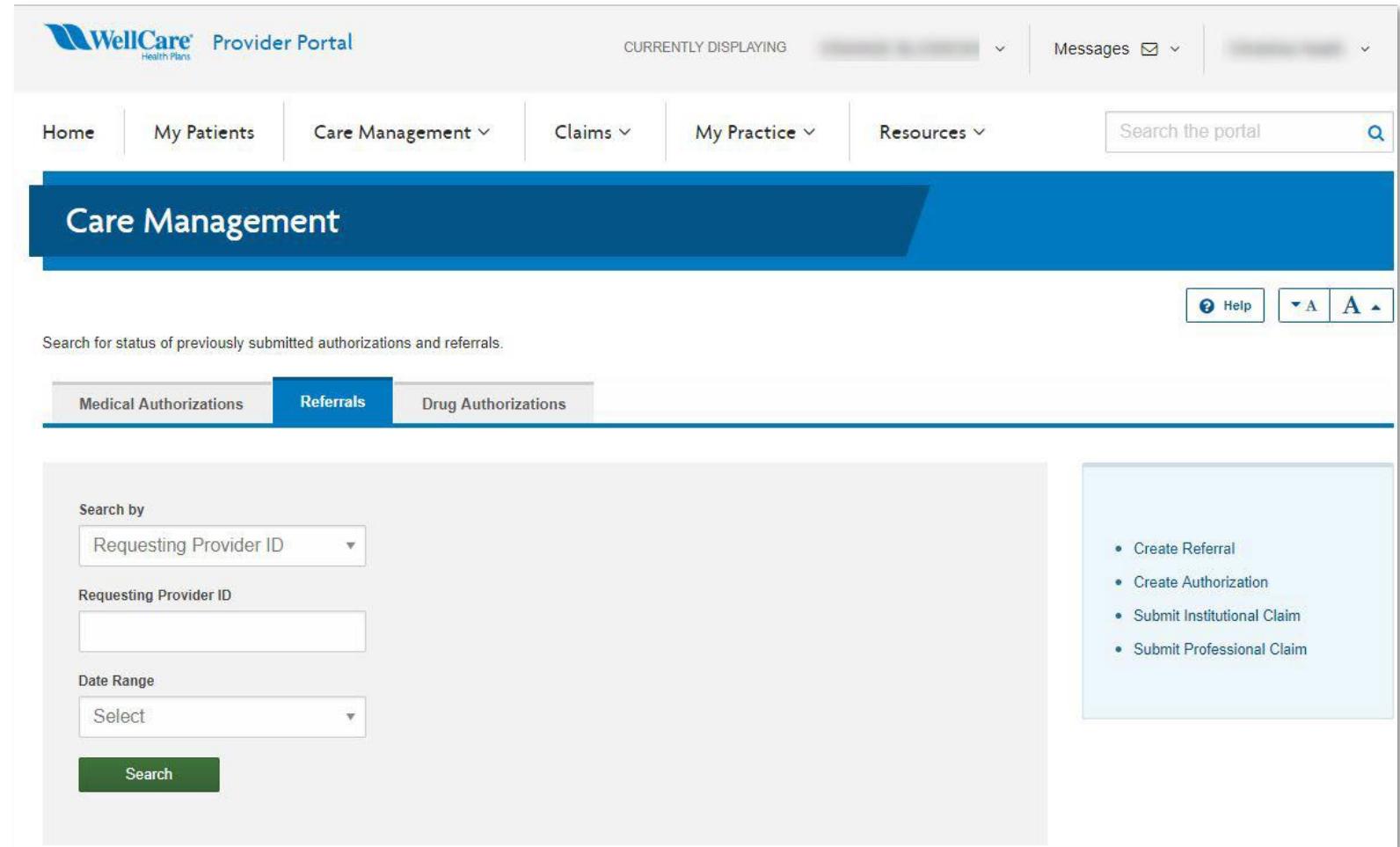
<input type="checkbox"/>	Care Gap	Status	Start Date	End Date	Incentive	Last Service Date
<input type="checkbox"/>	Blood Lead Screening	Non-Compliant	8/24/2018	8/24/2020	N	N/A
<input type="checkbox"/>	Hepatitis B Vaccine	Compliant	8/24/2018	8/24/2020	N	N/A
<input type="checkbox"/>	HiB Vaccine (H Influenza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

1 - 10 of 10 items

- 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



WellCare Health Plans Provider Portal

CURRENTLY DISPLAYING: [redacted] | Messages: [redacted]

Home | My Patients | Care Management | Claims | My Practice | Resources | Search the portal

## Care Management

Search for status of previously submitted authorizations and referrals.

Medical Authorizations | **Referrals** | Drug Authorizations

Search by: Requesting Provider ID

Requesting Provider ID: [redacted]

Date Range: Select

Search

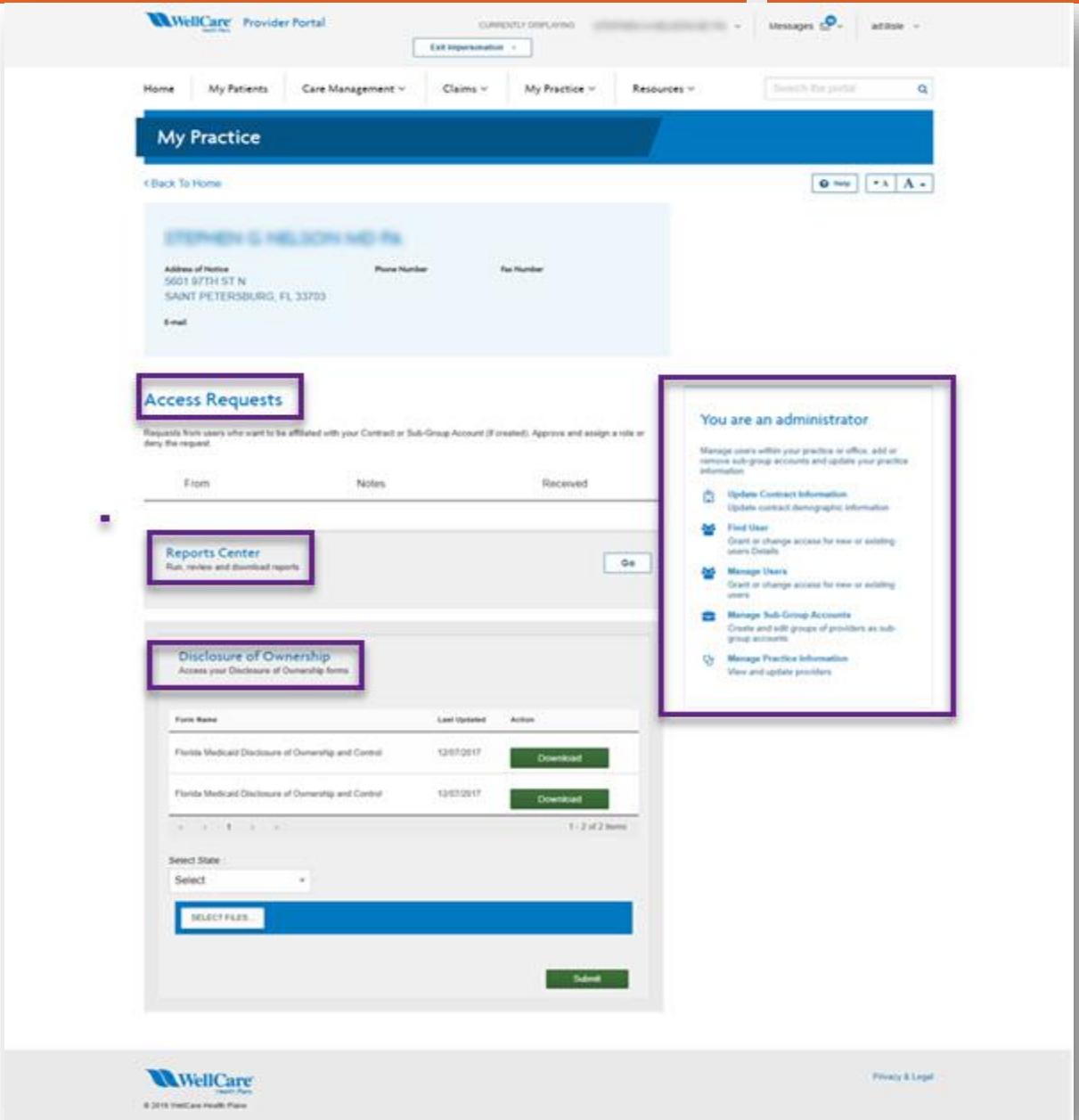
Help | A | A

• Create Referral  
• Create Authorization  
• Submit Institutional Claim  
• Submit Professional Claim

- 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



WellCare Provider Portal

CURRENTLY DISPLAYING: **My Practice**

Home My Patients Care Management Claims My Practice Resources

Search for your ID:

**My Practice**

Back To Home

Address of Office: 5601 97TH ST N, SAINT PETERSBURG, FL 33703

Phone Number:

Fax Number:

E-mail:

**Access Requests**

Requests from users who want to be affiliated with your Contract or Sub-Group Account (if created). Approve and assign a role or deny the request.

From	Notes	Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Reports Center**

Run, review and download reports

**Disclosure of Ownership**

Access your Disclosure of Ownership forms

Form Name	Last Updated	Action
Florida Medicaid Disclosure of Ownership and Control	12/01/2017	<input type="button" value="Download"/>
Florida Medicaid Disclosure of Ownership and Control	12/01/2017	<input type="button" value="Download"/>

Select State:

SELECT FILES:

**You are an administrator.**

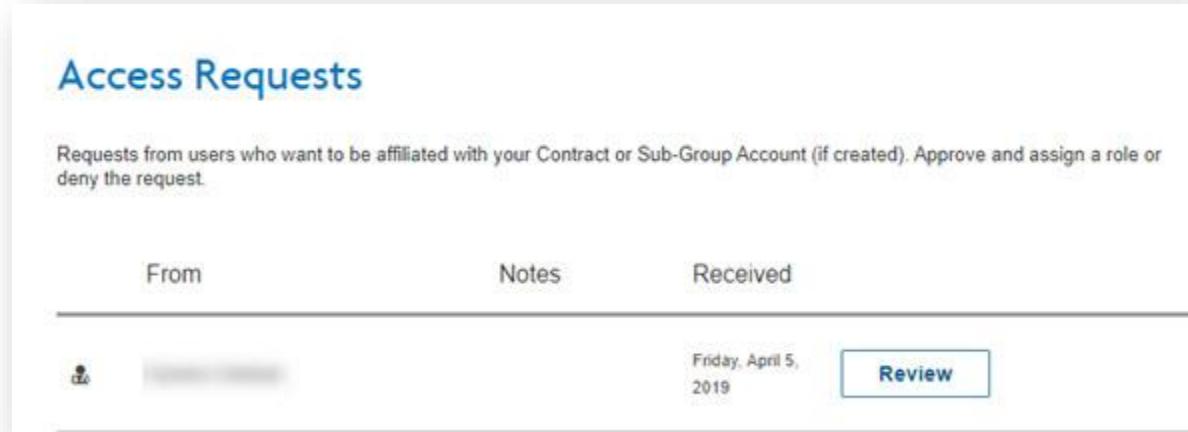
Manage users within your practice or office, add or remove sub-group accounts and update your practice information.

- Update Contract Information
- Update contract demographic information
- Find User
- Grant or change access for new or existing users
- Manage Users
- Create and edit groups of providers as sub-group accounts
- Manage Sub-Group Accounts
- View and update providers
- Manage Practice Information

Privacy & Legal

# Granting user access

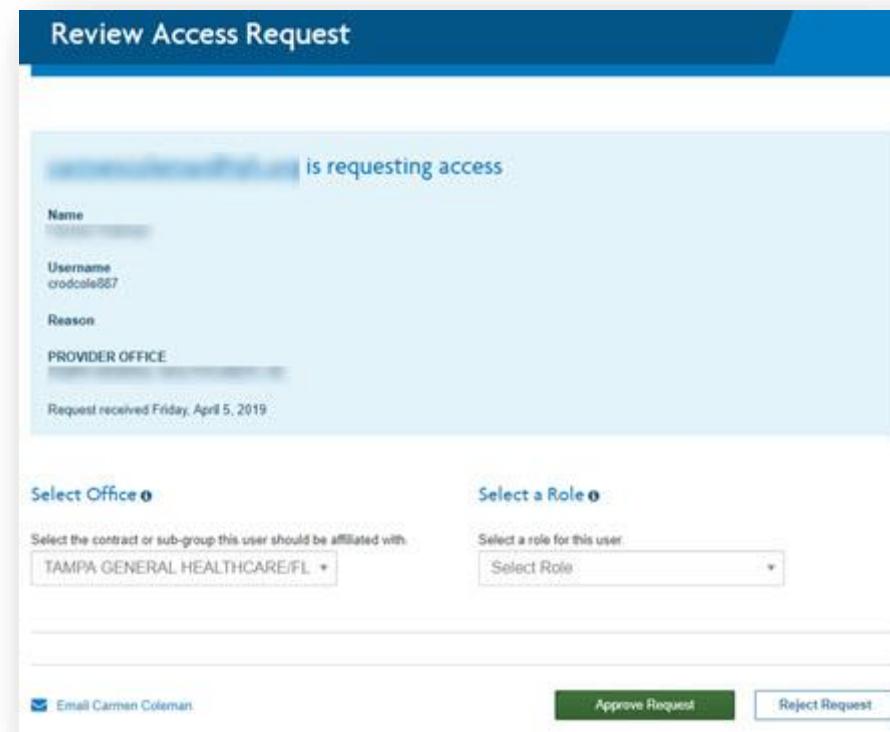
- When users request affiliation to a contract, a few things will happen:
  - The contract admin will receive an email notifying them that someone has requested access to their contract
  - The contract admin can view the Access Request on the My Practice page
  - The contract admin or an admin lite 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:



**Access Requests**

Requests from users who want to be affiliated with your Contract or Sub-Group Account (if created). Approve and assign a role or deny the request.

From	Notes	Received
 [REDACTED]		Friday, April 5, 2019 <span style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 5px; text-decoration: none; color: inherit;">Review</span>



**Review Access Request**

[REDACTED] is requesting access

Name [REDACTED]  
Username: crdcoble887

Reason: PROVIDER OFFICE

Request received Friday, April 5, 2019

Select Office • Select a Role •

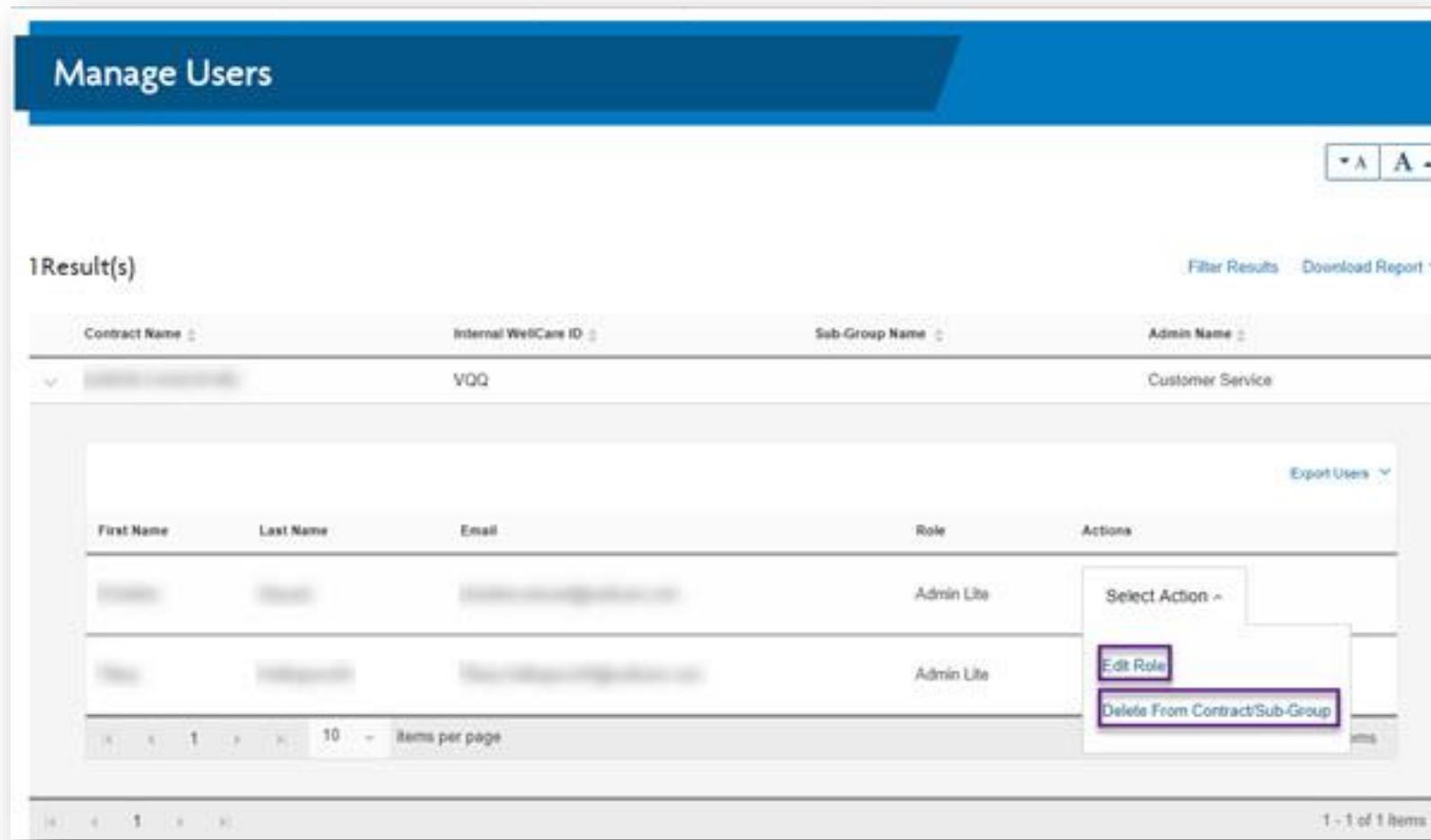
Select the contract or sub-group this user should be affiliated with.  
TAMPA GENERAL HEALTHCARE/FL \*

Select a role for this user.  
Select Role

Email Carmen Coleman Approve Request Reject Request

# 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



The screenshot shows the 'Manage Users' interface. At the top, there is a blue header bar with the title 'Manage Users'. Below the header, there is a toolbar with a search bar and filter options. The main area displays a table with 1 result, showing columns for 'Contract Name', 'Internal WellCare ID', 'Sub-Group Name', and 'Admin Name'. The data in the table is as follows:

Contract Name	Internal WellCare ID	Sub-Group Name	Admin Name
VOO	VOO	Customer Service	

Below the table, there is a list of users with columns for 'First Name', 'Last Name', 'Email', 'Role', and 'Actions'. The 'Actions' column for the first user has a dropdown menu with options: 'Select Action', 'Edit Role', and 'Delete From Contract/Sub-Group'. The 'Delete From Contract/Sub-Group' option is highlighted with a purple box. At the bottom of the page, there are pagination controls and a message indicating '1 of 1 items'.

# 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

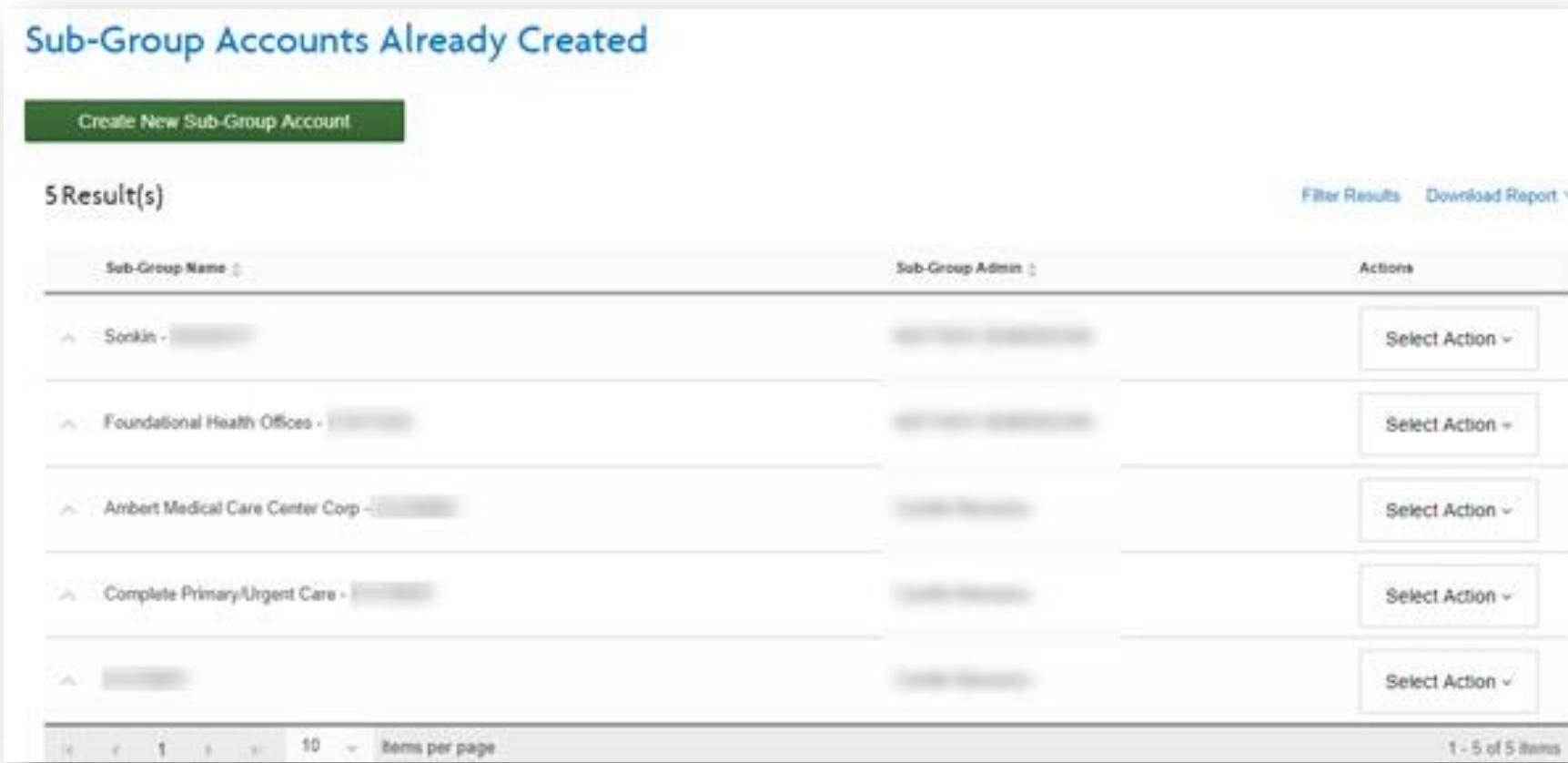
**Sub-Group Accounts Already Created**

[Create New Sub-Group Account](#)

5 Result(s) [Filter Results](#) [Download Report](#) ▾

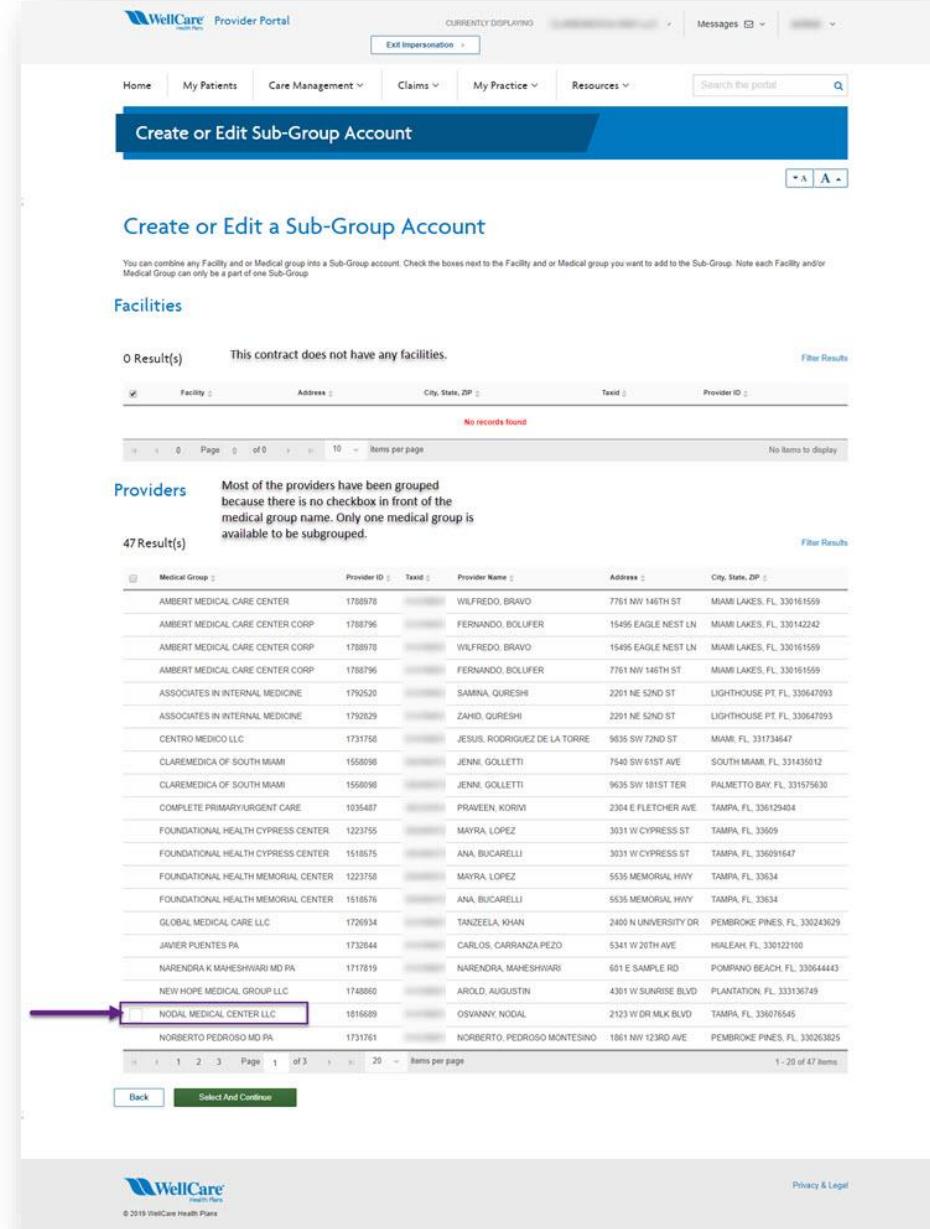
Sub-Group Name ▾	Sub-Group Admin ▾	Actions
Sonkin - [REDACTED]	[REDACTED]	<a href="#">Select Action ▾</a>
Foundational Health Offices - [REDACTED]	[REDACTED]	<a href="#">Select Action ▾</a>
Ambert Medical Care Center Corp - [REDACTED]	[REDACTED]	<a href="#">Select Action ▾</a>
Complete Primary/Urgent Care - [REDACTED]	[REDACTED]	<a href="#">Select Action ▾</a>
[REDACTED]	[REDACTED]	<a href="#">Select Action ▾</a>

Items per page ▾ 1 10 ▾ 1 - 5 of 5 items



# 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



WellCare® Provider Portal

Home My Patients Care Management Claims My Practice Resources

Search the portal

Create or Edit Sub-Group Account

Create or Edit a Sub-Group Account

You can combine any Facility and/or Medical group into a Sub-Group account. Check the boxes next to the Facility and/or Medical group you want to add to the Sub-Group. Note each Facility and/or Medical Group can only be a part of one Sub-Group.

**Facilities**

0 Result(s) This contract does not have any facilities.

Facility	Address	City, State, ZIP	TaxID	Provider ID
No records found				

**Providers** Most of the providers have been grouped because there is no checkbox in front of the medical group name. Only one medical group is available to be subgrouped.

47 Result(s)

Medical Group	Provider ID	TaxID	Provider Name	Address	City, State, ZIP
AMBERT MEDICAL CARE CENTER	1788978		WILFREDO, BRAVO	7761 NW 146TH ST	MIAMI LAKES, FL 33161559
AMBERT MEDICAL CARE CENTER CORP.	17888796		FERNANDO, BOLIFER	15495 EAGLE NEST LN	MIAMI LAKES, FL 33142242
AMBERT MEDICAL CARE CENTER CORP.	1788978		WILFREDO, BRAVO	15495 EAGLE NEST LN	MIAMI LAKES, FL 33161559
AMBERT MEDICAL CARE CENTER CORP.	1788796		FERNANDO, BOLIFER	7761 NW 146TH ST	MIAMI LAKES, FL 33161559
ASSOCIATES IN INTERNAL MEDICINE	1792520		SAMINA, QURESHI	2201 NE 52ND ST	LIGHHOUSE PT, FL 330647093
ASSOCIATES IN INTERNAL MEDICINE	1792629		ZAHID, QURESHI	2201 NE 52ND ST	LIGHHOUSE PT, FL 330647093
CENTRO MEDICO LLC	1731758		JESUS, RODRIGUEZ DE LA TORRE	9635 SW 72ND ST	MIAMI, FL 331734647
CLAREMEDICA OF SOUTH MIAMI	1558098		JENNI, GOLLETTI	7540 SW 61ST AVE	SOUTH MIAMI, FL 331435012
CLAREMEDICA OF SOUTH MIAMI	1558098		JENNI, GOLLETTI	9635 SW 181ST TER	PALMETTO BAY, FL 331575630
COMPLETE PRIMARY/URGENT CARE	1035487		PRAVEEN, KORINA	2304 E FLETCHER AVE	TAMPA, FL 336129404
FOUNDATIONAL HEALTH CYPRESS CENTER	1223755		MAYRA, LOPEZ	3031 W CYPRESS ST	TAMPA, FL 33609
FOUNDATIONAL HEALTH CYPRESS CENTER	1518675		ANA, BUCARELLI	3031 W CYPRESS ST	TAMPA, FL 336091647
FOUNDATIONAL HEALTH MEMORIAL CENTER	1223758		MAYRA, LOPEZ	5535 MEMORIAL HWY	TAMPA, FL 33634
FOUNDATIONAL HEALTH MEMORIAL CENTER	1518576		ANA, BUCARELLI	5535 MEMORIAL HWY	TAMPA, FL 33634
GLOBAL MEDICAL CARE LLC	1726934		TANZEELA, KHAN	2400 N UNIVERSITY DR	PEMBROKE PINES, FL 330243629
JAVIER PUNTRES PA	1732644		CARLOS, CARRANZA PEZO	5341 W 20TH AVE	MIALEAH, FL 330121100
NARENDRA K MAHESHWARI MD PA	1717819		NARENDRA, MAHESHWARI	601 E SAMPLE RD	POMPANO BEACH, FL 330644443
NEW HOPE MEDICAL GROUP LLC	1748860		AROLD, AUGUSTIN	4301 W SUNRISE BLVD	PLANTATION, FL 333136749
NODAL MEDICAL CENTER LLC	1816689		OSVANNY, NODAL	2121 W DR MILK BLVD	TAMPA, FL 336076545
NORBERTO PEDROSO MD PA	1731761		NORBERTO, PEDROSO MONTESINO	1861 NW 123RD AVE	PEMBROKE PINES, FL 330263825

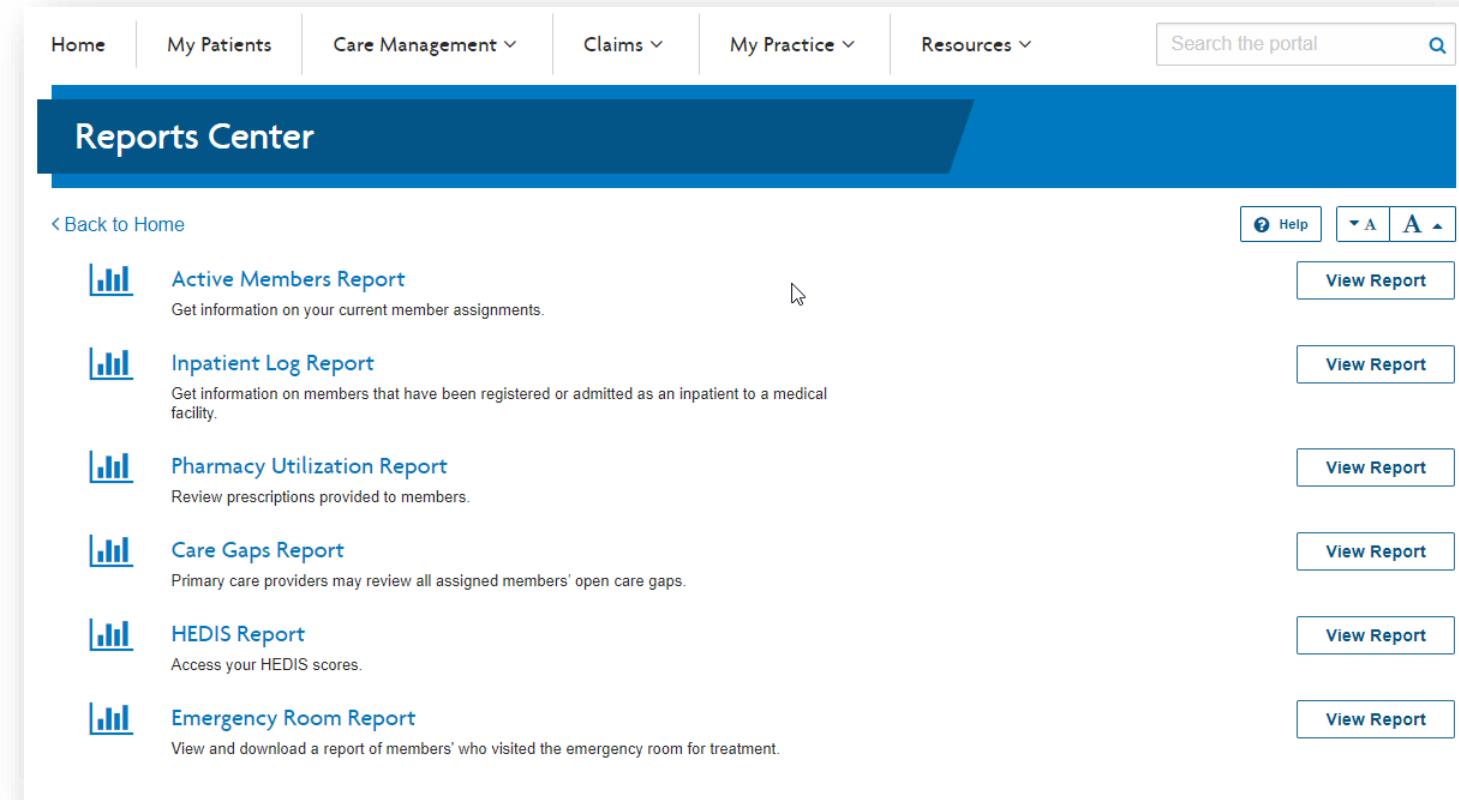
Page 1 of 3 Back Select And Continue Items per page: 10 20 50 100 200 500 1000 1 - 20 of 47 items

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Privacy & Legal

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



The screenshot shows the 'Reports Center' section of the WellCare Provider Portal. The top navigation bar includes links for Home, My Patients, Care Management, Claims, My Practice, and Resources, along with a search bar. The 'Reports Center' header is prominently displayed. Below the header, there is a 'Back to Home' link and a 'Help' button with accessibility options. The main content area lists six report types, each with a brief description and a 'View Report' button:

Report Type	Description	Action
Active Members Report	Get information on your current member assignments.	<a href="#">View Report</a>
Inpatient Log Report	Get information on members that have been registered or admitted as an inpatient to a medical facility.	<a href="#">View Report</a>
Pharmacy Utilization Report	Review prescriptions provided to members.	<a href="#">View Report</a>
Care Gaps Report	Primary care providers may review all assigned members' open care gaps.	<a href="#">View Report</a>
HEDIS Report	Access your HEDIS scores.	<a href="#">View Report</a>
Emergency Room Report	View and download a report of members' who visited the emergency room for treatment.	<a href="#">View Report</a>

- 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.

## Available Training

[Back To Home](#)

Course Name  [Search](#)

51 Result(s)

[View Transcript](#) [Filter Results](#) [Download Report](#)

Course Name	Contractually Required	Status	Release Date	Actions
FL Assistive Care Services Provider Orientation This course is for participating assistive care providers and provides an overview of partnering with Staywell, Staywell Kids and HealthEase Kids.	NO	Not Completed	05/31/2017	<a href="#">Select Action</a>

# 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](#).