



WellCare Member Portal User Guide

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Member / Provider Secure Sign-In

The Member / Provider Secure Sign-In lets you access secure portions of this Web site using a login and password.

Using the Secure Sign-In

To sign into the secure areas of this Web site, please do the following:

1. In the **Username** box, enter the username selected during Registration.
2. In the **Password** box, enter the password associated with the username previously entered.
3. Click **Login**.

Retrieving a Forgotten Password

If you have forgotten the **Password** for your account, you may click the link called **Forgot Your Password?**

Registering for Access

If you are not registered with this Web site and would like to do so, you may click the link called **Sign Up Here**.

Member Registration

Registration lets you access the member section of the Web site where you can view reports, change your address, change your primary care provider and more. You will need your WellCare ID card to register. If you are registering a child, you will need the child's ID card and use the child's information.

To register, follow these steps:

1. From the Home page, under **For Members**, click the **Register for Access today!** link.

The Member Registration screen is displayed.

2. In the **WellCare Member ID** box, type your member identification number.
3. In the **Date of Birth** box, type your date of birth or use the calendar to select the date.

Tip: The date of birth must be in mm/dd/yyyy format.

4. In the **First Name** box, type your first name.
5. In the **Middle Initial** box, type your middle initial.

Note: This field is optional.

6. In the **Last Name** box, type your last name.
7. In the **Email Address** box, type your e-mail address.

Tip: The e-mail address must be in the somename@somewhere.com format.

Note: Your temporary password will be sent to the e-mail address you enter.

8. Click **Next**.

The Member Registration - Accept Terms screen is displayed.

9. Verify your information and read the HIPAA Terms and Conditions.
10. If you agree to the terms, click **Accept**.

11. Click **Next**.

The Member Registration - Create a Username screen is displayed.

12. In the **Username** box, type the username you want to use to access the site.

Tips: To be valid, usernames:

- Must be unique—no one else can have the same username
- Must contain at least 8 characters but no more than 12 characters
- Must contain both letters and numbers (alphanumeric)
- Cannot contain a hyphen (-), question mark (?), asterisk (*) or any other non-alphanumeric characters

13. In the **Security Question** drop-down box, choose a security question.

14. In the **Security Answer** box, type the answer to the security question.

Note: The security answer is not case-sensitive (it can be all capital letters, all lowercase letters, or a mix of both).

15. Click **Submit**.

Your temporary password will be sent to the e-mail address you specified. When you log in to the Web site for the first time, you will be required to change your password.

Edit Profile

The Edit Profile screen lets you update your user information such as your name, address and telephone number. You must be logged in to use this feature.

Follow these steps to update your profile:

1. Click the **Administration** tab.

The Administration screen is displayed.

2. Click the **My Profile** link.

The Edit Profile screen is displayed with your current profile.

3. Change the information.

Note: Fields with a * are required.

4. Click **Update** to save your changes.

Change Password

The Change Password function lets you change your account password to protect your privacy. You must be logged in to use this function.

Follow these steps to change your password:

1. Click the **Administration** tab.

The Administration screen is displayed.

2. Click the **Change Password** link.

The Change Password screen is displayed.

3. In the **Current Password** box, type your current password.

4. In the **New Password** box, type a new password.

Tips: To be valid, passwords:

- Must contain at least 8 characters but no more than 12 characters
- Must contain both letters and numbers (alphanumeric)
- Cannot contain a hyphen (-), question mark (?), asterisk (*) or any other non-alphanumeric characters

Passwords are case-sensitive, which means that PEACH123, peach123 and Peach123 are three different passwords.

5. In the **Confirm Password** box, type the new password again. The Confirm Password entry **MUST** match the New Password entry.
6. Click **Update** to save your changes.

Change Address

The Change Address screen lets you send us your new address. You must be logged in to use this function.

Follow these steps to change your address:

1. Click the **Administration** tab.

The Administration screen is displayed.

2. Click the **Change Address** link.

The Change Address screen is displayed with the current address, phone number and e-mail address at the top of the page, and a form to update the information at the bottom of the page.

3. Enter the new information.

Note: Fields with a * are required.

4. Click **Submit**.

Change Primary Care Provider

The Change Your Provider screen lets you request a change to your selected Primary Care Provider.

Follow these steps to change your Primary Care Provider:

1. From the Secure Member Home, click the **Administration** tab.

The Administration screen is displayed.

2. Click the **Change Primary Care Provider** link.

The Change Your Provider screen is displayed with your currently selected provider information.

3. Click the **Change my Primary Care Provider** link.

The Search for Primary Care Providers screen is displayed. You can search by ZIP Code or the provider's last name. ZIP Code and range are required fields on this form.

To search, follow these steps:

1. In the **Zip Code** box, enter the ZIP Code you want to use to search by.
2. In the **Within** drop-down box, select how far from the ZIP Code you entered to search.
3. In the **Last Name** box, enter the first few letters of the provider last name. **Note:** This is optional.
4. Click **Search**. The search results are displayed.
5. In the search results, click the name of the provider that you want to make your new Primary Care Provider. The provider's details are displayed.
4. Verify the provider you have chosen.
5. Under **Why are you changing your Primary Care Provider?**, select your reason for the change.
6. Click **Accept** to send the request.

Replace ID Card

The Replace ID Card screen lets you print a temporary WellCare ID. You must be logged in to use this function.

To print a temporary ID card, follow these steps:

1. Click the **Administration** tab.

The Administration screen is displayed.

2. Click the **Replace ID Card** link.

The Replace ID Card screen is displayed with your temporary ID card.

3. Print the screen.

Member Message Center

The Member Message Center lets us send messages to registered members. You must be logged in to access this function.

Follow these steps to access the Message Center:

1. Click the **Member** tab.

The Member Home is displayed. The member messages appear in the **Messages from WellCare** box.

2. Click any of the links in the **Messages from WellCare** box to view that message.
3. To see all the messages in your message box, click the **More Messages from WellCare** link.
4. Click the message's subject link to view that message.

Find-A-Physician

The Find-A-Physician Tool helps you locate Doctors, Hospitals, Pharmacies, and Other Facilities and Services within WellCare's Provider Directory.

Providers may be located by geographical area using different criteria, as described below.

To Find a Doctor

1. Within the Find-A-Physician Tool, click the **Doctor** link. The tool expands to display **Search for Participating Providers**.
2. In the **Zip Code** box, enter the ZIP Code you wish to search by. The **Product Type** select box is displayed.
3. In the **Product Type** select box, choose a product type from the list of available types. The **Product** select box is displayed.
4. In the **Product** select box, choose a product from the list of available products. The **Provider Type** select box is displayed.
5. In the **Provider Type** select box, choose a provider type from the list of available types. The **Last Name** box and **Within** select box are displayed.
6. If you are looking for a specific provider, you may enter the first few letters of the provider's last name in the **Last Name** box.
7. Select a distance to search from the ZIP Code entered in Step 2 using the **Within** select box.
8. Click the **Search** button. Your results are displayed on a new screen.

To Find a Hospital

1. Within the Find-A-Physician Tool, click the **Hospital** link. The tool expands to display **Search for Participating Hospitals**.
2. In the **Zip Code** box, enter the ZIP Code you wish to search by. The **Product Type** select box is displayed.
3. In the **Product Type** select box, choose a product type from the list of available types. The **Product** select box is displayed.

4. In the **Product** select box, choose a product from the list of available products. The **Name** box and **Within** select box are displayed.
5. If you are looking for a specific hospital, you may enter the first few letters of the hospital's name in the **Name** box.
6. Select a distance to search from the ZIP Code entered in Step 2 using the **Within** select box.
7. Click the **Search** button. Your results are displayed on a new screen.

To Find a Pharmacy

1. Within the Find-A-Physician Tool, click the **Pharmacy** link. The tool expands to display **Search for Participating Pharmacies**.
2. In the **Zip Code** box, enter the ZIP Code you wish to search by. The **Name** box and **Within** select box are displayed.
3. If you are looking for a specific pharmacy, you may enter the first few letters of the pharmacy's name in the **Name** box.
4. Select a distance to search from the ZIP Code entered in the previous step using the **Within** select box.
5. Click the **Search** button. Your results are displayed on a new screen.

To Find Other Facilities and Services

1. Within the Find-A-Physician Tool, click the **Other Facilities/Services** link. The Tool expands to display **Search for Other Facilities and Services**.
2. In the **Zip Code** box, enter the ZIP Code you wish to search by. The **Product Type** select box is displayed.
3. In the **Product Type** select box, choose a product type from the list of available types. The **Product** select box is displayed.
4. In the **Product** select box, choose a product from the list of available products. The **Provider Type** select box is displayed.
5. In the **Provider Type** select box, choose a provider type from the list of available types. The **Name** box and **Within** select box are displayed.
6. If you are looking for a specific provider, you may enter the first few letters of the facility's name in the **Name** box.

7. Select a distance to search from the ZIP Code entered in Step 2 using the **Within** select box.
8. Click the **Search** button. Your results are displayed on a new screen.

Member Eligibility and Copay Report

The Member Eligibility and Copay Report lets you view eligibility and co-pay details. You must be logged in to use this function.

Running the Report

1. From the Secure Member Home screen, click the **Show Eligibility Copay** button in the Eligibility box.

The Member Eligibility Copay History Report is displayed. The report has these fields:

Report Heading Fields

Name	Member's name
ID	Member's ID
Phone	Member's phone number
DOB	Member's date of birth

Report Body Fields

Effective Date	Date when this person became a member
Term Date	Date when member was last eligible for plan services
Product	Member's health plan
PCP ID	Member's Primary Care Physician's ID
PCP	Member's Primary Care Physician's name
Phone	Member's Primary Care Physician's phone number
Copay	Co-payment amount for which member is responsible

Tip: Click the + sign to see the co-pay information.

Saving the Report

1. Click the **Save** button at the top right of the report to save the results.

You can save the report in these formats:

PDF—Adobe® Acrobat Portable Document Format for easy viewing and printing

RTF—Rich Text Format

DOC—Microsoft® Word

XLS—Microsoft® Excel

2. Specify where you want to save the report.
3. Click **Save**.

Member Check Claim Status Report

The Member Check Claim Status Report lets you find claim status information by service date or claim number. You must be logged in to use this feature.

Running the Report

The report is on the Secure Member Home in the Claims box. To run the report, follow these steps:

1. In the **Check Claims Status** box, click the **Find by** type you want to use.

The types are:

Service Date—lets you use a date range of up to 31 days to find a claim by the date of service

Claim Number—lets you enter a claim number to search for a claim

If you select **Service Date**, follow these steps:

- a. Select the date range type. Date range types are:

Custom Range—lets you select a range of up to 31 days

Within—lets you select from a pre-selected range

If you select **Custom Range**, follow these steps:

- i. Click inside the first text box.

A calendar is displayed with the current month. Use the arrows by the month and year at the top to select a new month or year.

- ii. Click the date you want to be the start date of the report.

The calendar closes.

- iii. Click inside the second text box.

A calendar is displayed with the current month. Use the arrows by the month and year at the top to select a new month or year.

- iv. Click the date you want to be the end date of the report. Remember, there cannot be more than 31 days between the start date and the end date.

The calendar closes.

If you select **Within**, follow these steps:

- i. Click the drop-down box arrow to see the options.

Options are:

Last day	shows authorizations issued in the last 24 hours
Last 2 days	shows authorizations issued in the last 48 hours
Last week	shows authorizations issued in the last 7 days
Last 2 weeks	shows authorizations issued in the last 14 days
Last month	shows authorizations issued in the last 31 days

- ii. Select an option. The drop-down box closes.

If you select **Claim Number**, follow this step:

- a. In the **Claim Number** box, enter all or part of the claim number.
2. Click the **Check Claim Status** button.

The Claim Status Report is displayed.

Saving the Report

1. Click the **Save** button at the top right of the report to save the results.

You can save the report in these formats:

PDF—Adobe® Acrobat Portable Document Format for easy viewing and printing

RTF—Rich Text Format

DOC—Microsoft® Word

XLS–Microsoft® Excel

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2. Specify where you want to save the report.
3. Click **Save**.

Member Authorization Report

The Member Authorization Report lets you view prior authorization summary information. You must be logged in to use this function.

Running the Report

The report is on the Secure Member Home in the Authorizations box.

1. In the **Authorizations** box, click the date range type you want to use.

The types are:

Custom Range—lets you select a range of up to 31 days
Within—lets you select from a pre-selected range

If you select **Custom Range**, follow these steps:

- a. Click inside the first text box.

A calendar is displayed with the current month. Use the arrows by the month and year at the top to select a new month or year.

- b. Click the date you want to be the start date of the report.

The calendar closes.

- c. Click inside the second text box.

A calendar is displayed with the current month. Use the arrows by the month and year at the top to select a new month or year.

- d. Click the date you want to be the end date of the report.
Remember, there cannot be more than 31 days between the start date and the end date.

The calendar closes.

If you select **Within**, follow these steps:

- a. Click the drop-down box arrow to see the options.

Options are:

Last day	shows authorizations issued in the last 24 hours
Last 2 days	shows authorizations issued in the last 48 hours
Last week	shows authorizations issued in the last 7 days
Last 2 weeks	shows authorizations issued in the last 14 days
Last month	shows authorizations issued in the last 31 days

- b. Select an option. The drop-down box closes.
2. Click the **Find Authorizations** button.

The Authorization Report is displayed. The report has these fields:

Type	Authorization type
Number	Authorization number
Date of Service	Date authorization was created
Exp. Date	Date when the authorization expires
Member Name	Member's name
Member ID	Member's ID
Date of Birth	Member's date of birth
Product	Member's health plan
Referring Provider	Name of the provider who created the authorization
Ref. Prov. Phone	Phone number of the provider who created the authorization

Saving the Report

1. Click the **Save** button at the top right of the report to save the results.

You can save the report in these formats:

PDF—Adobe® Acrobat Portable Document Format for easy viewing and printing

RTF—Rich Text Format

DOC—Microsoft® Word

XLS—Microsoft® Excel

2. Specify where you want to save the report.
3. Click **Save**.

Submit a Fraud and Abuse Report

Most providers and members are honest. Some are not. Fraud is when a provider or member gives false information that lets someone get a benefit that is not allowed.

If you suspect fraud, WellCare has a 24-hour hotline you can call to report an incident. The toll-free number is **1-866-678-8355**. It is private. You may leave a message without leaving your name. If you leave your phone number, a representative will call you to review your information. We want to be certain there has not been a billing error, rather than an effort on someone's part to deceive. You can also submit a Fraud and Abuse form online.

Follow these steps to report a case online:

1. Click the **Fraud & Abuse** tab.

The Fraud & Abuse tab is displayed with examples of Fraud & Abuse and information on how to report fraud and abuse.

2. Click the **Report a case** link.

The Fraud & Abuse form is displayed.

3. Fill out the form then click **Submit**. Fields marked with a * are required. Fields in the form are:

Last Name (*)	Enter the last name of the person suspected of fraud/abuse.
First Name (*)	Enter the first name of the person suspected of fraud/abuse.
MI (Middle Initial)	Enter the middle initial of the person suspected of fraud/abuse.
Suffix	Select the appropriate suffix from the drop-down list of the person suspected of fraud/abuse.
Organization Name	Enter the organization name of the person suspected of fraud/abuse.
Address 1 & Address 2	Enter the address of the person suspected of fraud/abuse.
City	Enter the city of the person suspected of fraud/abuse.
State	Select the appropriate state from the drop-down list of the person suspected of fraud/abuse.

Zip Code	Enter the ZIP Code of the person suspected of fraud/abuse.
Phone	Enter the phone number of the person suspected of fraud/abuse for more information about this case.
Additional information about provider or member	Enter any information you have about the identity of the person suspected of fraud/abuse. For example, member or provider identification number, license number, telephone number, etc.
Describe the suspected fraud or abuse	Enter the description of the suspected fraud/abuse. For example, billing for a more expensive service than was actually performed, billing for services that were not performed or ordered by the practitioner, etc. Also provide as many specific details as possible—who, what, when, where, why and how.
Optional Contact Information	
Last Name	Enter your last name.
First Name	Enter your first name.
MI (Middle Initial)	Enter your middle initial.
Suffix	Select your appropriate suffix from the drop-down list.
Organization Name	Enter your organization's name.
Address 1 & Address 2	Enter your address.
City	Enter your city.
State	Select your state from the drop-down list.
Zip code	Enter your ZIP Code.
Telephone (day)	Enter your daytime phone number and extension if WellCare may contact you for more information about this case.
Telephone (evening)	Enter your evening phone number and extension if WellCare may contact you for more information about this case.
Fax	Enter your fax number if WellCare may contact you for more information about this case.
Email Address	Enter your e-mail address if WellCare may contact you for more information about this case.

Submit an Appeal

Use the form to submit an appeal request in writing. Fields marked with a * are required.

Follow these steps to submit your appeal request online:

1. Click in the **Request Date** box, and select the date from the calendar or type the date of the appeal request.

Tip: Date must be in mm/dd/yyyy format.

2. By the **Have the services been provided yet?** question, click **Yes** if services have been provided. If they have not yet been provided, click **No**.
3. Under **Member Information**, fill out all required fields. You may also enter your date of birth and telephone number, but they are not required.

*Name	Enter the member's first and last names.
*Address	Enter the member's street address.
*City	Enter the member's city.
*ID Number	Enter the member's WellCare ID number.
Date of Birth	Enter the member's date of birth in mm/dd/yyyy format. (Not required.)
Telephone	Enter the member's phone number. (Not required.)
*Relationship to Member	Select how you are related to the member. If you are not the member, you must provide your contact details under Requestor Information (see below). If you are a Provider or Appointed Representative, you must have written consent from the member to file this appeal on the member's behalf.

If you are not the member, the **Requestor Information** section is displayed. Under **Requestor Information**, fill out these fields (all fields are required):

*Name	Enter the first and last names of the person asking for the appeal.
*Address	Enter the street address of the person asking for the appeal.
*City	Enter the city of the person asking for the appeal.

*Telephone	Enter the phone number of the person asking for the appeal.
*Contact Person	Enter the name of the person to contact about this appeal request.

4. If the services have been provided, you will see the **Services Provided Information** section. Fill out the following fields:

*Name	Enter the first and last name of the provider who is billing you.
*Address	Enter the street address of the provider who is billing you.
*City	Enter the city of the provider who is billing you.
*Telephone	Enter the phone number of the provider who is billing you.
*Contact Person	Enter the name of the contact person for the provider who is billing you.
*Date(s) of Service	Enter the date of service for the service you are being billed for in mm/dd/yyyy format.
*Please state why...	Enter the reason why the services were not authorized before they were rendered.

5. If the services have not been provided, you will see the **Services Planned Information** section. Fill out these fields:

*Name	Enter the first and last name of the provider who will provide the service.
*Address	Enter the street address of the provider who will provide the service.
*City	Enter the city of the provider who will provide the service.
*Telephone	Enter the phone number of the provider who will provide the service.
*Contact Person	Enter the name of the contact person of the provider who will provide the service.
*What date is the service planned to begin?	Enter the planned date of service in mm/dd/yyyy format.
*Why do you feel the planned service should be approved?	Enter the reason that the planned service should be approved.

If your denial received was for an out-of-network provider, why do you feel we should approve the request?	Enter the reason that a denied planned service for an out-of-network provider should be approved. (Not required.)
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6. Read the disclosure agreement then click **Accept** or **Decline**.

Note: You must select **Accept** to submit the form.

7. Click **Submit**.

Submit a Grievance

Use the form to submit a grievance in writing. This form should be used only for a non-Medicare member. Fields marked with a * are required.

Follow these steps to submit your grievance online:

1. In the **Member Name** box, type the member's first and name for whom the grievance is being submitted.
2. In the **Member Phone** box, type the member's phone number for whom the grievance is being submitted.
3. In the **Member ID** box, type the member's WellCare ID number for whom the grievance is being submitted.
4. Under **Relationship to Member**, select your relationship to the member for whom the grievance is being submitted.

Note: If you select an option other than **Self**, you must provide your contact details. To provide more details, follow these steps:

Under **Requestor Information**:

- a. In the **Name** box, type your first and last name.
 - b. In the **Address** box, type your address.
 - c. In the **City** box, type your city.
 - d. In the **Telephone** box, type your phone number.
 - e. In the **Contact Person** box, type the name of the person to be contacted regarding the grievance.
5. Under **Type of Grievance**, select all the types that apply.

Note: If you select **Other**, you must type the reason in the box next to **Other**.

6. Click in the **Date of Occurrence that caused Grievance** box, and select from the calendar the date when the incident happened that caused the grievance. You can also type the date in mm/dd/yyyy format.
7. Under **Explain Issue**, type the issue that has caused the grievance.

8. Under **I would like my grievance to be handled as**, select either of the options:
- 30-calendar days**—select this option for non claim-related grievances
 - 60-calendar days**—select this option for claim-related grievances
9. Under **How would you like your grievance resolved?** type the way that you would like us to resolve your grievance.
10. Click in the **What date(s) was the service provided?** box and select the date that the service was provided from the calendar. You can also type the date in mm/dd/yyyy format.
11. In the **Name of physician or hospital that provided the service** box, type the full name of the provider.
12. Under **Have you discussed this grievance with any company/staff personnel?**, select **Yes** or **No**.

Note: If you select **Yes**, you must provide more details. To provide more details, follow these steps:

- a. Under **If Yes, with whom?** type the name(s) of the people you have spoken to about the grievance.
 - b. Under **What did they say?** type the response(s) of the people you have spoken to about the grievance.
13. Under **If your grievance involves balance billing, have you paid the bill you are referencing?**, select **Yes** or **No**.

Note: If you select **Yes**, you must provide more details. To provide more details, follow these steps:

- a. In the **Where did you receive the service?** box, type the location of the provider who performed the service.
- b. Click in the **When?** box and select the date when service was performed from the calendar. You can also type the date in mm/dd/yyyy format.
- c. In the **By whom?** box, type the name of the provider who performed the service.
- d. Under **Have you contacted the provider?**, click **Yes** or **No**.

Note: If you select **Yes**, you must provide more details. To do this, follow this step:

- In the **If yes, what did they say?** box, type the provider's response to the grievance.

14. Under **Other comments**, type any other details you want to give us about the grievance.

15. Read the disclosure agreement then click **Accept** or **Decline**.

Note: You must select **Accept** to submit the form.

16. Click **Submit**.