



# My Patients

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1. Select the My Patients tab



## Check Member Eligibility

This section allows you to search for members and check eligibility.

2. Enter the member ID and select search

If you need additional assistance, please select the Help button. There, you can access FAQs or select your state and plan to chat with a Customer Service agent.

Select search criteria to find a member

Member ID

Member ID

Check patient eligibility on this date

01/11/2021

Medicaid ID

Medicare ID

Enter multiple member IDs to display

Search

Select search criteria to find a member

Member ID

Member ID

Check patient eligibility on this date

01/11/2021

Medicaid ID

Medicare ID

Enter multiple member IDs to display

Search

3. Verify the correct member information

1 Result(s)

4. Use the "Select Action" feature to view actions list

Filter Results Download Report

Member Name	Member ID	Eligible	Effective Date	Term Date	Plan Name	Care Gaps	Important Info	PCP
		✓						

10 items per page

Select Action

5. Select "Submit Care Gaps"

- View Details
- Request Authorization
- Submit Referral
- Submit Claim - Professional
- Submit Claim - Institutional
- Submit Care Gaps
- Request Member Transfer
- View Appointment Agenda/Visit Checklist



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://Care-Gaps-Tasks/MemberProfileCareGaps...

4 Result(s)

Submit Care Gaps (1 Selected)

Results Download Report

6. Scroll down and select the necessary care gap on the list by marking the check box to the left of it, then selecting the green "Submit Care Gaps" button

<input checked="" type="checkbox"/>	Care Gap	Status	Incentive	Last Service Date
<input type="checkbox"/>			N	N/A
<input type="checkbox"/>			N	N/A
<input type="checkbox"/>		Compliant	N	N/A
<input checked="" type="checkbox"/>		Non-Compliant	N	N/A

1 - 4 of 4 items

# Care Gaps

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## Close Member Care Gaps

COLLAPSE

To complete and close a Member's Care Gap, be sure to fill out and complete all the required fields on the form.

### Member Information

7. Verify member information is correct

COLLAPSE

Member

The following person is attached to this Care Gap

Member Name	Member ID	DOB	Gender

Address

8. Verify submitting provider information is correct and select a specialty

### Submitting Provider Information

COLLAPSE

Provider

The following person is attached to this Care Gap

Provider ID	First Name	Last Name	NPI

Specialty  
PED

Choose Provider

9. Enter the rendering provider information using the "Choose Provider" tool link

### Rendering Provider Information

COLLAPSE

Same Provider Details

This link allows you to search for providers by last/facility name, provider ID, specialty, tax ID or the current contract/sub-group.

Provider

The following person is attached to this Care Gap

First Name	Last Name	NPI	Specialty

Enter Manual [Choose Provider](#)

Provider information can also be entered manually, if not available

### Care Gap Service

Date of Service must be between the Start and End Date shown for this care need.

Date of service	Place of Service	Start Date	End Date
<input type="text"/>	Select	1/26/2020	1/26/2024
Care Gap Service	Results	Care Gap Submission	
<input type="text"/>	Select	Do not type anything in this field	
Failure Reason	*.pdf, *.xlsx, *.xls, *.docx, *.rtf, *.tif, *.tiff, *.doc, *.xls		
N/A	<input type="button" value="Select File"/>		

10. Fill out all care gap detail fields

[Add Another](#)

11. Attach supporting documentation for the service. File must be under 10 MB. Documents that do not load should be renamed to a single word, in lowercase, no special characters

12. Submit

Submit

Cancel