Online Tools Available to WellCare Providers

Prospective Providers

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Self-Services Resources That Work for Our Providers

As part of WellCare's network, providers have access to multiple tools to make communicating and doing business with us easy, convenient, and efficient as possible. This guide will help you get to know the online resources that will be at your fingertips.

To join WellCare's provider network go to **www.wellCare.com** to complete an inquiry form for consideration.

- Select your state. Under "Provider" click on "Join Our Network" from the "Getting Started" menu options.
- A representative will contact you to help guide you through our formal application process.

Thank you for your interest in WellCare.

Find It Fast on the Secure Web Portal

Registering for the secure Web Portal gives providers and their staff access to improved search tools, claims and authorization status, member information, and convenient ways to connect with us.

Check Out the Benefits of the Portal

Get to know the benefits and advantages afforded to WellCare providers so you can see for yourself how doing business with us is easier and more efficient.

Below are some of the helpful functions available through the Provider Portal:

- **Eligibility and Benefits –** Providers can submit and view authorization requests, claims and eligibility.
- **View Member Information –** Patient profiles give providers access to medical records, demographic information, care gaps, healthcare conditions, pharmacy utilization and benefits.
- **Contact Us –** Resolve issues quickly by communicating with customer service agents through secure messages and online chat.
- **Access Useful Guides –** View guides, FAQs, educational newsletters and provider manuals.
- **Download Key Forms –** Forms or authorizations, behavioral health, pharmacy, grievance, and more.
- **Claims Status and Submissions –** Providers can submit claims online and review the status of previously submitted claims.
- **Chat –** Providers can get real-time claim adjustments and more without having to wait on hold.
- **Claims Appeals, Claims Disputes and Corrected Claims –** Can also be processed and performed online as well. Claims tips and resources can help providers accurately submit their requests for quicker processing.

Portal Training Materials – Providers have access to our portal training materials to help them navigate and utilize the valuable tools and resources available to them.

Online Provider Resources

We want to ensure providers have easy access to ample resources to pull from when running their business. Our resource guides, educational newsletters, and provider manuals can offer valuable information that will benefit their patients and their practice. Ensuring your Providers can access these documents on their own will make working with WellCare more convenient.

Provider Manuals

Essential information about our policies and procedures for claims, quality improvement, appeals, behavioral health, and more.

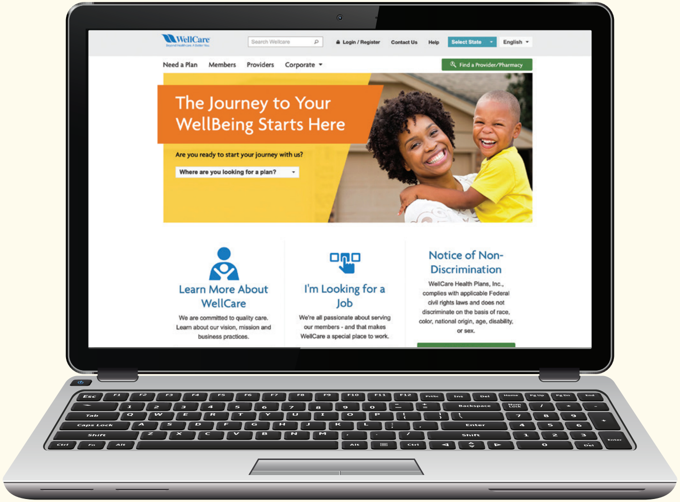
Resource Guides

These guides assist with routine tasks related to:

- Secure Provider Portal
- Verifying Member Eligibility
- Claims
- Quick Reference Guide
- Prior Authorizations
- Appeals

Newsletters & Bulletins

Our newsletters and bulletins give providers important information regarding updating provider information, rights and responsibilities, our Healthy Rewards Program, formulary changes, PaySpan® and more. You can also find updates on changes that affect you – such as updated clinical guidelines, new and updated policies, authorization changes and company news and initiatives.



Introducing PaySpan®

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

We are pleased to offer electronic funds transfer (EFT) and electronic remittance advice (ERA) services through PaySpan® at no charge. These tools give you a secure, quick, and simple way to electronically settle claims.

Using this free service, providers can settle claims without investing in expensive EDI software. After completing a simple online enrollment, you can receive ERAs and import the information directly into their practice management or patient accounting system.

Using PaySpan®, EFTs are routed to the bank account(s) you choose. Providers can manage multiple payers, choose from among common and proprietary formats for ERAs, easily reconcile payments with claims, and take advantage of claim and remittance retrieval and reporting.

Benefits for providers:

- Faster deposits to provider bank accounts improve cash flow. They also reduce paper handling, which in turn minimizes accounting expenses. With faster deposits, there is no longer a need to rekey, eliminating the possibility of errors.

PaySpan makes tracking and reconciling payments quick and easy with flexible payment reports. You can design your own reports and run them at any time. PaySpan's report capability takes the mystery out of matching claims to payments.

- There are a number of options for viewing and receiving remittance details. PaySpan will match your preference for remittance information, including options for a HIPAA-compliant data file that can be downloaded directly to a practice management or patient accounting system.
- ERAs can be presented online and printed at your convenience. You can associate payments with ERAs quickly and easily. This allows you to keep total control over the destination of claim payment funds. Multiple practices and accounts are supported.
- Further, you can reuse enrollment information to connect with multiple payers. Different payers can be assigned to multiple bank accounts.

Get to Know the Benefits of Chat

Chat is a fast and convenient way to ask simple questions and receive real-time support. Providers now have the ability to use our Chat application instead of calling and speaking with agents. Here are some ways our Chat support can help you and your staff:

- Multi-session functionality
- Web support assistance
- Real-time claim adjustments

Explore the benefits you can will experience by using live Chat!

Convenience –
Live Chat offers the convenience of getting help and answers without having to call in.

No Waiting On Hold –
No one wants to spend their lunch break on hold. With live Chat support, you can carry on with your daily errands while waiting for an agent to reply.

Documentation of Interaction –
Chat logs provide transparency and proof of contact. When customers engage with customer support via phone, they don't typically receive a recording of the verbal conversation. Live Chat software gives you the option of receiving a transcription of the conversation afterward.

Chat (Real-Time Support)

The Benefits Interactive Voice Response (IVR)

Our Interactive Voice Response (IVR) assists providers with self-service functionality. You can bypass speaking with an associate to check eligibility, claim status or authorization status. You can use the IVR by calling the toll-free Provider Services telephone number provided in the Quick Reference Guide. The Quick Reference Guide is located on our website at **www.wellcare.com**.

Provider-friendly functionality:

- Expedites provider verification and authentication
- Provider/Member account information is sent directly to the agent desktop so providers don't have to re-enter information if they choose to use Chat or speak to a customer service agent
- You can speak information or use their touch-tone key-pad

Convenience for providers available any time of day!

- Member co-pay and benefit information
- Member eligibility information
- Authorization status & request for authorization forms
- Pharmacy status information and requesting forms
- Unlimited claims status information on full or partial payments
- Multiples lines of claims details for denials
- Rejected claims information is also available through self-service system
- Claim numbers are available
- Ticket number is provided as record of interaction

Tips for Providers using our IVR:

Have the following information available with each call:

- WellCare provider ID number
- NPI or Tax ID number for validation (if you do not have your WellCare provider ID)
- For claims inquiries: the member's ID number, date of birth, date of service and dollar amount
- For authorization and eligibility inquiries: the member's ID number and date of birth

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