



How to Submit an Authorization Request Online

WellCare encourages you to submit outpatient authorization requests via our secure Web site, www.wellcare.com. By becoming a registered user, you have immediate access to pertinent information regarding your claims, authorizations and more. Conducting transactions online provides useful information on demand while also saving you time.

Simply log in to www.wellcare.com and follow the steps below. If you have any questions, please contact your Provider Relations Representative.

1

Log in or create a new account using the *Sign Up Here* link that appears on the home page.

Member / Provider Secure Sign-In: ?

Username

Password

Login

Forgot Your Password?

Not Registered? Sign Up Here

2

Once you have logged in, you may access the Authorizations tool a couple of ways. On the Providers main page, you can select the *Submit Authorization* link under the Authorizations heading.

Authorizations ?

Check Authorization Status

*Required

*Find by:

Provider ID:

Lookup Provider

*Service Date:

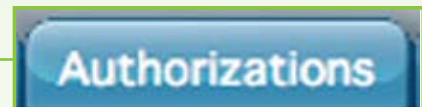
Within:

From:

Find Authorizations

Submit Authorization

Or, you can select the *Authorizations* tab at the top of the page.



From there, select the *Authorization Request* link.

Authorization/Certification

Authorization Request

Online Authorization submissions save time and money. Follow the instructions to submit as many as you need - whenever you need them. Authorization/Certification determinations are made based on medical necessity and appropriateness, and reflect the application of WellCare's approved review criteria guidelines. Once you complete each authorization request, you can download or print a summary report for your records.

Continued on back

How to Submit an Authorization Request Online *continued*

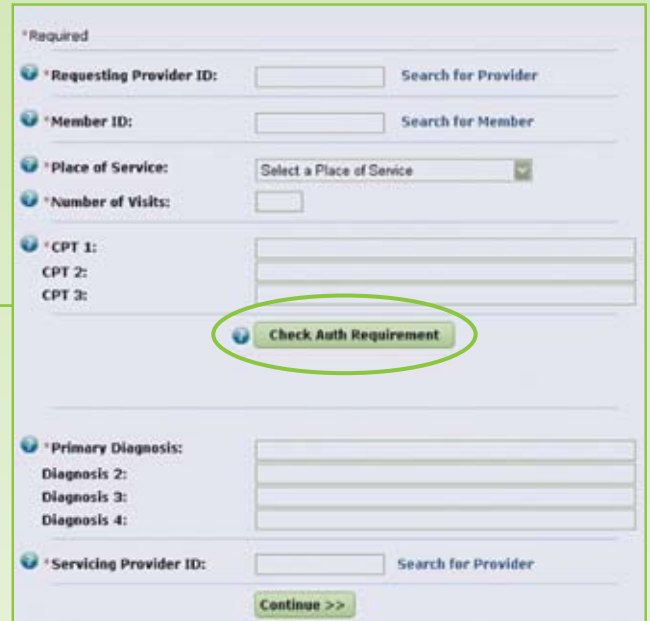
3

Enter the Requesting Provider ID number, Member ID, Place of Service, Number of Visits and CPT code(s). After entering this information, click the **Check Auth Requirement** button.

If authorization is not required, you will receive an instant response stating “No Authorization is Required.”

If authorization is required, enter the Primary Diagnosis and Servicing Provider ID and select **Continue**.

You can locate provider information by clicking the **Search for Provider** link and entering the last name, first name and/or Provider ID.



The screenshot shows a web form titled "Required" with several input fields and buttons. The fields include: "Requesting Provider ID" with a "Search for Provider" link; "Member ID" with a "Search for Member" link; "Place of Service" with a dropdown menu labeled "Select a Place of Service"; "Number of Visits" with a text input; "CPT 1:", "CPT 2:", and "CPT 3:" with text input fields; "Primary Diagnosis:" with "Diagnosis 2:", "Diagnosis 3:", and "Diagnosis 4:" text input fields; and "Servicing Provider ID" with a "Search for Provider" link. A green circle highlights the "Check Auth Requirement" button. At the bottom right of the form is a "Continue >>" button.

4

You may review a summary of your authorization request on the right side of the screen to ensure the information is correct.

5

Please supply your phone and fax numbers. You can attach up to 10 **clinical files**, or you can provide any relevant clinical information supporting the request by typing the information into the text box.

6

Select the **Submit** button.

If your request is for a service that does not require nurse review, you will receive approval immediately.

If your request is for a service that requires nurse review, you will receive a confirmation message stating the request was received, and the Plan will fax the determination response within 2–5 business days. Please note that your ability to view the request via Web inquiry may be delayed until a final disposition has been determined. As a result, you may receive our fax response prior to seeing the determination online.

Please note that Authorization/Certification determinations are made based on medical necessity and appropriateness, and reflect the application of the Plan's approved review criteria guidelines. Once you complete each authorization request, you can download or print a summary report for your records.