



— Provider Portal Training Guide —  
**How to Submit an Authorization**



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# How to Submit an Authorization

There are two ways to submit an authorization via the secure Provider Portal:

## Option 1:

Navigate to the “**My Patients**” and search for the desired member. Then open the “**select action**” drop down. Here you will find the “**Request Authorization**” option:

The screenshot shows the 'My Patients' page with a search bar and a table of results. The 'Select Action' dropdown is open, showing 'Request Authorization' as an option.

Member Name	Member ID	Eligible	Effective Date	Term Date	Plan Name	Care Gaps	Important Info	PCP	Select Action
...	...	✓	01-01-2016	N/A	...	N/A	N/A	...	View Details Request Authorization Submit Referral
...	...	✓	01-01-2016	N/A	...	N/A	N/A	...	
...	...	✓	01-01-2016	N/A	...	N/A	N/A	...	

Select “**Request Authorization**” to access the authorization request form.

## Option 2:

From the “**Care Management**” tab, select “**Create New Authorization.**” You will then be prompted to enter the associated Member ID.

The screenshot shows the 'Care Management' page with a 'Create New Authorization' link. Below it, the 'Create Authorization' form is shown, prompting the user to enter a Member ID and search for a member.

**Create Authorization**

Find a Member

DME alert message

Search Type: Member ID

Search

Select Member

After advancing to the authorization form using either **option 1 or 2**, the member's information will be prepopulated. You must select a **“Requesting Provider”** by using the **“Choose a Provider”** tool. You will be presented with the option to search for the desired provider.

**NOTE:** This tool will only return active, participating providers.

### Tip:

If you don't know your WellCare Provider ID or Tax ID, **admin users** may obtain these details within the **“My practice”** section. Navigate to the **“My practice”** tab, select **“manage sub-group accounts,”** then select **“Create new sub-group.”** You will be able to view all Provider IDs and Tax IDs associated with this contract (Full screenshots and instructions can be found in the last section of this document).



### Create Authorization

[Chat with an Agent](#) [Help](#) [Download & Print](#)

#### Member Information

The following Member is attached to this Authorization

Member Name	Member ID	Date of Birth	Gender	Address

[Search a Member](#)

#### Requesting Provider Information

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address

[Choose a Provider](#)

County  Requesting Provider Fax

#### Is this a prescheduled service or an inpatient notification?

☐ Inpatient Notification ☐ Prior Authorization including preplanned inpatient

### Find a Provider

Select search criteria to find a Provider

ID

OR

Provider Tax ID

[Search](#) [Clear Search](#)

Select	Provider ID	Name	Specialty	Address
<input type="checkbox"/>				

1 Records Found  
County / Island

[Cancel](#) [Select This Provider](#)

Next, insert a valid fax number using the following format: (111) 111-1111. Then make a selection to determine “**Inpatient**” or “**Outpatient**” for the request. Fields within the form will update, based on whether the authorization is identified as inpatient or outpatient.

Select “**Inpatient Notification**” or “**Prior Authorization including preplanned inpatient**” in the “**Is this a prescheduled service or an inpatient notification?**” field.

- Inpatient Notification – **Use for an inpatient/observation request**
- Prior Authorization including preplanned inpatient – **Use for an outpatient request or preplanned inpatient request for a future date of service**

**Requesting Provider Information**
COLLAPSE

**i** The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	Choose a Provider
County	Requesting Provider Fax *	(111) 111-1111			

**Is this a prescheduled service or an inpatient notification?**
COLLAPSE

☐ Inpatient Notification
 ☐ Prior Authorization including preplanned inpatient

Complete the fields in the following sections. For an outpatient authorization, you **must** check the “**View Auth Requirements**” button. (This is not necessary for inpatient authorizations.)

**Servicing Provider Information**
COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Facility		Advanced Search			(111) 111-1111		

**Authorization Information**
COLLAPSE

Service Type *	Subtype *	Place of Service *
Inpatient Services	Inpatient	21 - Inpatient Hospital

Place of Service Description  
Inpatient Hospital

Planned Admit Date \* 7/15/2019

Requested Days 1

**Additional Service Information**

**Diagnosis Information**

Date From	Date Thru	Diagnosis Code	Description
7/15/2019	7/16/2019	H21.221	DEGENERATION OF CILIARY BODY RIGHT EYE

**CPT Codes**

Date From	Date Thru	Procedure Code	Description	Requested Units	View Auth	Modifier
7/15/2019	7/16/2019	81297	MSH2 GENE DUP/DELETE VARIANT	1	View Auth	Auth Required

This action triggers a validation that considers factors such as the member's specific benefits and all previously entered criteria. The system will return a response of either **"Auth Required,"** **"No Auth Required,"** or **"Vendor Auth Required"**.

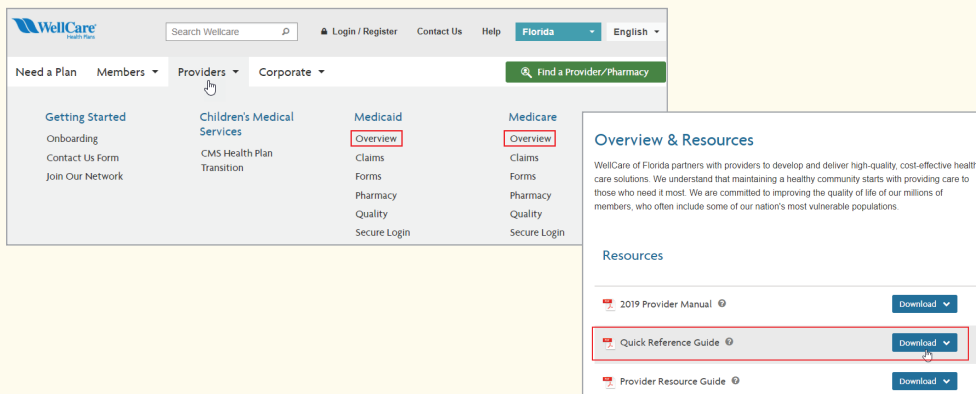
You are about to submit a retro authorization.  
Review your dates.

OK

**NOTE:** If you are submitting a retroactive authorization request for a prior date, you will be prompted to confirm that the dates are correct.

### Tip:

If the **"Vendor Auth Required"** response is returned, please consult the Quick Reference Guide (QRG) to obtain contact information for the delegated vendor. The QRG is found on the public website. Navigate to <https://www.wellcare.com>, choose your state, select **"Providers,"** from the top navigation bar, then select **"Overview"** from either the Medicaid or Medicare menu. On the Overview page you will find the QRG, which references the delegated vendors for specific services.



All authorization submissions **require an attachment** prior to submission. You may attach Word, Excel and/or PDF documents up to 10 MB in size. Please attach only information that is pertinent to the current request.

### Attachment(s)

COLLAPSE

Please upload clinical documentation for this authorization request. At least one attachment is required. Attachments are limited to 10 MB.

Select Files \*

**Note:** \* Denotes required fields.

Prior to submission, you will be prompted to review your selections, and given the options to “**Edit**” or “**Submit**”:

Create Authorization

Chat with an Agent

Help

Download & Print

This authorization has not been submitted. Please review the information and submit below.

Patient information

Member Name	Member ID	Date of Birth	Gender
Address			

Requesting provider information

Provider ID	Phone Number	Fax number	Specialty
Address			

Servicing Provider Information

Provider Type	Provider ID	Provider Name	Specialty	Fax	Address	County/Island
Facility						

Requestor Contact Information

Name	Fax#	Phone#	Extension

Authorization Details

Received Date	Contact Channel	Service Type	Subtype
07/12/2019 5:04 PM	Web	Inpatient Services	Inpatient
Created Date	Place of Service	Place of Service Description	
07/12/2019 5:04 PM	21	Inpatient Hospital	

Additional Service Information

Planned Admit Date	Requested Days
07/15/2019	1

Diagnosis Information

Date From	Date Thru	Diagnosis Code	Description
07/15/2019	07/19/2019	H21.221	DEGENERATION OF CILIARY BODY RIGHT EYE

CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units	Is Auth Required?
07/15/19	07/19/2019	81207	MSH2 GENE DUPLICATION VARIANT	1	Auth Required

Note

Attachment Information

File Name

Save Draft

Submit Authorization

Edit Authorization

A reference number will be provided once you submit the request. An authorization number will be sent to you via fax within state-regulated turn around times. You must use the authorization number to search for this authorization in the Provider Portal.

**NOTE:** An authorization cannot be viewed via the portal until it has moved to an in-progress state and the fax containing the authorization number has been sent.

There are several types of reference numbers:

**ADMNT:** This is a notice of admission

**CR:** This is a concurrent review. After the notice of admission, this is the clinical review that takes place. There can be multiple concurrent reviews for a single stay. Ex. If a member is admitted to the hospital, there will be an initial review and then one or more additional reviews confirming whether the member is ready for discharge.

**PA:** Prior authorization. This is an advance notice for outpatient services or for pre-planned inpatient services.

**Authorization number:** This number is required when submitting your claim(s) for payment.

Example of an ADMNT reference number:

Create Authorization

Reference Number: PA-287189

Submission was successful!





# Inpatient Authorizations

Inpatient authorization requests require at least one facility to be selected within the “**Servicing Provider Information**” section.

Servicing Provider InformationCOLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Facility		Advanced Search			(111) 111-1111		

CPT codes are not required for inpatient stays when submitting an inpatient authorization request.

**NOTE:** Observation services cover the act of observation, not a preplanned service.







# Outpatient Authorizations

Outpatient authorization requests require at least one treating provider to be selected within the “**Servicing Provider Information**” section.

### Servicing Provider Information

COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Treating Provic ▾	<input type="text"/>	Advanced Search	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

After filling out the Outpatient authorization form, you must check the “**View Auth Requirements**” button (Inpatient authorizations do not require this check).

This action triggers a validation that consider factors such as the member’s specific benefits and all previously entered criteria. The system will return a response of either “**Auth Required,**” “**No Auth Required,**” or “**Vendor Auth Required**”.

### Servicing Provider Information

COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Treating Provic ▾	<input type="text" value="18027"/>	Advanced Search	LOPEZ-MCCORMACK, CELIA PED	<input type="text"/>	<input type="text" value="(111) 111-1111"/>	PINEL	5901 DR MLK JR ST NORTH, SAINT PETERSBURG, FL 33703-1205

### Authorization Information

COLLAPSE

Service Type *	Subtype *	Place of Service *
Outpatient Services ▾	Lab ▾	81 - Independent Laboratory ▾

Place of Service Description  
Independent Laboratory

### Additional Service Information

### Diagnosis Information

Date From	Date Thru	Diagnosis Code	Description
<input type="text" value="7/15/2019"/>	<input type="text" value="9/13/2019"/>	<input type="text" value="H21.221"/>	DEGENERATION OF CILIARY BODY RIGHT EYE

### CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units	View Auth Requirements	Modifier
<input type="text" value="7/16/2019"/>	<input type="text" value="9/14/2019"/>	<input type="text" value="81297"/>	MSH2 GENE DUP/DELETE VARIANT	<input type="text" value="1"/>	Vendor Auth Required	



# Authorization Information

The “**Authorization Information**” section of the form is dynamic. Your initial “**Service Type**” selection will determine the available options.

**Authorization Information**
COLLAPSE

Service Type \*

Inpatient Services ▼

Subtype \*

Inpatient ▼

Place of Service \*

21 - Inpatient Hospital ▼

Place of Service Description

Inpatient Hospital

Use the following grid to help determine which options should be selected, based on the service needed:

	Service Description	MMP Service Type	MMP Sub Type
MEDICAL	OUTPATIENT SERVICES		
	Ambulance	Outpatient Services	Transportation
	Ambulatory Surgery	Outpatient Services	Surgery
	CT Scan (Cat Scan)	Radiology	CAT Scan
	Office Visits	Office	Consult And Treat
	Dialysis	Outpatient Services	Dialysis
	Genetic Testing	Outpatient Services	Genetic Testing
	Home Health Services	Home Health	Home Health
	Hospice	Outpatient Services	Hospice
	Laboratory	Outpatient Services	Lab
	MRI	Radiology	MRI
	OB Global/Prenatal Notification	Outpatient Services	OB Global
	Outpatient Hospital	Outpatient Services	Outpatient Hospital Services
	RBA – Room Board & Anesthesia	Outpatient Services	Room Board & Anesthesia
	Radiology	Radiology	Radiology Services
	Rehabilitation Therapy (PT/OT/ST)	Outpatient Services	Occupational Therapy or Physical Therapy or Speech Therapy
	Radiation Therapy	Therapy	Radiation
	OB Ultrasound	Radiology	OB Ultrasounds
	Long Term Acute Care Hospital	Inpatient Services	Long Term Acute Care Hospital

	Service Description	MMP Service Type	MMP Sub Type
MEDICAL	INPATIENT SERVICES		
	Skilled Nursing Facility	Inpatient Services	Skilled Nursing Facility
	Observation Hospital	Inpatient Services	Observation Hospital
	Inpatient	Inpatient Services	Inpatient
	Outpatient Delivery	Inpatient Services	Outpatient Delivery
	Emergency Room	Inpatient Services	Emergency Room
	Inpatient Rehab	Inpatient Services	Inpatient Rehab
	Long Term Care SNF	Inpatient Services	Long Term Care SNF
	Waitlist	Inpatient Services	Waitlist
	Sub-Acute	Inpatient Services	Sub-Acute
	Intermediate Care Facility	Inpatient Services	Intermediate Care Facility
	Transplant Surgery	Inpatient Services	Transplant Surgery
	Intermediate Care Facility	Inpatient Services	Intermediate Care Facility
	Sub- Acute Rehab	Inpatient Services	Sub- Acute Rehab
	Bed Hold	Inpatient Services	Bed Hold
	Custodial Nursing Home	Inpatient Services	Custodial Nursing Home
	Community Residential	Inpatient Services	Community Residential
	Assisted Living Facility	Inpatient Services	Assisted Living Facility
	Custodial	Inpatient Services	Custodial Stay
	Hospice	Inpatient Services	Hospice
	Respite Services	Inpatient Services	Respite
BEHAVIORAL HEALTH	Service Description	MMP Service Type	MMP Sub Type
	OUTPATIENT SERVICES		
	Act Services	Behavioral Health	Behavioral Act Services
	Substance Abuse Rehab	Inpatient Behavioral Health	BH Substance Abuse Rehab
	Residential	Inpatient Behavioral Health	BH Residential
	Detox	Inpatient Behavioral Health	BH Detox
	Sub- Acute	Inpatient Behavioral Health	BH Sub-Acute
	INPATIENT SERVICES		
	Inpatient	Inpatient Behavioral Health	BH-Inpatient
	BH Psych Test	Behavioral Health	Psych Test
	Targeted Case Management	Behavioral Health	BH Case Management
	BH Office/Consult	Behavioral Health	BH Office Visit
	BH Ongoing Treatment	Behavioral Health	BH Routine Outpatient
	BH ECT (shock therapy)	Behavioral Health	Electroconvulsive Therapy
	BH IOP Services	Behavioral Health	Intensive Outpatient Program Services
	BH Partial Day Treatment	Behavioral Health	Partial Hospitalization or Date Treatment



## How to Save a Draft Authorization

After identifying the authorization request as inpatient or outpatient, you will have the option to save the request as a draft. This draft will remain available for 30 days.

You may edit a saved draft at a later time, however **you may not change the inpatient or outpatient selection**. A new authorization must be initiated if you need to change this selection.

Create Authorization

[Chat with an Agent](#) [Help](#) [Download & Print](#)

Member Information

The following Member is attached to this Authorization

Member Name	Member ID	Date of Birth	Gender	Address	Search a Member

Requesting Provider Information

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	Choose a Provider
County PINEL	Requesting Provider Fax *	(111) 111-1111			

Is this a prescheduled service or an inpatient notification?

☐ Inpatient Notification ☒ Prior Authorization including preplanned inpatient

Servicing Provider Information

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax
Treating Provic		Advanced Search			(111) 1

Save Draft

Review Authorization

Cancel

Create Authorization

[Chat with an Agent](#) [Help](#) [Download & Print](#)

DRAFT SAVED SUCCESSFULLY. SAVED DRAFT WILL BE AVAILABLE FOR 30 DAYS: TO COMPLETE DRAFT, NAVIGATE TO CREATE AUTHORIZATION FOR SELECTED MEMBER.



- Edit Selected Draft
- Delete Selected Draft
- Create New Authorization

## Create Authorization



## Check Authorization Status

Navigate to the “**Care Management**” tab and select “**Find Authorizations and Referrals**” to view the authorization status.

[Home](#) | [My Patients](#) | **[Care Management](#)** ▾ | [Claims](#) ▾ | [My Practice](#) ▾ | [Resources](#) ▾

### Create Authorization

### Member Information

**QUICK TIP**  
Looking for a specific member?  
Use the My Patients search to look up a member's medical profile, including authorizations, claims, pharmacy utilization, and more.

**Care Gaps Report**  
Review all of your members' open care gaps.

**Find Authorizations and Referrals**  
Search or review recently submitted authorizations and referrals.

**Create New Authorization**  
Start a new authorization request.

**Create New Referral**  
Start a new referral request.



### You may search for authorizations by the following criteria:

- Authorization ID
- Member Name and Date of Birth
- Member ID
- Provider ID



### A date range search option is available if searching by:

- Member Name and Date of Birth
- Member ID
- Provider ID

Medical Authorizations
Referrals
Drug Authorizations

Search by

Provider ID
Member ID
Provider ID
Authorization ID
Member Name and DOB

Date Range
Select

Search

**NOTE:** Authorizations cannot be searched and viewed via the portal until the authorization has moved to an in-progress state and the fax containing the authorization number has been sent. (Authorization numbers are sent to you via fax within state-regulated turnaround times.)

Once search results are returned, each authorization has an expandable section that provides more detailed information about that authorization. You may also view the full authorization details by selecting the **“View Details”** from the **“Select Action”** drop down.

3 Result(s)
Filter Results
Download Report

Provider Name	Member Name	Member ID	Authorization Number	Requested Date	Auth Status	Actions
				06/11/2019	Under Review	Select Action View Details

Place Of Service  
INPATIENT HOSPITAL  
Diagnosis Codes  
- J70.3  
Under Review

Denial Reason  
Last 5 Authorizations

Member Phone  
Cpt Codes

Authorization Details
Back To Home
Chat with an Agent
Help

Authorization #
Admission Date: 06/11/2019

Request Date: 06/11/2019
Expiration Date: 07/11/2019

Patient Information
Member Name
Date of Birth
Member ID
Effective Date
Phone Number

Servicing Provider Information
Provider Name
Servicing Provider Type
Address
Provider Name
Address

CPT codes
CPT code
Description
No records found

Diagnosis Codes
Diagnosis code
Description
J70.3
CHRONIC DRUG-INDUCED INTERSTITIAL LUNG DISORDERS

Units Approved: 0 Visits
Place of Service: 21 INPATIENT HOSPITAL
Request Date: 06/11/2019
Auth Status: Under Review
Denial Reason





# Authorizations Connected to Your Contract or Sub-group

Each contract/sub-group is associated with the participating Provider IDs/Tax IDs. Admin users can find authorizations within your contract/sub-group as identified within the **“Manage Sub-groups”** section found under the **“My Practice”** tab by selecting **“Manage Sub-group Accounts”** then selecting **“Create New Sub-group.”**

On the following page, you will be able to view all Provider IDs and Tax IDs associated with this contract. Use the filter option to review specific information of interest.

**NOTE:** An authorization can only be viewed if the associated PID/Tax ID is found within this section of the site.

[Home](#) | [My Patients](#) | [Care Management](#) | [Claims](#) | [My Practice](#) | [Resources](#)

## My Practice

[Back To Home](#)

Address of Notice

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
		Monday, July 15, 2019 <a href="#">Review</a>

[Reports Center](#)  
Run, review and download reports [Go](#)

[Grievances Center](#)  
Search and Review Grievances [GO](#)

[Disclosure of Ownership](#)  
Access your Disclosure of Ownership forms

### You are an administrator

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

- [Update Practice Demographic Information](#)  
Update Contract Demographic Information
- [Find Users](#)  
Grant or change access for new or existing users Details
- [Manage Users](#)  
Grant or change access for new or existing users
- [Manage Sub-Group Accounts](#)  
Create and edit groups of providers as sub-group accounts
- [Manage Practice Information](#)  
View and update providers
- [Enterprise Provider Dashboard](#)  
Access Tableau Dashboard from here

## Manage Sub-Group Accounts

[Back To My Practice](#)

### Sub-Group Accounts Already Created

[Create New Sub-Group Account](#)

**Tip:**

Your Provider Representative can initiate updates to this page, if necessary.



Create or Edit Sub-Group Account

▼ ▲

A

### 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) Clear Filter Filter Results

<input checked="" type="checkbox"/> Facility	Address	City, State, ZIP	Tax ID	Provider ID

No records found

0 Page 0 of 0 10 items per page No items to display

#### Providers

18 Result(s) Clear Filter Filter Results

<input type="checkbox"/> Medical Group	Provider ID	Tax ID	Provider Name	Address	City, State, ZIP
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
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<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

1 Page 1 of 2 10 items per page 1 - 10 of 18 items

Back Select And Continue

