

Self-Service Quick Reference Guide Online Tools for 'Ohana Health Plan Providers



[OhanaHealthPlan.com](https://www.ohanahealthplan.com)

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Tools For a Better Provider Experience

This Self-Service Resource Guide helps providers do business with 'Ohana. We want your interactions with us to be as easy, convenient and efficient as possible. Giving providers and their staff self-service tools and access is a way for us to accomplish this goal. We hope this guide will help you get to know the online resources at your fingertips.



Register for 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.

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 online chat. You can also submit a Contact Us form through the Public site at **www.OhanaHealthPlan.com**.
- **Access Useful Documents** – View FAQs, educational newsletters, provider manuals and forms.
- **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.
- **Void Claims, Correct Claims or Submit Appeals/ Disputes** – Resources and content available to help providers accurately submit their request online for quicker turnaround times.

How to Register

- 1 Visit the account registration page to create a username and password:



<https://provider.wellcare.com/Provider/Accounts/Registration>

This page is also accessible from the login page.

- 2 Complete the registration form. Select three different security questions and answers, and agree to the Terms and Conditions.

- 3 After completing Steps 1 and 2, you will receive a verification email. Click the link in this email to activate the account and set a password.
- 4 After setting and submitting your password, you will be routed to the Request Affiliation screen. There is the option to request affiliation to an account at the Contract⁺ or Sub-Group⁺ level. Providers can locate the desired Contract or Sub-Group and submit the request. Then it is sent to the Administrator (Admin) of that account to approve or deny. Please note there is no access to tools in the portal until the Admin has approved the request.

Important Notes:



- This is the information attached to the provider's web registration. It is not recorded in other WellCare systems.
- Providers can update email addresses in this step. This email address will be tied to the account and used to retrieve the provider's username or password if either are forgotten.



Secure Web Portal Training Materials

Portal Training Materials – For more information concerning our secure portal and to view our portal training materials:

- 1 Go to the appropriate link at the right.
- 2 Log in.
- 3 Go to Resources.

Hawaii Medicare and Medicaid

<https://provider.wellcare.com/ohanacare>

All other states

<https://provider.wellcare.com/>

Chat with an Agent

Font size controls

Download & Print

Provider Login

Username*

Password*

Login

[Not registered? Register an account](#)

[Forgot Password?](#)

[Forgot Username?](#)

Thank you for using our Provider Portal.

Do you know about our **live agent chat feature**? Live-agent chat is the easiest and fastest way to get real-time support for an array of topics, including:

- Member Eligibility
- Claims adjustments
- Authorizations
- Excusations

You can even print your chat history to reference later!

We encourage you to take advantage of this easy-to-use feature.

If you are having difficulties registering please click the **"Chat with an Agent"** button to receive assistance.

***NOTE:** The secure provider portal is for **participating Wellcare providers only.**



Online Provider Resources

We want to ensure providers have ample resources to pull from when running their business. Our resource guides, educational newsletters, and provider manuals can offer valuable information that benefit your patients and your practice.

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
- Quick Reference Guide
- Verifying Member Eligibility
- Prior Authorizations
- Claims
- Appeals

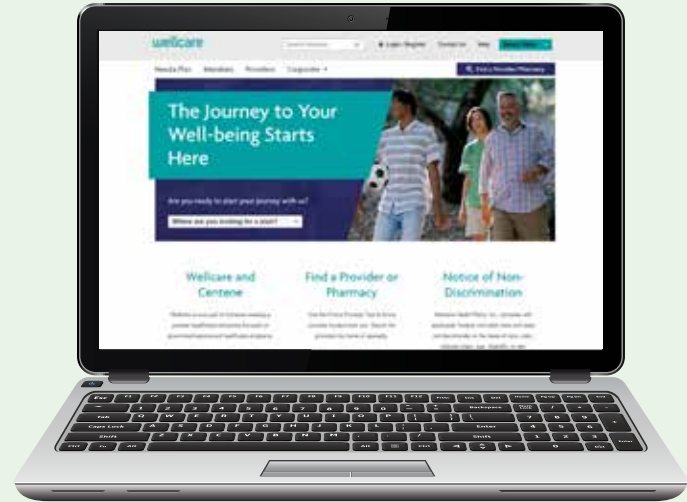


Access these resources by visiting **www.wellcare.com**, selecting your state, clicking Provider, then Overview – or on the secure Provider portal under Other Resources.

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 clinical guidelines, new and updated policies, authorization changes and company news and initiatives.

Access our newsletters by visiting www.wellcare.com, selecting the state, hovering over the *Provider* tab, and then clicking *Newsletters* under *News and Education*.



Self-Service Secure Web Portal Offering and Benefit

Service	Web Portal
Appeal Requests/Status (Rx)	✔ Fastest Results
Appeals & Disputes	✔ Fastest Results
Authorization Requests	✔ Fastest Results
Authorization Requirements	✔ Fastest Results
Authorization Status	✔ Fastest Results
Benefits & Eligibility	✔ Fastest Results
Claim Status	✔ Fastest Results
Claim Submission (and Corrections)	✔ Fastest Results
Co-payment Information	✔ Fastest Results
Coverage Determination Requests/Status (Rx)	✔ Fastest Results
Form Requests	✔ Fastest Results
Provider Resources	✔ Fastest Results

Note: For contract-related questions and/or web portal training, providers should continue to contact their Provider Relations representative.



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 way to electronically settle claims.

This no-cost service lets providers 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.

PaySpan can be reached via email at **providersupport@payspanhealth.com**, by phone at **1-877-331-7154**, option 1, Monday through Friday, 8 a.m. to 8 p.m., Eastern, or on the web at **www.payspanhealth.com**.

Benefits for providers:

- Faster deposits to provider bank accounts improve cash flow. It also reduces paper handling, which means reduced accounting expenses, and there is no longer a need to rekey, which eliminates the possibility of errors.
- PaySpan makes tracking and reconciling payments quick and easy with flexible payment reports. Providers can design their own reports and run them at any time. PaySpan's report capability takes the mystery out of matching claims to payments.
- Providers have a number of options for viewing and receiving remittance details. PaySpan will match the provider's 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 the provider's convenience. Providers can associate payments with ERAs quickly and easily. This allows providers to keep total control over the destination of claim payment funds. Multiple practices and accounts are supported.
- Further, providers can reuse enrollment information to connect with multiple payers. Different payers can be assigned to different bank accounts.



Questions about the registration process?
Call PaySpan Health at **1-877-331-7154**
or email **providersupport@payspanhealth.com**.

Registering for PaySpan Health

Registering for PaySpan Health is easy and only takes about 10 minutes. During this process, you will set up a brief profile of your practice, specify bank accounts (multiple accounts if needed) and indicate other preferences for management of checks, EFTs, ERAs or online presentment of claim payment information.

1 Go to **payspanhealth.com** and click *the Register* button. If you don't have a Registration Code, you will need to request one from Payspan. Providers can contact Payspan in the following ways:

To request your registration code, visit this web page:

<https://www.payspanhealth.com/RequestRegCode/>

Via email at **providersupport@payspanhealth.com** – typically the emails are responded to within 48 business hours depending on what time of day the email is received and/or volume of inquiries received that are currently being worked.

For more immediate assistance, providers can call **1-877-331-7154**, Option 1 to speak with a Provider Services team member.

The hours of operation are: Monday – Friday from 8:00 am – 8:00 pm eastern (8:00 am – 8:00 pm EST).

If you do have a Registration Code, enter it on the box on the right and click *Submit*. Providers will also need to enter their PIN (Vendor ID) and TIN, then click *Start Registration*.

- 2 Personal Info** – Enter personal contact information and designate a user name and password.
- 3 Account Set-up** – Designate the bank account to have funds deposited to and click the *Next* button to continue.
- 4 Verify Your Info** – Review the information entered, and if correct, check the box to agree to the Services Agreement, Business Associate Agreement and click *Confirm*.



Providers who register for electronic payments will:

- Receive a deposit of less than \$1 from PaySpan within a few business days.
- Contact their financial institution to obtain the amount.
- Login to PaySpan.
- Click *Your Payments*.
- Click the *Account Verification* link to activate the account.
- The deposit doesn't need to be returned to PaySpan.





Chat

Faster than email and easier than phone calls, Chat is a 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:

- Web support assistance
- Real-time claim adjustments

Explore the benefits you will experience by using live Chat!

Convenience – Live Chat offers the convenience of getting help and answers without needing to have a phone call.

Increase Efficiency – If you ever have to wait for a Chat agent to respond, it's easy to carry on with your other tasks and responsibilities.

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 printing a transcription of the conversation afterward.



Providers can access Chat through the portal.

The *Chat Support* Icon is located on our provider portal. From there:

- 1 Log on to the provider portal at the appropriate link at the right.
- 2 Access the “Help” section.
- 3 Submit a Chat inquiry. The receiving Chat agent can assist with numerous complex issues.
- 4 If the Chat agent is unable to resolve the issue, the issue will be routed to the right team for further assistance.



Links to Secure Provider Portal:

Hawaii Medicare and Medicaid

<https://provider.wellcare.com/ohanacare>

All other states

<https://provider.wellcare.com/>



Interactive Voice Response (IVR)

Our Interactive Voice Response (IVR) assists providers with self-service functionality. You can bypass speaking with an associate to check claims, appeals, authorizations, eligibility and pharmacy status. You can use the IVR by calling the toll-free Provider Services telephone number provided in your Quick Reference Guide. The Quick Reference Guide is at www.wellcare.com.

Provider-friendly functionality:

- Providers can speak information or use their touch-tone keypad
- Expedites provider verification and authentication
- Easy to use menu navigation, options to repeat information, hear more details (denied claims), and search new authorization or claim status
- 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

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
- Unlimited claims status information on full or partial payments
- Locate Claim information using Member ID
- Multiple lines of claims details for denials



Tips for Providers using our IVR:

Providers should have the following information available with each call:

- ‘Ohana provider ID number
- NPI or Tax ID number for validation (if you do not have your ‘Ohana provider ID)
- For claims inquiries: the member’s ID number, Claim ID or Date of Service
- For authorization and eligibility inquiries: the member’s ID number and date of birth