



Provider Portal Training Guide

How to Submit an Authorization



WellCare of North Carolina is proud to serve Medicaid members in the state of North Carolina. The information presented here is also representative of our affiliated and newly refreshed Wellcare brand of Medicare Advantage products serving members across the country. If you have any questions, please contact Provider Relations.





Table of Contents

How to Submit an Authorization:	3
Inpatient Authorization Specifics	8
Outpatient Authorization Specifics	9
Authorization Information Specifics	10
How to Save a Draft Authorization	12
How to Retrieve a Draft Authorization	13
Check Authorization Status.....	14
How to Update an Open Authorization.....	16
Authorizations Connected to Your Contract or Sub-group.....	21



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:

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.

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

Provider ID

OR

Provider Tax ID

Search Clear Search

1 Records Found

Select	Provider ID	Name	Specialty	Address	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

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	Choose a Provider
			PED		
County	Requesting Provider Fax *				

Is this a prescheduled service or an inpatient notification?

COLLAPSE

☒ Outpatient and Preplanned Inpatient Requests ☐ Inpatient & Observation Notifications

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.)

Additional Service Information

Diagnosis Information

Date From	Date Thru	Diagnosis Code	Description
4/6/2022	4/7/2022	H21.221	DEGENERATION OF CILIARY BODY RIGHT EYE

CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units	View Auth Requirements	Modifier
4/6/2022	4/7/2022	81297	MSH2 GENE DUP/DELETE VARIANT	1		

Requestor information

COLLAPSE

Requestor Name *	Requestor Phone # *	Extension	Requestor Fax	<input type="checkbox"/> Urgent

Note

COLLAPSE

Note

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 **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.

The screenshot shows the WellCare website interface. At the top, there is a search bar and navigation links for Login/Register, Contact Us, and Help. The main navigation bar includes links for Need a Plan, Members, Providers, and Corporate. The Providers dropdown menu is open, showing options for Children's Medical Services, CMS Health Plan Transition, Medicaid, and Medicare. The Medicaid Overview link is highlighted. The Medicare Overview link is also highlighted. The Overview & Resources page is displayed, showing a list of resources including the 2019 Provider Manual, Quick Reference Guide, and Provider Resource Guide. The Quick Reference Guide is highlighted with a red box, and its download button is also highlighted.

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

Requestor Contact Information

Name

Fax#

Phone#

Extension

Authorization Details

Received Date

Contact Channel

Service Type

Subtype

Created Date

Place of Service

Place of Service Description

Additional Service Information

Planned Admit Date

Requested Days

Diagnosis Information

Date From

Date Thru

Diagnosis Code

Description

CPT Codes

Date From

Date Thru

Procedure Code

Description

Requested Units

Is 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:

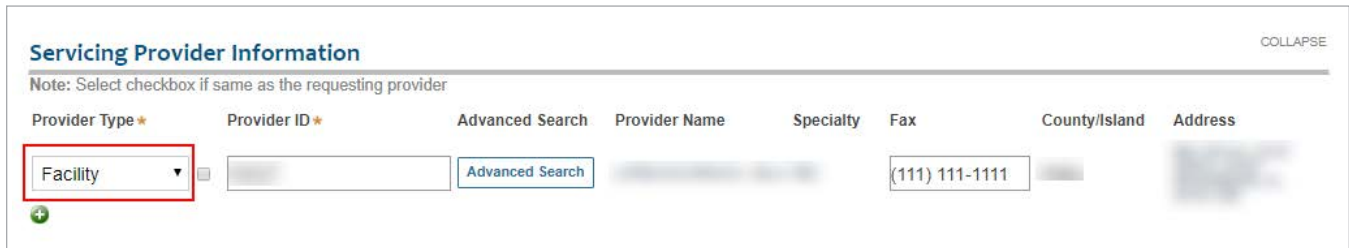
Create Authorization

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 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		

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

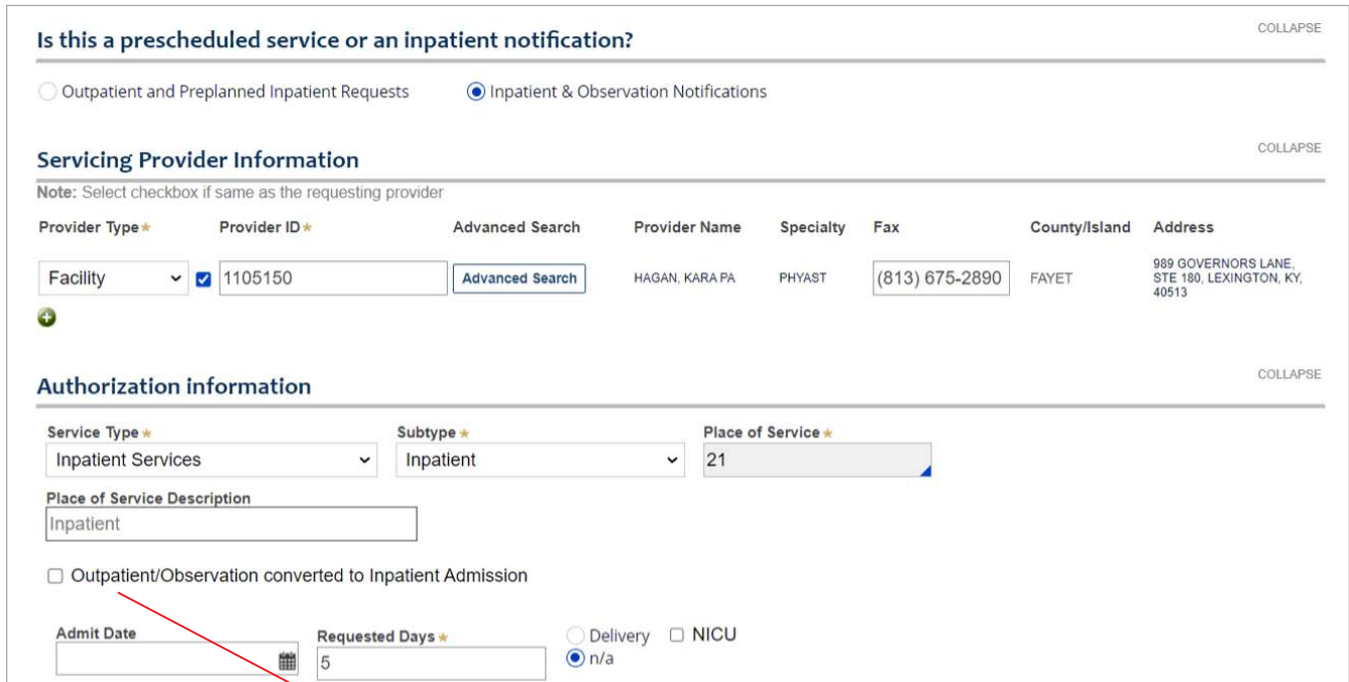
NOTE: Observation services cover the act of observation, not a preplanned service.

Inpatient, BH Inpatient, and BH Detox subtypes include a new option: **Outpatient/Observation converted to Inpatient Admission**.

When selected, two new fields replace the **Admit Date** field.

Outpatient/Observation Admission Date and **Inpatient Conversion Date**.

Timely notification of admission is based on **Inpatient Conversion Date**.



Is this a prescheduled service or an inpatient notification? COLLAPSE

☐ Outpatient and Preplanned Inpatient Requests ☒ Inpatient & Observation Notifications

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	<input checked="" type="checkbox"/> 1105150	Advanced Search	HAGAN, KARA PA	PHYAST	(813) 675-2890	FAYET	989 GOVERNORS LANE, STE 190, LEXINGTON, KY, 40513

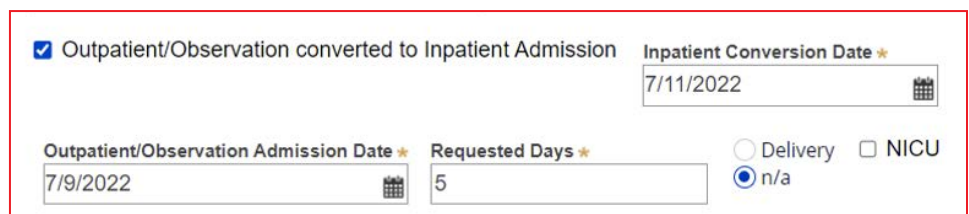
Authorization information COLLAPSE

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

Place of Service Description Inpatient

☐ Outpatient/Observation converted to Inpatient Admission

Admit Date Requested Days * 5 ☐ Delivery ☐ NICU ☒ n/a



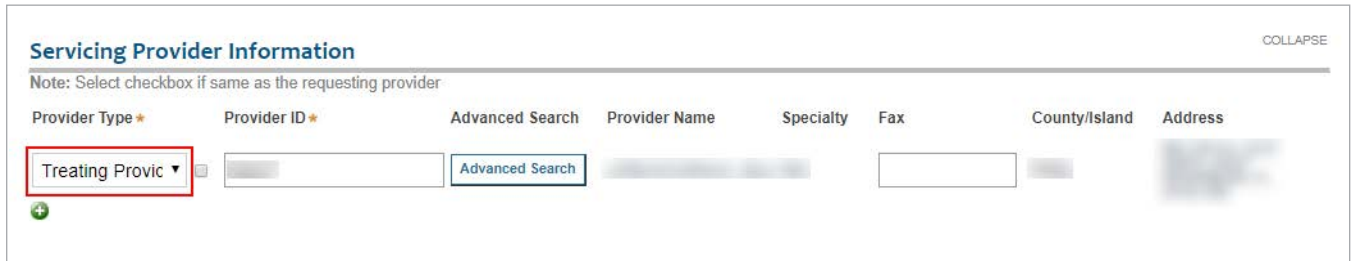
☒ Outpatient/Observation converted to Inpatient Admission

Inpatient Conversion Date * 7/11/2022

Outpatient/Observation Admission Date * 7/9/2022 Requested Days * 5 ☐ Delivery ☐ NICU ☒ n/a

Outpatient Authorizations

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



Servicing Provider Information COLLAPSE

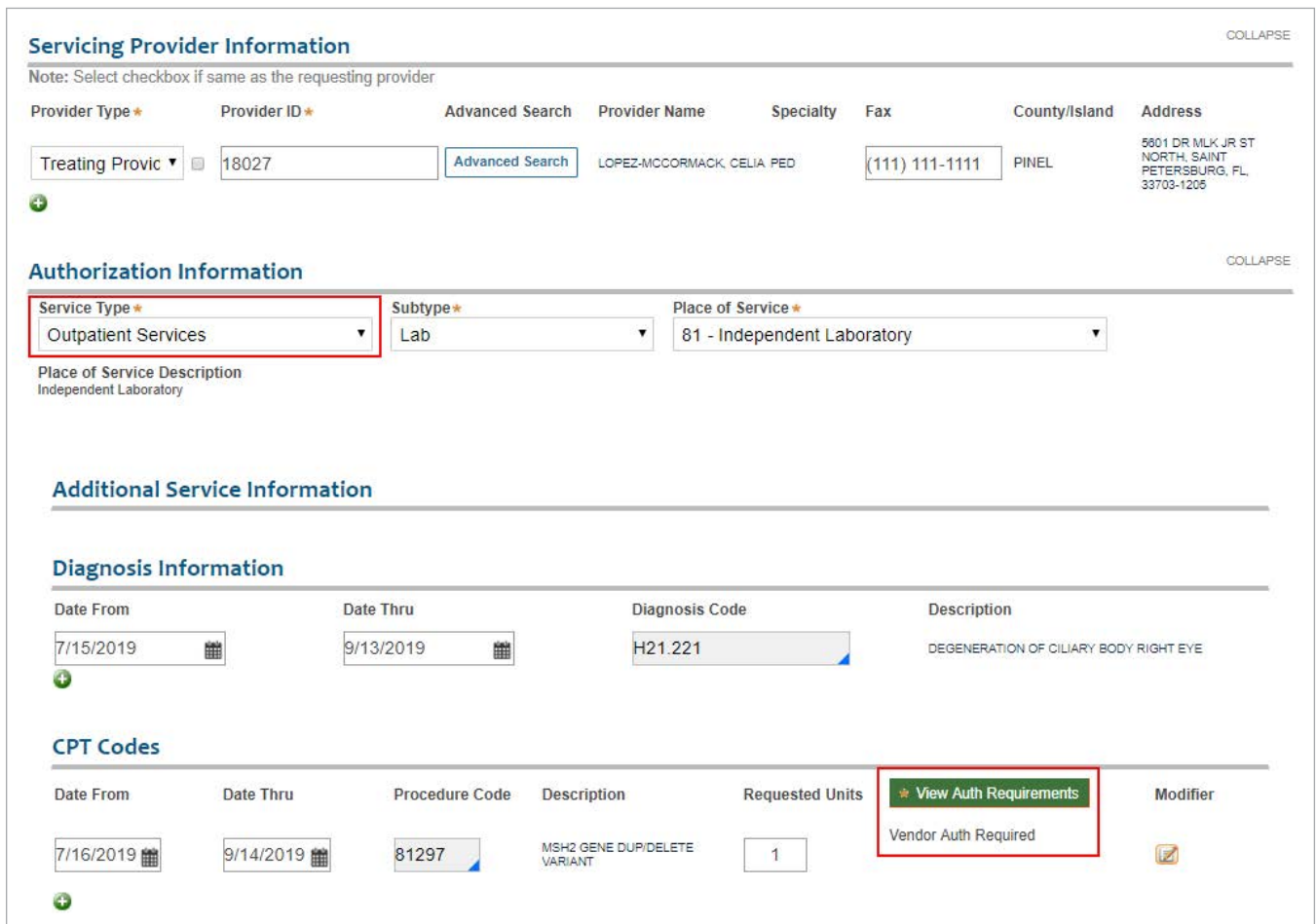
Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Treating Provic ▼		Advanced Search					

+

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 ▼	18027	Advanced Search	LOPEZ-MCCORMACK, CELIA PED		(111) 111-1111	PINEL	5801 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
7/15/2019	9/13/2019	H21.221	DEGENERATION OF CILIARY BODY RIGHT EYE

+

CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units	View Auth Requirements	Modifier
7/16/2019	9/14/2019	81297	MSH2 GENE DUP/DELETE VARIANT	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
	Medical Pharmacy	Medical Pharmacy	Medical Pharmacy

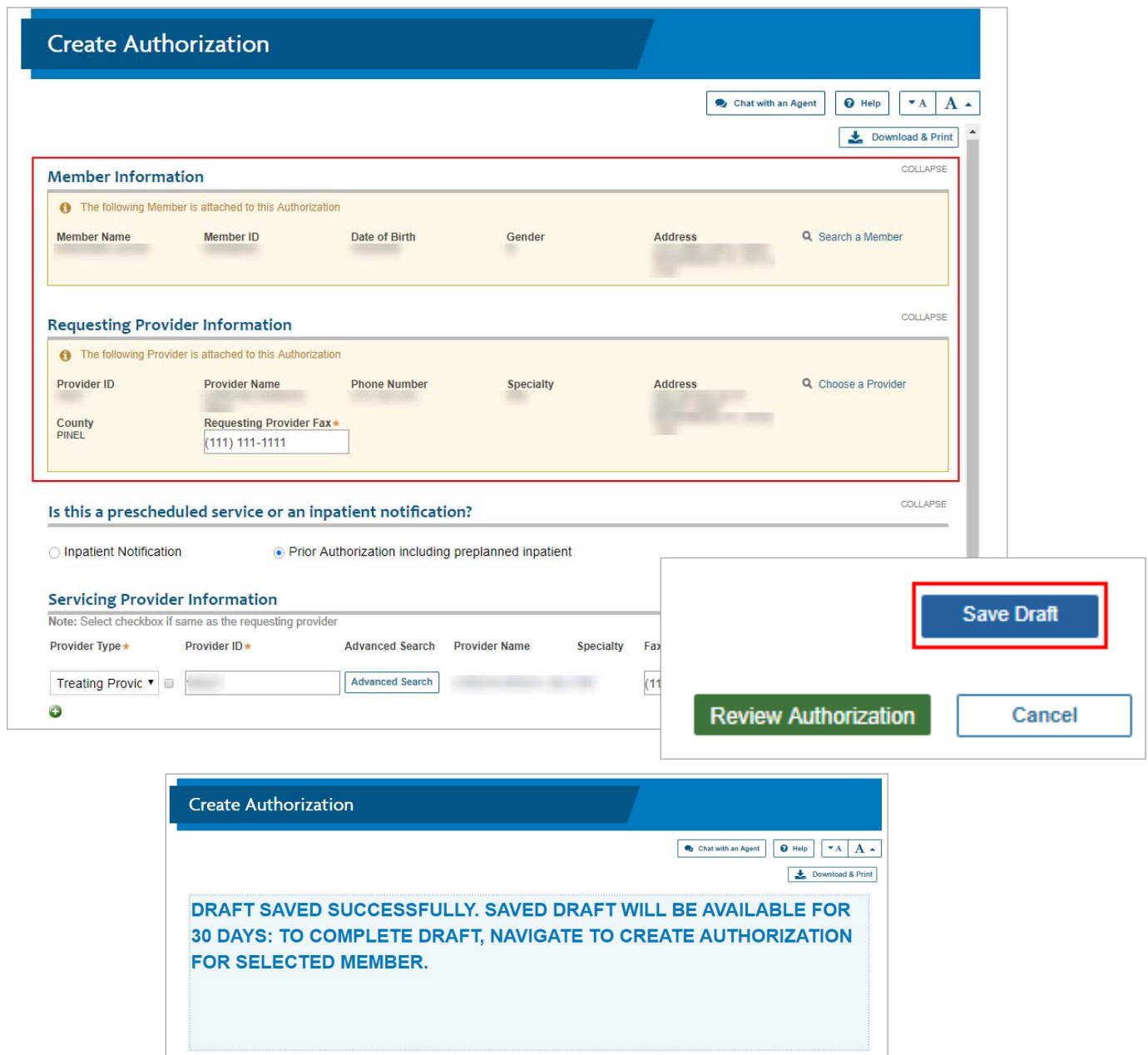
(continued)

	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	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 A A

Download & Print

Member Information COLLAPSE

The following Member is attached to this Authorization

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

Requesting Provider Information COLLAPSE

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? COLLAPSE

☐ 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			(11

Save Draft

Review Authorization **Cancel**

Create Authorization

Chat with an Agent Help A A

Download & Print

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

➤ How to Retrieve a Draft Authorization

To retrieve a previously saved draft, navigate to the **“My Patients”** tab and search for the member for whom the authorization was previously saved. Open the **“Select Action”** drop down menu, then choose **“Submit Authorization.”** Next, select the desired draft from the **“Pending Drafts”** panel, and choose from the three available options:

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

Create Authorization

Chat with an Agent

Help

▼ A A ▲

Download & Print

Member Information

COLLAPSE

The following Member is attached to this Authorization

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

Requesting Provider Information

COLLAPSE

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty
Address	County		

Pending Drafts

COLLAPSE

Select	Service Type	Sub Type	Place Of Service	Provider Name, ID Number	Admission Date	Date From	Date Thru
<div></div>							

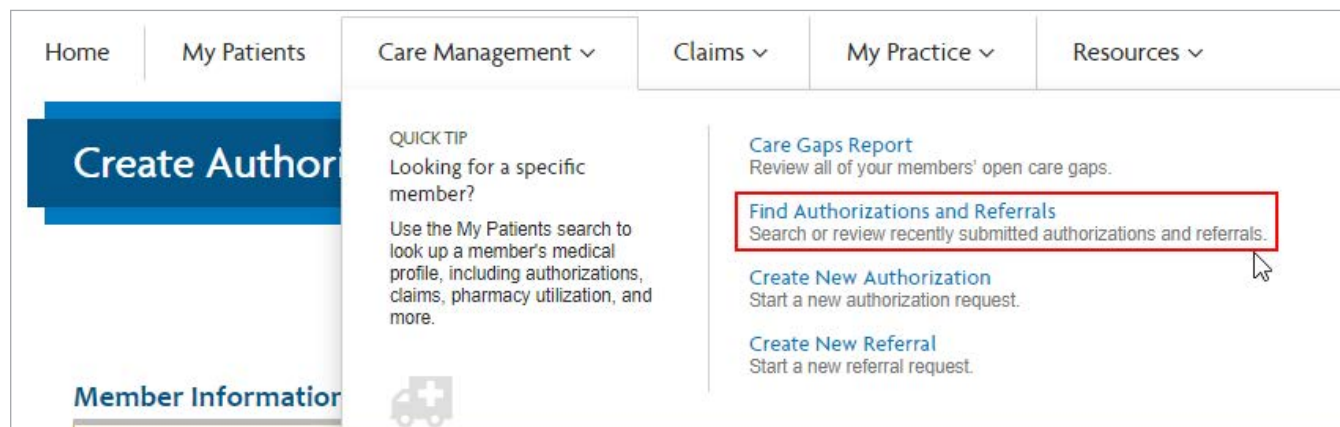
Edit Selected Draft

Delete Selected Draft

Create New Authorization

➤ Check Authorization Status

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



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	<div>Select Action</div> <div>View Details</div>

Place Of Service

INPATIENT HOSPITAL

Denial Reason

Member Phone

Cpt Codes

Diagnosis Codes

- J70.3

Last 5 Authorizations

Expiration Date

07/11/2019

Under Review

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

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

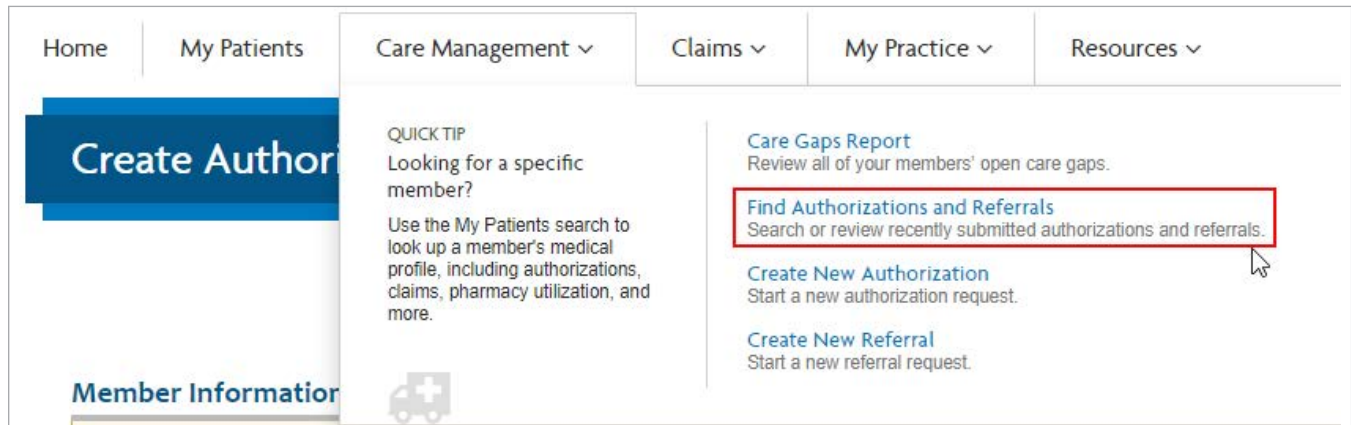
Denial Reason

CPT codes

CPT code	Description
No records found	

➤ How to Update an Open Authorization

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



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

Once search results are returned, each authorization has an expandable section that provides more detailed information about that authorization. You may choose to update the authorization by selecting **“Edit Authorization”** from the **“Select Action”** drop-down menu.

Provider Name ▲	Member Name	Member ID	Authorization Number/ Reference Number	Requested Date	Auth Status	Actions
⌵ BURKE MEDICAL CENTER	NELLIE GIBBS	17565399	137433043/CR-6199	07/16/2022	Under Review	<div>Select Action ^</div> <div>View Details</div> <div>Edit Authorization</div>
⌵ BURKE MEDICAL CENTER	MARY WRIGHT	19121252	137433041/CR-6197	07/15/2022	No Auth On File	

Not all authorizations allow updates. Some authorizations will only allow additional attachments and notes.

Home

My Patients

Care Management ▾

Claims ▾

My Practice ▾

Resources ▾

Search the portal

Update Authorization

⌵ A A

Download & Print


REFERENCE NUMBER: PA-35351

Please submit a new Authorization – Updates are not allowed after the case has a decision rendered.

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

Update Authorization

▼ A A ▲


 [Download & Print](#)

REFERENCE NUMBER: PA-35351

Review in Progress, updates are not allowed at this time. Please communicate changes/updates by attaching documentation or additional notes.

Note

Note

 Please upload clinical documentation in the form of a PDF or Word Document. At least one attachment is required. Attachments are limited to 10 MB.

Select Files

Some authorizations will allow changes to nearly all fields:

- Provider IDs
- Diagnosis
- Service Codes
- Dates
- Additional Information

Authorization information

COLLAPSE

Service Type *

Inpatient Services

Subtype *

Inpatient

Place of Service *

21

Place of Service Description

Inpatient

☐ Outpatient/Observation converted to Inpatient Admission

Admit Date *

7/15/2022

Requested Days *

7

☐ Delivery
☐ NICU

☒ n/a

Diagnosis Information

Date	Diagnosis Code	Description	Admit Diagnosis
7/15/2022	W62.0XXA	CONTACT WITH NONVENOMOUS FROGS INITIAL ENCOUNTER	<input checked="" type="radio"/>

Procedure Information

Code Type	Procedure Code	Description	Requested Units	Modifier
<div> <div>No items</div> </div>				

Requestor information

COLLAPSE

Requestor Name *

retest vendor reroute update

Requestor Phone # *

(813) 675-2890

Extension

Requestor Fax

(123) 456-7890

☐ Urgent

Note

COLLAPSE

Note

Attachments

COLLAPSE

Please upload clinical documentation in the form of a PDF or Word Document. At least one attachment is required. Attachments are limited to 10 MB.

Select Files *

Note: * Denotes required fields.

Save Draft

Review Authorization

Cancel

▼ A A ▲

Member information

Member Name	Member ID	Date of Birth	Gender
DIANE MYRICK	17990464	09/14/1951	F

Provider ID	Phone Number	Fax number	Specialty
203407	(706) 554-4435	(813) 675-2890	HOSP

Name	Fax#	Phone#	Extension
test	(813) 675-2890	(555) 867-5309	

Received date	Contact Channel	Service Type	Subtype
07/20/2022 11:38 AM	Web	Inpatient Services	Skilled Nursing Facility

Created date 08/26/2022 05:07 PM	Place of Service 31	Place of Service Description Skilled Nursing Facility
-------------------------------------	------------------------	--

Planned Admit Date	Requested Days
07/22/2022	2

Date From	Date Thru	Diagnosis Code	Description	Admit Diagnosis	Is Auth Required?
07/22/2022	07/24/2022	R42	DIZZINESS AND GIDDINESS	true	Auth Required

Date From	Date Thru	Procedure Code	Description	Requested Units
07/22/2022	07/24/2022	101	SUBACUTE/LEVEL	2

File name



No items

Save Draft

Submit Authorization

Edit Authorization

Review Authorization

Save Draft

Cancel

Are you sure you want to cancel?

No

Yes

AUTHORIZATION CANCELLED.



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 Review

[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

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"/>					
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1 2 Page 1 of 2 10 items per page 1 - 10 of 18 items

[Back](#) [Select And Continue](#)

