

# How to Use the Secure Member Portal

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Your secure member portal is your one-stop shop to manage your healthcare and find information about your plan. Through the member portal, you can create and access a personalized account. This account will have details about your specific health plan, the care you get, and more.



In this guide, we're going to walk you through all the things you can do in your secure member portal account.



**Note:** Some features are only available after your plan's start date.

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How to Access Twill
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Messaging
Thanks for being a member!

**How to Create an Account** 



Go to **member.membersecurelogin.com** in your internet browser and click "Create New Account."



**Note:** Make sure you have your member ID card handy.

	Log In
Email Address *	
	CONTINUE
	Create New Account
	single passwort reliable security EntryKey/D



Enter your email address and click "Continue."

	Create your Account
	Enter Email Address
Le Email Addre	t's get started – creating an account is quick and easy.
	CONTINUE
	CANCEL
	single password 💽 reliable security



Enter your first name, last name, and language preference. Then click **"Continue."** 

	Tell Us About You	
	Enter your name and language preference.	
Email Address *		
First Name *		
Last Name *		
Select Language Prefe	rence *	
Select Language		-
	CONTINUE	



You will get a verification code from **no-reply@mail.entrykeyid.com**. Check your email and enter the code that you got. Then click **"Continue."** 



**Note:** You have 5 minutes to enter the code. Click **"Resend Code"** if you need a new code sent to you.

EntryKeyID 3:48 PM     EntryKeyID Verification Code:     Your code is:     For security reasons,
Log In
Let us know it's you.
Please do not close this window. We sent a code to your email. Don't see if 2 Check your spam or junk email.
Enter the code below. This code will stop working after 5 minutes.
CONTINUE
RESEND CODE
CANCEL

Set Password	
Enter a password and confirm it	
assword *	© Password Hel
	•
confirm Password *	
	Θ
strong password must:	
Have a minimum of 12 characters	
D Include all of the following:	
O One uppercase letter	
O One lowercase letter	
O One number	
$\bigcirc~$ One special character (Example: &, \$, !, *)	
SET PASSWORD	
CANCEL	
Need Hein? Contact or	
Need Help? <u>Contact us</u>	



Create a password that follows the password guidelines. Confirm your password by retyping it. Then click **"Set Password."** 



Next, you're going to add your health plan.

- (a) If you're adding a plan for yourself, select "Add a plan for myself."
- **b** If a family member or caregiver is going to manage your account for you, they should select **"Add a plan for someone I'm responsible for."**



You also need to pick how you would like to find your plan. New members should select **"Use information on the member ID card."** Make sure you have your member ID card in front of you for the next step. Then, click **"Continue."** 



	Add a Health Plan
1	You can find this information on the member ID card.
ember Last Name *	
ember ID *	
//DD/YYYY	



Enter your member ID number listed on your member ID card and your date of birth. Click **"Add Account."** 

**Congratulations!** You've created your secure member portal account.

# Already Have an Account? How to Log In

If you already have a secure member portal account, log in using your email address and password.



Go to **member.membersecurelogin.com** in your internet browser and enter the email address you used to create your account. Click **"Continue."** 

	Log In	
Email Address *		
	CONTINUE	
	Create New Account	



Next, enter your password and click **"Login."** You will be taken to your home page.



**Note:** If you forgot your password and need to reset it, click **"Forgot Password"** and follow the steps. You will get an email with a link to reset your password.

	Log In	
Email Address *		
Password *		
		0
	LOGIN	
	CANCEL	
	Change Password	



# Home Page Overview

## Now that you've created or logged into your account, let's go through the home page.

**Note:** Your home page may look a bit different depending on your plan and benefits.



## **Coverage Status and Plan Name**

After you log in, you will be taken to your home page. Here, you can find your **Coverage Status** and **Plan Name**.

Welcome, UMVFNCHE	STER ARTHUR		
Coverage status: Active			
Plan: Health Net Medicare Oregon			
		U.	
Covered Services	Premium Payments	Primary Care Provider	Your ID Card
Search your medical benefits and view	Pay premiums online or set up auto pay. If you want to pay another way,		Member ID :
plan details. To access pharmacy and drug information, continue to Pharmacy information (2) from ESI	continue to Manage Premium Payments	C C	DOB: 10/31/1934

You will also see four tiles for **Covered Services, Premium Payments, Primary Care Provider,** and **Your ID Card**. Again, these tiles may vary based on your plan and benefits.



## Health To-Do's

Below the tiles are your **Health To-Do's**, you'll see any exams, screenings, or appointments you're due for. Click **"Manage Your Health"** to go the **Health To-Do's** page.





## **Claims & Authorizations**

Below your **Health To-Do's** you'll find your **Claims** and **Authorizations**. Here, you can quickly view the status of your medical and drug authorizations and claims.

	Note: Authorizations and claims will depend on your plan. Always refer to your
F	<b>Note:</b> Authorizations and claims will depend on your plan. Always refer to your plan materials.

Provider Name	Claim No.	Date	Туре	Amount Due	Status
▲ There are no Clai	ims to present from the last 6	months. Click on V	iew All Claims f	or complete details.	
	]				
View All Claims	J				
View All Claims	s				
	S Authorization No.	Start Date	End Date	Diagnosis Code	Status
Authorization: Service Type	-	Start Date 02/23/2025	End Date 02/27/2025	Diagnosis Code R69	Status ✓ Approved
Authorization: Service Type	Authorization No.				

It may take up to 30 days for a submitted authorization or claim to appear in your account.

- ✓ For more about claims, go to page 22
- ✓ For more about authorizations, go to page 24



## Links

At the bottom of the home page, you'll find helpful links to learn more about your extra benefits, like **My Wellcare Rewards and Wellcare Spendables**<sup>®</sup>, if they're included with your plan.

**Note:** Your extra benefits may be different based on your plan.



Take the time to click around and get familiar with your home page and the different tools there. If you ever need to get back to the home page, click **"Home"** or the logo in the top left corner of the top bar menu.

wellcare By allwell.	Home	Plan Details	~	Health To-Dos	Doctors	~	Covered Services 🗸	R	Reward	*		TH
						k	1					
				-	-	-	how to us	-		ific		
			to	ols you d	can fin	nd (	on your po	orta	al.			

# How to Search Covered Services (Medical Benefits Page)

The Search Services tool will show your plan coverage for different services you may get from your providers and specialists, including appointments like your annual preventive visit, urgent care visits, and more.



There are two ways to get to the Search Services tool:

 From the home page, you can click
 "Search Medical Benefits" in the Covered Services tile.



2 Next, you'll be taken to your **Medical** Benefits page where you can use the Search Services tool. Type in the search box to search by keyword (ex. root canal, eye exam, annual physical, primary care provider, emergency care, etc.) or click the down arrow to the right of the categories shown to view your benefits.

Medical Benefits	Plan: (2024) Wellcare Dual Liberty (HMO DSNP) -
	below to view benefits for related services and procedures. Yo twork services. Work with your provider to coordinate care.
Q	▼ Search
Doctor Visits	~
Preventative Care	~
Vision, Dental & Hearing	~
ER & Urgent Care	~
Outpatient Services	~
Inpatient Services	~
Mental Health & Behavioral Health	~
Supplemental Benefits	~

 You can also click "Covered Services" in the top bar menu and click "Search Medical Benefits."

Covered Services ^	Reward
Pharmacy Information	Z
Search Medical Benefits	

- <del></del>

Once you pick a service, you will see details on your coverage, like if you'll owe a co-pay. You will also see whether an authorization or referral is needed and if the cost counts towards your deductible. Lastly, you can also compare innetwork and out-of-network options.

Q root canal	-	Search
results for: '	'root canal"	
Comprehensive Denta	Services - Endodontics - root can	al
Co-Insurance	Co-Payment	Applies to Deductible
N/A	\$0	No
Applies to MOOP	Authorization Required	Referral Required
Yes	Yes	No
	View Details	
ut of Network		
Comprehensive Denta	Services - Endodontics - root can	al
Co-Insurance	Co-Payment	Applies to Deductible
		No
Applies to MOOP 🚯	Authorization Required	Referral Required
Yes	No	No

C root canal	•	Search	
results for: "r	root canal"		
-Network			
Endodontics - root cana	ı		
Co-Insurance	Co-Payment	Applies to Deductible	
N/A	\$0	No	
Applies to MOOP 👔	Authorization Required	Referral Required	
Yes	Yes	No	



For more information about the service and what your plan covers, click **"View Details."** 

A	This will give you in-depth information about what
5	your plan requires and the service you searched.
	For example, if you searched for a root canal, you
	would see your plan network requirements, your
	dental vendor, and the type of care root canals fall
	under (endodontics).

Member mu	ist receive care from a network provider.
In most cas exceptions:	es, services received from out-of-network provider will not be covered. Below are the three
* The plan c	overs emergency care or urgently needed services from an out-of-network provider.
* If the mem	ber needs medical care that Medicare guidelines require be covered AND the in-network
provider is u	nable to provide. This requires an approved prior authorization.
* The plan c	overs kidney dialysis services from a Medicare-certified dialysis facility when the member is
temporarily	outside of service area.
Endodontic	* Supplemental Benefit Comprehensive Dental Services
Description	
Endodontics	s focuses on the prevention, diagnosis and treatment of diseases affecting the dental pulp and
periradicula	r tissues.
Endodontic	* Supplemental Benefit Routine Dental Services
Coverage	
In general, c	overed. However, coverage may not be comprehensive.
Copay	
\$0 copay. M	ember is responsible for any cost above the benefit maximum for routine dental care.
Limit	
1 once per t	ooth OR once per tooth per lifetime.
Note	
NOTE TO CS	SR: These are general statements only. For detailed coverage questions, please warm transfer
	the dental vendor.



Take the time to get used to the tool and search for different services. Remember to always verify your plan costs and coverage by checking your plan materials.



# How to Change Your Primary Care Provider or Find In-Network Providers (Find A Provider)

Using an in-network provider helps you save on out-of-pocket costs. If you ever need to change your PCP, find an in-network provider or pharmacy, or check if your current provider is in-network, you can use the Find A Provider tool on the member portal.

**NOTE:** Health Net CA members have a different Find A Provider tool. These instructions will not apply to Health Net CA members.



Click **"Change Your PCP"** on the **Primary Care Provider** tile on the home page.







2 You will be taken to the **Find A Provider** tool, where you can search for in-network providers, specialists, and pharmacies in your area specialists, and pharmacies in your area.

Find a Provider Search for a dottor, failing harmany and much more using the form below. Where are you searching? Entri all address or top code to search for a provider nearby.	Helpful Links Trees Inks open in a new tab. You can view the details at any time during your search. Medical and/urc Definitions. (new Tab) Restwelt a Directory by Mall (new Tab)
Search by street address	
Required * City, County or ZIP Code *	
Are you searching outside the state where you enrolled in your plan?	
Change Location	
What is your health plan? Tell us your health plan. We can show you better results for the providers in your network.	
Which network year would you like to view?	
2024	
2025* Select your plan or network: *	
Select a network	
CONTINUE * This provider network is subject to change.	



Make sure your location is correct. If it's not, click "Change Location." Then choose your plan year and name from the list.

Find a Provider	
Search for a doctor, facility, pharmacy and much more using the form below.	
Where are you searching? Enter an address or zip code to search for a provider nearby.	
Search by street address	
Required *	
City, County or ZIP Code *	
Are you searching outside the state where you enrolled in your plan?	
Change Location What is your health plan? Tell us your health plan, We can show you better results for the provides in your network.	
Which network year would you like to view?	
2024	
○ 2025*	
Select your plan or network: *	
Select a network	,
CONTINUE	
* This provider network is subject to change.	



5

You can use the search box to type what you're looking for. Or you can choose from the categories to narrow your search.

	[	Talk to a doctor now using your deaktop computer or mobile pho	ne.	
		Find a HealthCare Provider		
Find a Provider Cheare low you want to wardh. Find a distor, facility, pharmary and much m Type What You're Searching For Search by Specially, Facility/Choug Name, Provider Name, or NP1	re.		Popular Searches Dati you awah with weah for these common areas of service 9. <u>Financials</u> 9. <u>Financials</u> 9. <u>Financials</u> 9. <u>Financials</u>	
OL DEARCH or Choose a Category Want to replay Choose a category to name	our search.		Your Location and Plan "you entrol location: You whether plan or neuroin: Wolkaw All Dud (MID 0-589) - 11032	
Minister Devensioned Tried 4 doctines primary your paywork for medical approximation	Medical Facilities Medical Facilities Find a primary care fealty, basphal, clinic, urgent care center, medical lab, or FQHC	Behavioral Health Find a mental health care provider	CHARGE LOCATION ON PLAN Helpful Links These links gain in a new tab. You can view the details at any time during your asses). Medical Laboration Links (Links)	
Vision Find an eye destar or vision allois	Dential Field a dentist or dental specialist	R Pharmacy & Medical Supplies Find a pharmacy or medical exignment realer		
	If this is an emergency, please dial 911 immediately.			

A list of in-network providers will appear according to what you searched. You can view the providers' contact information, additional details about them, and compare providers.

Here wetcare getterne getterne			Language 🕶
Results for Prima 73123 reads in Welcare All D Source 533 reads with 50 seven rootat	ual (HMO D-SNP) - H1032 / Change network	Q SEARCH AGAIN ●PRINT AGC	
Disease Service Acutors 50 miles	MD Practicioner WE(DCALGEQUE WE(CALGEQUE WE(CALGEQUE WE(CALGEQUE WE(CALGEQUE WE(CALGEQUE)) 0 (0.51 miles avery (rider mag)) 4 (13.1) More contact information	scatalistic real anteresis     in neurols     Monay Case shoulder     defense Virsuel Value     defense Virsuel Value     Congrues	
Click to View Options 🗸			
Product Tar Colds Viter Options Product Type Enter Office Features Conserving New Planters Conserving New Planter	DO Puestioner MEDICAL GOUP Fineral Madeine (General Mada Guer) –Based Certification (Minoser, <u>Spec 2016)</u> © 0.91 milles avery ( <u>Inter man)</u> U (213) Mare contact information	Accepting new parties     Accepting New parties     Inservice     Accepting New     Accepting	
gene hit Sto Par   gene hit Sto Par   gene Titulatent   Partient Constraining Batal   Tablanda   Tablanda   Tablanda	✓ Show details		
Additional Search	MD Presitione Presitione Presitione Presitione Presitione Presitione Presitione Presition Presit	Accepting and patients in network in n	

Always use in-network providers. If you get care from an out-of-network provider, it may not be covered by your plan.

**Note:** If you request to change your PCP, a new member ID card with your new PCP's name will be mailed to you within 10 business days. Always verify network status with your provider before getting care.

# How to View or Print Your Digital Member ID Card

If you ever lose your member ID card, don't worry! You can access your member ID card online at any time through your member portal. You can also print a temporary version.

	_	
	_	
6		

Click **"View ID Card"** in the **Your ID Card** tile on the home page.





You will be taken to your current plan year member ID card. You can save or print a copy.

VUENTLESSO <sup>®</sup> allwell. We have the head of	Have by Allwell See HILde4 000 See HILde4 000 See HILde4 000 See HILde4 000 See HILde4 000 Medical Conservations Medical Conservat	FOR MEMBERS Member Services: 1-800-977-75 Nurse Advice Line: 1-800-977-75 ModivCare Transportation: 1-807 Envolve Dental: 1-855-434-9240 Premier Eye Care Vision: 1-866-4 FOR PROVIDERS	22 (TTY 72) 714-030 (TTY 71) 194-756 (TTY 71) 194-756 (TTY 71) 194-756 (TTY 71) 194-766 (TTY 71) 194-766 (TTY 71) 194-764 (TTY 71)
Save image	: Requ	est by mail  🤷	Print 👼
See something wro on a card? Contact Member Services	benefits. Al	I claims are subject to your pla e this temporary ID card. Lettin	ment, or serve as a prior approval for in benefits and medical necessity. Only g someone else use your card is fraud,



# How to Change Your Account Password/Email (Settings)

	Ŧ
Contact Information	
Settings	Ø
Messages	
FAQ	
Other Health Plans	
Log Out	

You'll be taken to the **My Account** page. Here, you can change information about your account, including your email address and password. Click **"Edit My Account"** to make changes.

Click on your initials in the top right corner of the page and select **"Settings"** from the dropdown menu.

Your account includes your name, o any time.	ontact email, and preferred language. You can change this information at
Name	Email
Member Name	@mailinator.com
Preferred language	
English	
English	EDIT MY ACCOUNT
English	EDIT MY ACCOUNT



Remember to keep your login information in a safe place. Don't give your login information to anyone unless they're a trusted caregiver.

# How to View or Change Your Contact Information

Have a new mailing address, phone number, or email address? You can update your contact information through your member portal.





On the home page, click on your initials in the top right corner of the page and select **"Contact Information"** from the dropdown menu.



You will be taken to your **Contact Information** page, where you can view the current phone number(s), email address, and home address. Select **"Edit"** to update your phone number, home address, or email if needed.

allwell, Home Plan Details - Health To-Dos Doctors - Covered Services - Reward -	Э
Contact Information	
Phone Numbers Edit /	
Mobile Number Home Number (Primary) Work Number None on File None on File	
Email Address Edit /	
Addresses	
Permanent Address	
(If you need to change your permanent address, contact Member Bervices online or call the Member Services number on the back of your Member ID cand.)	
Mailing Address Edit 🗸	



## 3 Select "Save."

Phone Numbers		
	er is required. If you enter more than one, let us know which is your primary number.	
Mobile Number		
Enter Mobile Number	O Mobile is my primary number	
Home Number		
333-111-5555	Home is my primary number	
Work Number		
Enter Work Number	Work is my primary number	
Cancel Save		
Email Address		
Email Address * 31jan2024@mailinator.com		
Confirm Email Address *		
Confirm Email Address * Re-enter Email Address		
Re-enter Email Address		
Re-enter Email Address Cancel Save		
Re-enter Email Address		
Re-enter Email Address Cancel Save		
Re-enter Email Address Cancel Save		
Reenter Email Address Cancel Save Addresses Permanent Address		
Re-enter Email Address Cancel Save Addresses	LLINGS, M0, 65610	
Reenter Email Address Cancel Save Addresses Permanent Address	LLINGS, MO, 65610	
(Rearder Ernall Address Cancel Save Addresses Permanent Address	LLINGS, M0, 65610	
Tenente Erect Address Cancel Save Addresses Permanent Address 1175 N Princeton Ave, APT162, B	LLINGS, M0, 65610	
Revence Email Address Cancel Save Addresses Permanent Address 1175 N Princeton Ave, APT162, B		
Theories Engli Address Cancel Save Addresses Permanent Address 1175 N Princeton Ave, APT162, B Mailing Address Same as permanent address		
The entry Empli Address  Cancel Save  Addresses  Permanent Address  1175 N Princeton Ave, APT162, B  Mailing Address  Same as permanent addres  Address *		
Teentre Ernel Address Cancel Save Addresses Permanent Address 1175 N Princeton Ave, APT162, B Mailing Address Same as permanent addres Address * IS011 N obm 50, APT4641	•	
Teacher Erwal Address  Cancel Save  Addresses  Permanent Address  I175 N Princeton Ave, APT162, B  Mailing Address  Same as permanent addres  Address *  I5011N 68th St. APT6401  City * State	s Zip Code *	
Teacher Erwal Address  Cancel Save  Addresses  Permanent Address  I175 N Princeton Ave, APT162, B  Mailing Address  Same as permanent addres  Address *  I5011N 68th St. APT6401  City * State	•	
The entry Empil Address  Cancel Save  Addresses  Permanent Address  I175 N Princeton Ave, APT162, B  Mailing Address  Same as permanent addres  Address  Itoti N deh SL APT461  City * State	s Zip Code *	



Make sure to keep your contact information updated so you don't miss out on any important plan updates and communications.



We know it can be hard to track when you're due for important appointments and exams. With Health To-Dos, we make it easy for you to check off your list.



Go to your home page and scroll down below the four tiles to see **Your Health To-Dos**. Click **"Manage Your Health"** to view your missing preventive care appointments.

Your Health To-Dos	Annual Flu Vaccine
By completing your preventive care tasks, you can build trust with your providers and aid your overall health.	You are due for an annual flu vaccine, which protects against influenza. It reduces your risk of infection and severe symptoms. Contact your provider to schedule an appointment.
Manage Your Health	

(a) You can also click **Health To-Dos** in the top bar menu.





You'll be taken to your **Health To-Dos** page, where you can view and manage any preventive care tasks that are missing or scheduled.

Welcome to Your Health To-Dos!	Primary Care Provider
Take charge of your preventive care. By completing your preventive care tasks, you can build trust with your providers and aid your overall health.	Doctor Name (111)-111-111
You can call your Primary Care Provider to schedule preventive care tasks or to request to find a specialist at any time.	To change your PCP; go to your homepage and select Change my Primary Care Provider.
Preventive Care Tasks	



5

to confirm.

To schedule an appointment, click the blue **"Schedule Appointment"** button.

Annual Wellness	Visit		\$0 Copa
	al wellness visit. You can detect 1 may need. Contact your provide	Already Scheduled?	Schedule Appointment

	You will be taken to a new page that has
Ð	your PCP's contact information so you
	can call to schedule your appointment.
	After you have called and scheduled
	your appointment, click "Next."

Click "Appointment Scheduled"

6 Once you confirm, you will be taken

to a Success page. You can click **"Start Next Task"** to schedule

another appointment, or **"Done"** 

to go back to your **Health To-Dos**.

ou are due for an annual wellness visit. You can detect health issues early and discuss medications you may need. Contact your p schedule an appointment.  Schedule Appointment Using the provider details below, call to schedule your appointment.  Primary Care Provider, F KYRA HEALTH PHYSICIANS GROUP  (773).	l Wellness \	/isit	<b>\$0</b> Cop
Confirm Appointment     Primary Care Provider, F       SuccessI     KYRA		risit. You can detect health issues early and discuss medications	you may need. Contact your provid
Success! Primary Care Provider, F KYRA (773).			
HEALTH FHI SIGIANS GROOP		KYRA	(773).

You are due for an annual wellr to schedule an appointment.	ess visit. You can detect health issues early and discuss medications you may need. Contact your provi
Schedule Appointment	Confirm Appointment
2 Confirm Appointment	Please confirm if you have scheduled your appointment so we can update your Health To-Dos.
3 Success!	
	Go Back Appointment Scheduled

← Back to Health To-Dos





You should now see your planned appointment under **Scheduled Tasks**.

	e, which protects against influenza. It nptoms. Contact your provider to sch		Schedule Appointment
	nptoms. Contact your provider to sch	edule an Already Scheduled?	Schedule Appointmen
hadalad <b>T</b> aalaa			
neduled Tasks			
Annual Wellness Visit	Scheduled		

8 If your appointment was rescheduled or cancelled, click **"Reschedule"**. This will move the appointment from **Scheduled Tasks** back to **Preventive Care Tasks**.





Preventive care is key to staying healthy. It's important to keep track of your **Health To-Dos** and to see your PCP regularly to stay on top of your health.



You can easily check your medical and prescription drug claims through your secure member portal. It's good to check your claims to ensure your provider is charging your plan.



Click **"Plan Details"** in the top bar menu, then select **"Claims."** 



Plan Details 🔺	Health To-Do
Assessments	
Authorizations	I
Claims	
ID Card	
Premium Payments	

2 The **Recent Claims** page will open. Here, you can see a list of your medical and prescription drug claims, if you have any.

Status: All Type: A	II Dates: The past two years	✓ Show Filters	Filter by keyword	
			Type claim number, provider,	status, etc.
Status	Dates	Provider		Your Owed Amour
			MEDICAL CENTER	\$0.0
C Pending	09/19/2023	Medical		
Ŭ		Claim #:		✓ More Detail:
_		JEFFREY		\$0.0
Pending	09/19/2023	Medical		
Ŭ		Claim #:		✓ More Detail
_		ATLANTICARE REGIO	NAL MEDICAL CENTER CITY DIVISION***	\$0.0
C Pending	09/19/2023	Medical		
Ŭ		Claim #:		✓ More Details
		JASON		\$0.0
Pending	09/18/2023	Medical		
		Claim #:		<ul> <li>More Details</li> </ul>



**3** Click **"More Details"** to see more information about a claim. Click **"Less Details"** to go back.

Pending 09/19/ BSQ NURSING FACILITY CARE	2023 MOD MDM 30 MINUTES (99309	JEFFREY Medical Claim #:	\$0.00
Dates of Service: 09/19/2023 Amount Billed: \$104.00 Remarks: What's this? (N2) PEND-SERVICE DOES NOT MAP TO BENEFIT KEY	Amount Approved: \$0.00 -\$0.00 Discount	<b>Amount Paid:</b> By Plan: \$0.00	Amount you owe: = \$0.00 Includes Copay: \$0.00 Includes Coinsurance: \$0.00 Deductible: \$0.00
			Total Copay: \$0.00 Total Coinsurance: \$0.00 Total Deductible: \$0.00 <b>Your Owed Amount*: \$0.00</b> * You may receive a bill from your provider for this amount. Part of this amount may have been paid at the time of the service. You will never receive a bill from MMP/Allwell from Absolute Total Care.



Remember, claims may take up to 30 days to process.

# How to View **Your Authorizations**

Some services or medications need prior authorization, or plan approval, before you can get them. You can track the status of your authorizations through your secure member portal.

			Plan Details \land	Health To-Do
1	Click <b>"Plan Details"</b> in the top bar menu, then select <b>"Authorizations."</b>	1	Assessments	
		4	Authorizations	
	a You can also view your recent authorizations on your home page.	(	Claims	
		3	D Card	
		F	Premium Payments	

2

The "Authorizations" page will open. Here, you can see a list of your medical and prescription drug authorizations, if you have any.

uthorizot	tiono		
uthorizat	.10115		
() ()			
Summar	y of Authorizations within the last 24 r	nonths	
Status: All Type	* All Dates: Between 10/13/2024 and 01/13	8/2025 Show Filters	
Status: All Type	e: All Dates: Between 10/13/2024 and 01/13	3/2025 V Show Filters	
	e: All Dates: Between 10/13/2024 and 01/1:	3/2025 v Show Filters	

**How to Pay Your Premium** 

You can pay your monthly premium online through your member portal. All payments are safe and secure. You can also set up automatic recurring payments, so you won't have to worry about remembering to pay your premium every month.



To go straight to the billing page, click **"Pay Online"** in the "Premium Payments" tile on the home page.



a To see more options, click the blue text that says "Manage Premium Payments," or go to "Plan Details" in the top bar menu and select "Premium Payments" to go to your Premium Payments page.





On this page, you will find different ways to pay your plan premium. These includes mail, online, and phone options.

Pay by Mail	Pay Online	Search Pay by Phone	Important Payment Posting Information
lail your payment to: relicare by Allwell 0 Box 7400754 hicago, IL 60674-7540	Pay your premium online, or enroll in auto pay and never worry about missing a payment. You can also view and print your payment history. English - <u>Terms and Conditions</u> 2 Español - <u>Términos y condiciones</u> 2	Pay your premium by calling Wellcare at one of the following: HMO SNP: 1-833-202-4704 (TTY 771) HMO PPO: 1-855-766-1541 (TTY 771) Hours October to March: Monday through Sunday from 8 a.m. to 8 p.m. Hours April to September: Monday through Friday from 8 a.m. to 8 p.m.	The information available on the site is the most u to date information available to our representative Please allow up to 3 business days for payments to be processed.
Pay on Time Iark Your Calendar emember your premium payments are due no la ent he last day of the month prior to the actual onth of coverage. For example, the premium fo pril is due March 31st.	이렇게 잘 가슴을 가지 않는 것을 가슴을 들었다. 것이 같은 것이 없는 것이 없 않 않 않이 않이 않이 않 않이 않이 않이 않이 않이 않이 않이 않이		

**3** Click **"Pay Online"** to be taken to your billing page. You will see your current amount due.

Wallet     P       Payment History     P	Make a Payment Please use the drop down list below to pay your premium. We recommend that you always pay your current amount due. This prevents any disruption in your coverage. Amount Current Amount Due: \$94.40 v \$94.40 Payment Method Add You are not currently enrolled in Auto Bill Pay' tab on the left.	Enroll in automatic bill pay - It's quick, easy and secure.
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# S How to Make a One-Time Payment

To make a one-time payment, click the blue text that says "Add" next to "Payment Method."

Auto Bill Payment	Make a Payment	
Wallet	Please use the drop down list below to pay your premium. We recommend that you always pay your current amount due. This prevents any disruption in your coverage.	17
Payment History	current annount que. This prevents any discuption in your coverage.	Enroll in automatic bill pay - it's quick,
	Amount	easy and secure.
	Current Amount Due: \$94.40 V \$94.40	
	Payment Method Add	
	You are not currently enrolled in Auto Bill Pay, To change your preference, citck on the Auto Bill Pay' tab on the left.	

2 A pop-up will appear where you can add your payment information. You can use a credit card or bank account to pay. After you've entered your information, click **"Next."** 

Payment Information Please enter your payment Information below: Payment Method Credit Card E-Check/ACH Name E-Mail Credit Card Number Credit Card Number Expiration Month Expiration Year	Please enter your payment information below: Payment Method Credit Cand E-Check/ACH Name On Account E- Name Predit Cand Number C1	
Excheck/ACH       Name On Account     E-Mail       Name     E-Mail       Credit Card Number     CVV       Credit Card Number     CVV	Credit Card E-Check/ACH Name On Account E- Name Credit Card Number CC	
Name On Account     E-Mail       Name     E-Mail       Credit Card Number     CVC or CVV       Credit Card Number     CVV	Name On Account E- Name 1 Credit Card Number CC	
Name     E-Mail       Credit Card Number     CVC or CVV       Credit Card Number     CVV	Name I Credit Card Number C	
Credit Card Number CVC or CVV Credit Card Number CVV	Credit Card Number CV	Mail
Credit Card Number CVV O		
	Credit Card Number	or CVV
Expiration Month Expiration Year		✓ ●
	Expiration Month Expiration Year	
v v	~	~
	Next	

Payment Information	
Please enter your payment information below:	
Payment Method	
Credit Card E-Check/ACH	
Name On Account	E-Mail
Name	E-Mail
Bank Name	
Bank Name	
Routing Number	Confirm Routing Number
Routing Number	Routing Number
Bank Account Number	Confirm Bank Account Number
Bank Account Number	Bank Account Number

Please enter your billing address		
Address 1		
1 Test Street		
Address 2		
Street Address 2		
City	State	Zip
TestVille	NY	~ 10000



Note: Check the box next to "Save for future use?" to save

your payment information for use in the future and for Autopay.

3 Enter your billing address and click **"Next."** 

Your Billing	Address 🧭
Address 1:	1 Test Street
City:	TestVille
State:	NY
Zip:	100000
Payment Method Credit Card Number Expiration	Credit Card X000C-3000C-3000C-424 8 2045
Save for	r future use?

Add A Payment Method

5 You will be taken back to the **Make a Payment** page, where your amount due and payment method will be automatically filled in. Click **"Next."** 

Auto Bill Payment	Make a Payment			
Vallet	Please use the drop down list below to pay your premium. We recommend that you always pay yo current amount due. This prevents any disruption in your coverage.			
Payment History	current annount uue. This prevents any uisrupiioli III youl Coverage.			
	Amount			
	Current Amount Due: -\$1,086.70\$1,086.70			
	No Payment Due; If you wish to pay ahead, please use drop down list and enter an amount greater than \$0.00			
	Payment Method Change			
	MASTERCARD ending in 4444			
	Billing Address			
	John Dae 1 Test Street TestVille, NY 10000			

6 Review your payment information, check the required box, and click **"Submit"** to make a one-time payment. To get an email confirmation, you can check the transfer of the tr payment. To get an email confirmation, you can check the box next to "I would like a confirmation email" and enter your email address.

Auto Bill Payment Wallet	Please review your payment Please click "Submit" when you are f			
Payment History	Your recurring payment process has	Your recurring payment process has been set for the 16th day of each month.		
	Payment Amount:	Current Amount Due		
	Payment Method:	Credit Card		
		MASTERCARD ending in 4444		
	Name on Account:			
	Automatic Payment Date:	15th of each month		
	Billed to:			
	To view Terms and Conditions click h	cre.		
	<ul> <li>I acknowledge that I have read a</li> </ul>	nd agree to the Automatic Payment Terms and Conditions provided.		



You will be taken to a confirmation page with a confirmation number.

Auto Bill Payment	Thank you for	your payment!
Wallet	You may print this page from	your browser for your records.
Payment History		
	Confirmation Number:	13381840
	Payment Amount:	\$10.00
	Payment Method:	Credit Card
		MASTERCARD ending in 4444
	Name on Account:	Jahn Dae
	Billed to:	
	John Doe 1 Test Street TestVille, NY 10000	

# How to Set Up Automatic Payments

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If you would like to set up automatic payments, click **"Auto Bill Payment"** on the left menu. Then click **"Add a new automatic payment."** 

Auto Bill Payment	Auto Bill Payment	Want to stop receiving paper bills?
Wallet	Auto bill payment allows you the flexibility to choose a payment delivery date between the 15th and the end of the month.	If you are set-up for auto bill payment, call Member Services (phone number on your ID card) and let them
Payment History	How it works:	
	You will be billed one month in advance for your premium payment.	
	If your payment is not received by the 1st of each month, your account will be charged for the current amount due which includes any past due amounts.	know that you do not want to receive a paper bill.
	Please allow 1-2 business days to process a new account or to remove an account.	Just remember, you will
	Please Note: Your Auto Bill Payment will NOT draft on the same day that you set up your account and preferences.	receive a paper bill if your payments are voided or declined to let you know that a
	Account Nickname Payment Date Automatic Payment Next Draft Date	payment is due.

A pop-up will appear where you can add your payment information. You can use a credit card or bank account to pay. After you've entered your information, click **"Next."** 

Add A Payment Method	
Payment Information Please enter your payment information below:	
Payment Method	
Credit Card E-Check/ACH	
Name On Account	E-Mail
Name	E-Mail
Credit Card Number	CVC or CVV
Credit Card Number	cvv
Expiration Month Expirat	ion Year
~	~
_	
Next	

Payment Information	
Please enter your payment information below:	
Payment Method	
Credit Card E-Check/ACH	
Name On Account	E-Mail
Name	E-Mail
Bank Name	
Bank Name	
Routing Number	Confirm Routing Number
Routing Number	Routing Number
Bank Account Number	Confirm Bank Account Number
Bank Account Number	3 Bank Account Number

Please enter your billing address		
Address 1		
1 Test Street		
Address 2		
Street Address 2		
City	State	Zip
TestVille	NY	~ 10000

Please review your payment information. Click "Save" at the bottom of the page whe are done. Your Billing Address © Address 1: 1 Test Street City: TestVille State: NY Zip: 100000 Your Payment Information © Payment Method Credit Card Credit Card Number: X00XX00XX00X-424 Expiration & 2045	Add A Payment Method	
Address 1: 1 Test Street City: Test/Vile State: NY Zip: 100000 Your Payment Information S Payment Method Credit Card Credit Card Number X000XX000X424	Please review your payment information. Clic are d	k "Save" at the bottom of the page whe lone.
City: TestVille State: NY Zip: 100000 Your Payment Information Payment Method Credit Card Credit Card Number X000X3000C-424	Your Billing	Address 🧭
State: NY Zip: 100000 Your Payment Information @ Payment Method Credit Card Credit Card Number 2000-2000-424	Address 1:	1 Test Street
Zip: 100000 Your Payment Information S Payment Method Credit Card Credit Card Number X000XX00XX424	City:	TestVille
Your Payment Information (2) Payment Method Creat Card Credit Card Number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State:	NY
Payment Method Credit Card Credit Card Number X000X-3000X-3004-424	Zip:	100000
Credit Card Number XXXX-XXXX-424	Your Payment I	nformation
	Payment Method	Credit Card
Expiration 8 2045	Credit Card Number	XXXX-XXXX-XXXX-424
	Expiration	8 2045
Save for future use?	Save for	future use?

• Review your information to ensure it is correct. Be sure to check the box next to **"Save for** future use?" to save your payment information. Then click "Save."

3 Enter your billing address and click **"Next."** 

5 You will be taken back to the **Make a Payment** page, where your amount due and payment method will be automatically filled in. Click **"Next."** 

Make a Payment	
Auto Bill Payment	Automatic Payments
Vallet	For each automatic payment account you create, enter your account information exactly as it appears on your invoice. Refer to your most recent invoice. Click 'Next' when complete.
Payment History	Please Note: The amount that will be deducted from your account each month will always be your current amount due. This amount may adjust due to changes in your account status, such as past due amounts
	Payment Method Change
	MASTERCARD ending in 4444
	Billing Address
	Account Nickname
	Credit Card
	Choose a date for payments to be made
	158h 👻

6 Review your information and click the blue text that says **"click here"** if you would like to view the Terms and Conditions. Be sure to check the box next to **"I acknowledge that I have read and** agree to the Automation Payment Terms and Conditions provided." Then click "Submit" to set up your automatic payments.

Make a Payment	Please review your p	ayment information			
Auto Bill Payment	Please click "Submit" when	n you are finished.			
Wallet					
Payment History	Payment Amount:	\$10.00			
	Payment Method:	Credit Card			
		MASTERCARD ending in 4444			
	Name on Account:	John Doe			
	Billed to:	John Doe 1 Test Street TestVille, NY 10000			
	I would like a confirmat	tion email.			
	test@test.com				
		nd clicking the button below, I authorize Allwell Medicare to charge my Credit Card Account on May 1, 2025 20 for my monthly premium.			
	for the amount of \$10.0	o or ny moniny premiun.			

7 You will be taken back to your **Auto Bill Payment** page, where you can see your scheduled payments.

Auto Bill Payment	Auto Bi	ll Payment				Want to stop receiving paper bills?
Wallet	Auto bill payme and the end of t	nt allows you the flexibility to the month.	choose a payment d	elivery date between the 1	5th	If you are set-up for auto bill payment, call
Payment History	How it works:					Member Services (phone number on you
	You will be bille	d one month in advance for y	our premium payme	nt.		ID card) and let them
		is not received by the 1st of due which includes any past		count will be charged for th	ne	know that you do not want to receive a pape bill.
	Please allow 1-	Please allow 1-2 business days to process a new account or to remove an account.				
	Please Note: Your Auto Bill Payment will NOT draft on the same day that you set up your account and preferences.				Just remember, you w receive a paper bill if your payments are voided or declined to l you know that a payment is due.	
	To remove an account from auto payment, please click the delete button(x) and confirm your request in the message box					
	Below are the a	ccounts you have created for	your auto bill payme	ents.		
	Account Nickname	Credit Card	Payment Date	Automatic Payment Next Draft Date		
	Credit Card	MasterCard ending in xxxxxxxxxxxxxx444	Last day of each month	May 31, 2025	۲	



(NOT AVAILABLE FOR ALL PLANS—Check your plan materials to verify coverage and benefits.)

If Wellcare Spendables<sup>®</sup> is included with your plan, you will see a **Wellcare Spendables**<sup>®</sup> tile at the bottom of your home page. Click the blue text that says **"Wellcare Spendables"** to be taken to your Healthy Benefits+ account.

spendables
Wellcare Spendables
ew your Wellcare Spendables benefits ace an order, please follow the link w:
Wellcare Spendables

 a You can also click "Reward" in the top bar menu and select "Wellcare Spendables."





On your Healthy Benefits+ account you can check your benefits and balance, find a store, place an online order, and more.



How to Access Twill

Twill is a free digital platform to support healthy aging and your overall wellbeing through community support, self-guided programs, and interactive activities. All Medicare Advantage members have Twill included with their plan.

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You will see a banner message at the top of your homepage with a link to Twill. Click the blue text that says **"Visit Twill"** and follow the instructions to get started.

Introducing Twill for Medicare Advantage Members Your plan includes a digital platform tool to support healthy aging and your overall wellbeing through community support, selfguided programs, and interactive activities. Twill is included in Medicare Advantage Plans, at no extra cost to you. <u>Visit Twill</u> <sup>[2]</sup> to log in and get started. (Note: This benefit is not available for Medicare-Medicaid Plan Members at this time)

# How to Access the Portal in Spanish



Click on the globe icon in the top right corner (next to your initials) and select **"En Español"** in the dropdown menu to have the site translated into Spanish.



# How to Sign Out

Make sure to log out of your account whenever you're done browsing to protect your personal health information. If you leave the page logged in without doing anything, you will automatically be logged out after 10 minutes of inactivity.



Click your initials in the top right corner and select **"Log Out."** 



You will be taken back to the login page.

	Contact Information
	Messages
	Health Demographic Profile
	Settings
	FAQ
6	Other Health Plans
	Log Out



Remember to keep your login information in a safe place.

? Need Help?

If you have any questions about your member portal or plan benefits, you can check the FAQ section or send a message to our team through your account.

## FAQs



Click on your initials in the top right corner and select **"FAQ"** to see a list of frequently asked questions and answers.

		(	TH
	Contact Information		
	Settings		Ø
	Messages		
	FAQ		
ŧ	Other Health Plans		
	Log Out		

-

### FAQs

#### Can I change my Primary Care Physician?

Yes, you can change your PCP. As a Wellcare Complete Medicare member, you must choose a PCP who is part of the Wellcare Complete Health Plan provider network. PCPs provide routine care. They also help you get specialist care, hospital care, and outpatient services. You may already have chosen your PCP. If not, we may have assigned a PCP for you.

I just changed my Primary Care Physician. When does the change take effect? Your PCP change request takes effect on the next business day after you make the request. A new ID card with contact details for your new PCP will be mailed within 7 to 10 business days.

### How can I get a new ID card?

Print or save your ID card by visiting View ID Card. You can also access it by selecting "View ID Card" from the homepage.

#### How can I get a list of doctors, other providers, and pharmacies? You can use Find a Doctor or Pharmacy to search for in-network providers. You can also use the Provider and Pharmacy Directory

How can I check my benefits? You can check your benefits on the Benefits page.

#### How do I get a list of covered drugs?

You can check your drug coverage using the Formulary.

Mes	saging	<b>(</b>	₽
0	Click on your initials in the top right corner and select <b>"Messages."</b>	Contact Information Settings	2
		Messages	
		FAQ	
		Other Health Plans	
		Log Out	

You will be taken to your **Secure Messaging** inbox, where you can view any messages you've sent or received. To send a message, click **"Compose."** 

Inbox	No Messages to display	
Sent		
Trash		



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Select a subject from the dropdown menu that suits your needs, then type your question or request in the box.





# Thanks for being a member!

We hope this guide helps you better understand how to use your secure member portal account, so you can get the most out of your plan. You can access your secure member portal any time to manage your health plan and benefits.



We are here:



October 1 to March 31 Seven days a week 8 a.m. to 8 p.m. April 1 to September 30 Monday through Friday 8 a.m. to 8 p.m. Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or https://www.louisianahealthconnect.com. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid and select the "Learn about Medicaid Services" link. To request a written copy of our Medicaid Provider Directory, please contact us.

Washington residents: "Wellcare" is issued by Coordinated Care of Washington, Inc.

Washington residents: Health Net Life Insurance Company is contracted with Medicare for PPO plans. "Wellcare by Health Net" is issued by Health Net Life Insurance Company.

Washington residents: "Wellcare" is issued by WellCare Health Insurance Company of Washington, Inc.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits.

Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting https://www.wellcarefindaprovider.com/navigate-a-network.html. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus. To request a written copy of our Medicaid Provider Directory, please contact us.

## **Discrimination Is Against the Law**

Wellcare By Allwell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Wellcare By Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

### Wellcare By Allwell:

- Provides aids and services, at no cost, to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, at no cost, to people whose primary language is not English, such as:
  - Qualified interpreters and
  - Information written in other languages.

### If you need these services, contact Member Services at:

Wellcare By Allwell: **1-844-451-1768** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

If you believe that Wellcare By Allwell failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator PO Box 31384, Tampa, FL 33631 1-855-577-8234 TTY/TDD: 711 Fax: 1-866-388-1769 Email: SM\_Section1557Coord@centene.com

You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019**, **1-800-537-7697** (TTY/TDD).

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

## La discriminación es un delito

Wellcare By Allwell cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Wellcare By Allwell no excluye a las personas ni las trata de manera diferente por su raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

### Wellcare By Allwell proporciona:

- Brinda asistencia y servicios, sin costo alguno, a las personas con discapacidades para comunicarse de manera eficaz con nosotros, como los siguientes:
  - o Intérpretes de lengua de señas calificados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles u otros formatos)
- Brinda servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como los siguientes:
  - o Intérpretes calificados e
  - o Información escrita en otros idiomas.

## Si necesita estos servicios, llame a Servicios para Miembros al:

Wellcare By Allwell: **1-844-451-1768** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare By Allwell no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja ante la siguiente entidad:

1557 Coordinator PO Box 31384, Tampa, FL 33631 1-855-577-8234 TTY/TDD: 711 Fax: 1-866-388-1769 Email: SM\_Section1557Coord@centene.com

Puede presentar una queja en persona, o por correo, fax o correo electrónico. La queja debe presentarse por escrito en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja advierta lo que considera discriminación. Si necesita ayuda para presentar una queja, nuestro Coordinador 1557 está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Office for Civil Rights, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo postal a U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; o por teléfono: **1-800-368-1019**, **1-800-537-7697** (TTY/TDD).

Los formularios de reclamo están disponibles en https://www.hhs.gov/ocr/complaints/index.html.

## Race, Ethnicity and Language Information (REL)

Wellcare By Allwell promises to keep your race, ethnicity, and language (REL) information private. We use some of the following ways to protect your information:

- Keeping paper documents in locked file cabinets.
- Requiring that all electronic information stays on physically secure media.
- Maintaining your electronic information in password-protected files.

We may use or share your REL info to perform our work. These activities may include:

- Finding health care gaps.
- Making intervention programs.
- Designing and directing outreach materials.
- Telling health care professionals and doctors about your language needs.

We will never use your REL information for approving, rate setting, or benefit decisions. We will not give your REL information to unauthorized people.



