Provider Portal

Manage Member Information User Guide

The Manage Member Information tool allows you to update various member data online. Options include changing the member's PCP, request to transfer member's care to another primary care practice, and change member demographic information. The PCP change request is available to providers registered for primary care with the Plan. We recommend conducting a member eligibility search for the date of service **prior** to submitting your request.

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Locate Patient to Update their Information

1. Under the **Patient Management** tab select **Search Patients.**

2. Search for the Member by writing in their **Last Name**, **Member ID** or **Medicaid ID** in the **Patient Search Field**.

3. Locate and choose the correct member from the list by matching: **Name**, **DOB**, **Member ID** and **Address**. Click **Select** to add member to your list.

   * If the patient does not appear in the Current Patient drop-down, click **Search Patients** to locate the correct person and add them to your list.
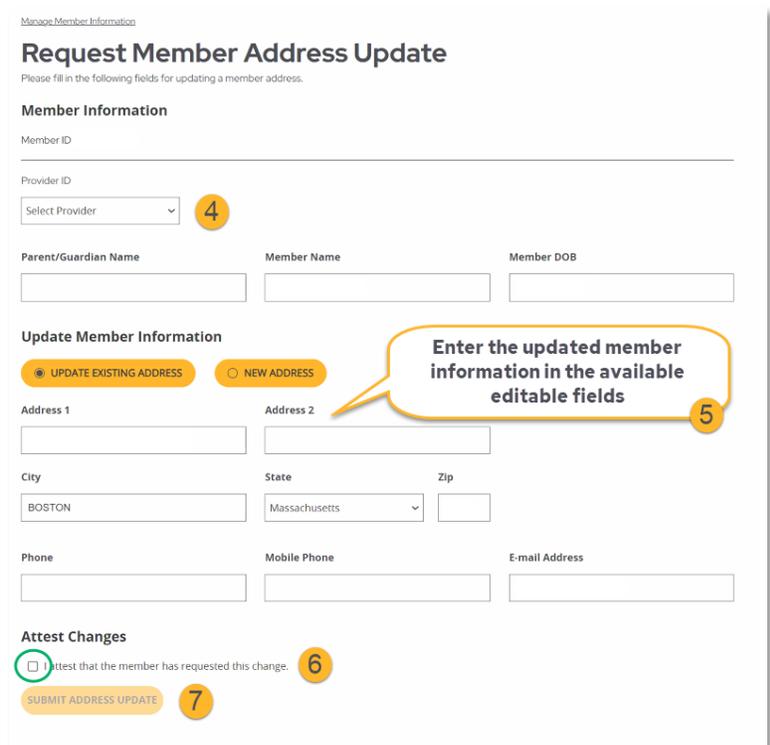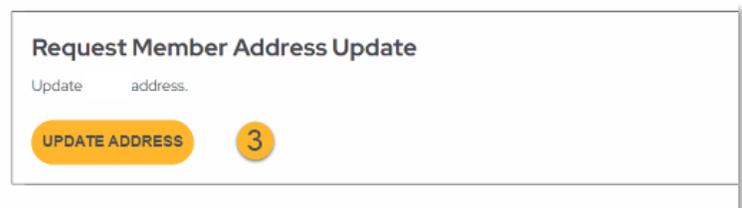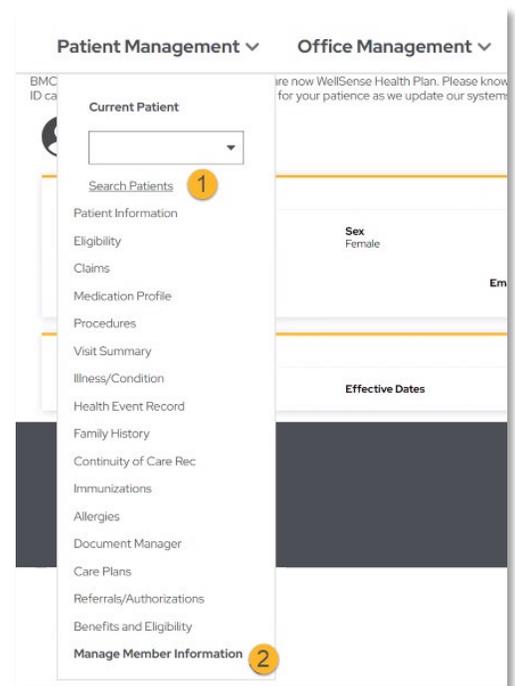
Request Member Address Update

Once you have selected the patient from the search option, confirm the member's demographic information. Review the member's **first and last name, date of birth, gender, complete address, telephone number, email, and current primary care physician.**

A PCP confirmation letter will be mailed out to the member once an update has been completed. Please confirm and/or update the member's address prior to submitting a PCP change.

1. Click on **Patient Management,** and then select **Manage Member Information** or

2. Select **Search Patients** to locate the member and then select **Manage Member Information.**

3. From the **Request Member Address Update** option, select **Update Address.**

4. Identify the name of the provider who is submitting this member address update by clicking on **Select Provider.**
   Type in the updated information in the available editable fields. Select to either **update existing address** or add a **new address**.

5. You must attest that the member has requested this address change prior to submitting the request.

6. Select **Submit Address Update** to complete the request.

A confirmation notice will appear once the request is completed. Please allow 3-5 business days for the Plan to review the request. **If approved,** the patient's information will be updated as requested. **If we are not able to approve the request,** we will contact you with additional information.

Patient Management ∨   Office Management ∨

Current Patient

Search Patients   ①
Patient Information
Eligibility
Claims
Medication Profile
Procedures
Visit Summary
Illness/Condition
Health Event Record
Family History
Continuity of Care Rec
Immunizations
Allergies
Document Manager
Care Plans
Referrals/Authorizations
Benefits and Eligibility
Manage Member Information   ②

Sex
Female

Effective Dates

Request Member Address Update
Update   address.

UPDATE ADDRESS   ③

Manage Member Information
Request Member Address Update
Please fill in the following fields for updating a member address.
Member Information
Member ID

Provider ID
Select Provider   ④

Parent/Guardian Name   Member Name   Member DOB

Update Member Information
● UPDATE EXISTING ADDRESS   ○ NEW ADDRESS

Address 1   Address 2

Enter the updated member information in the available editable fields   ⑤

City   State   Zip
BOSTON   Massachusetts

Phone   Mobile Phone   E-mail Address

Attest Changes
☐ I attest that the member has requested this change.   ⑥
SUBMIT ADDRESS UPDATE   ⑦

Request PCP Change for Member

You must either select the patient from the **Current Patient** drop-down menu, or click **Search Patients** to locate the correct person and add them to your list.

1. Click on **Patient Management,** and then select **Manage Member Information** or

2. Select **Search Patients** to locate the member and then select **Manage Member Information.**

3. There will be multiple manage options to select from, select **Request Member's PCP Change.**

   *You must attest that the member has requested this change in order to proceed.

4. Search for the new provider by entering the name (Last name, First name) in the **Provider** field, or enter the Practice Name or NPI in the **Group Name** field and then select **Search**.

5. Review the Provider Search Results and **Select** the correct provider row you would like to add as the new PCP.

    * Review the member's name, product, current PCP, New PCP requested during this step to ensure accuracy.

6. Type the effective date or use the calendar tool icon to select the new PCP's effective date.

7. Use the **Established Patient** drop-down to select if the patient is Established or not established.

    Select **Accept** to submit the PCP change request.

A confirmation notice will appear once the request is completed. Please allow 3-5 business days for WellSense to review the request. **If approved,** the patient will be retroactively assigned to the selected PCP as requested. **If we are not able to approve the request,** we will contact you with additional information and next steps available.

Request to Transfer Member's Care

1. Under the **Patient Management** tab select **Search Patients.**

2. Search for the Member by writing in their **Last Name**, **Member ID** or **Medicaid ID** in the **Patient Search Field**.

3. Locate and choose the correct member from the list by matching: **Name**, **DOB**, **Member ID** and **Address**. Click **Select** to add member to your list.

    * If the patient does not appear in the Current Patient drop-down,

click **Search Patients** to locate the correct person and add them to your list.

4. Click on **Patient Management,** and then select **Manage Member Information.**

5. There will be multiple manage options to select from, select **Request to Transfer Member's Care.**

   *This option is reserved for providers who are removing a member from their panel or group.

6. Confirm the member's name and date of birth. Only if the member is under the age of 18, enter the name of the parent/guardian.

7. Select the reason(s) for the transfer of care from the available options.

*If Multiple No-shows has been selected, enter the 3 appointment dates the member missed.

*Only for MCO/ACO members, complete the additional Involuntary Member Disenrollment Request information when **Verbal/Physical Abuse or altercation** has been selected.

8. Write or use the calendar tool to select the transfer of care date.

9. Attach required documentation sent to the member and applicable supporting documentation to assist in the transfer of care.

   *Maximum limit of 10 files online. If you need to submit additional paperwork, please fax forms to (617) 897-0884 Attn: Provider Services

10. Select **Submit Transfer Request** to complete the request.

A confirmation notice will appear once the request is completed. Please allow 3-5 business days for the Plan to review the request. Providers may also fax supporting documentation, such as the termination letter sent to the patient to (617) 897-0884 Attn: Provider Services.

If approved, the member will be removed from the selected provider's panel and the Plan will complete an outreach to the member. The Plan will also assist with providing a transition plan in order to ensure there is no interruption in care or services.

If we need additional documentation, we will contact you with additional information and next steps available.