

DHHS Provider Orientation

Well Sense Health Plan

Plan Overview and how we
do business with Providers

November 12, 2013

Agenda

Well Sense and what we offer

Working with Well Sense & our Members

Our Partners

Provider Responsibilities

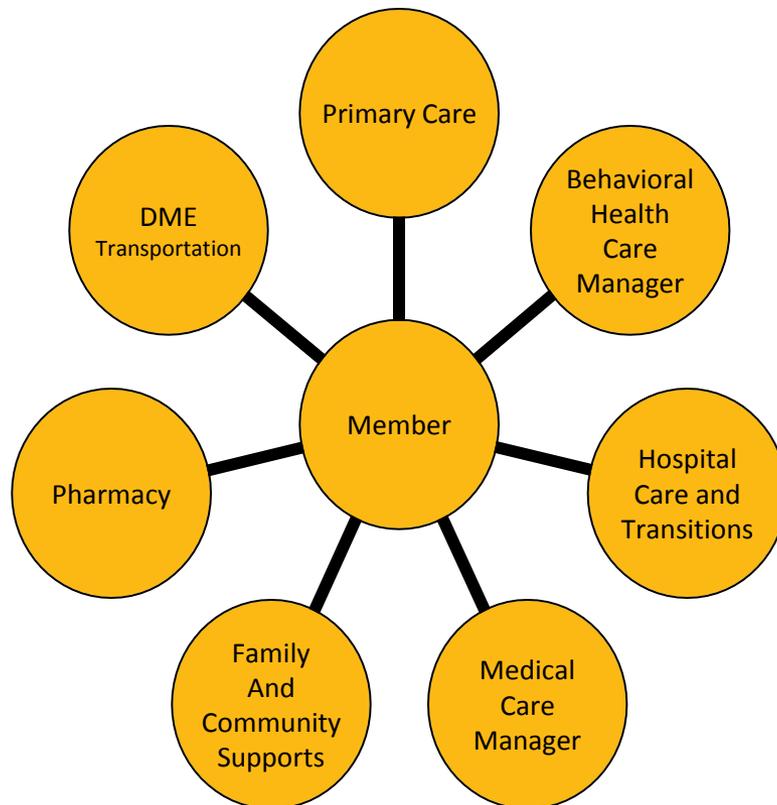
Resources for Providers

About Well Sense

- Boston Medical Center Health Plan, Inc. (BMCHP) is a non-profit managed care plan founded in 1997 by Boston Medical Center.
 - ‘Boston Medical Center HealthNet Plan’ is the trade name used by BMCHP in Massachusetts.
 - ‘**Well Sense Health Plan**’ is the trade name used by BMCHP in New Hampshire.
- Harvard Pilgrim Health Care Partnership
 - Harvard Pilgrim has long served New Hampshire residents through commercial offerings and through its Foundation.
 - Through this partnership, Harvard Pilgrim is developing and maintaining a statewide New Hampshire Medicaid network of acute care hospitals, primary care providers, specialists and ancillary providers for Well Sense members.

Well Sense brings to NH...

A Core Integrated Team Approach
which supports our
members and providers to help
coordinate care, improve health
and manage costs.



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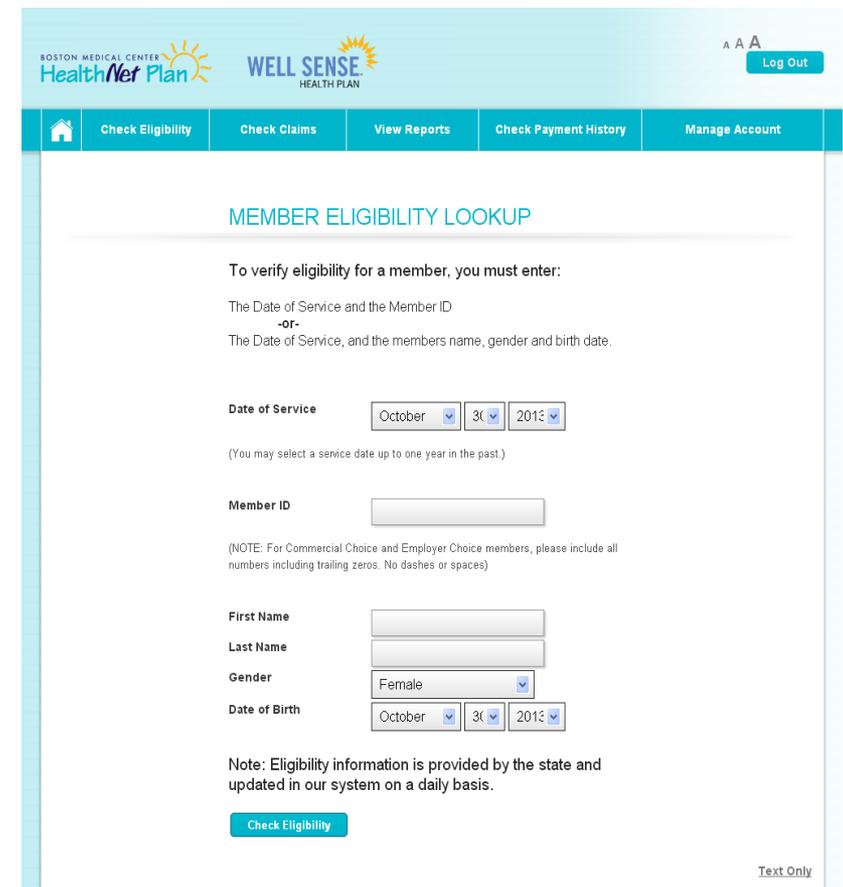
Member Outreach

- Welcome call within the first month of enrollment
- Verify primary care provider
- TDD/TTY and language options reviewed
- Member Services Representatives are trained to recognize urgent or crisis calls.



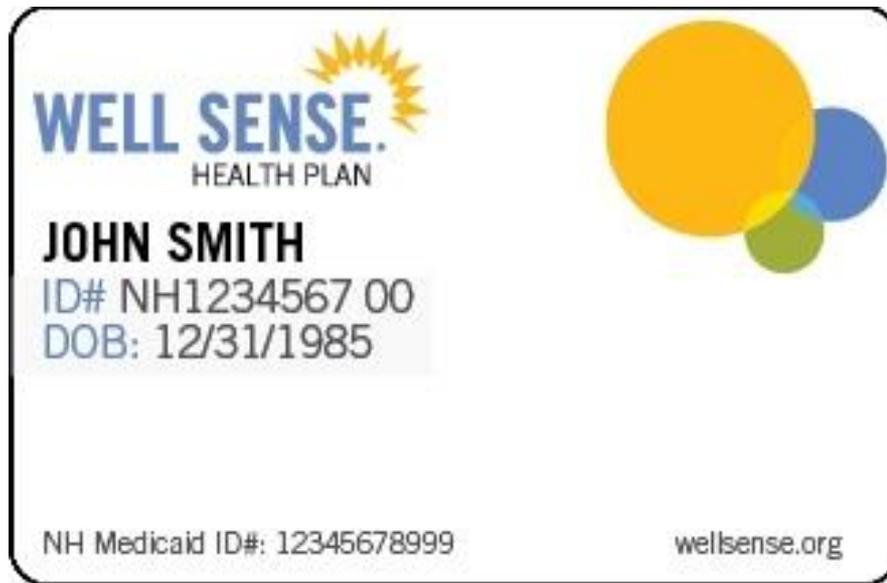
Member Eligibility

- Always verify at time of service
 - with DHHS via the MMIS system
 - Well Sense Health Plan options:
 - Secure provider portal: wellsense.org
 - Call the Provider Service Center at 877.957.1300 option 3



The screenshot shows the 'MEMBER ELIGIBILITY LOOKUP' page on the Well Sense Health Plan website. The page includes a navigation bar with options like 'Check Eligibility', 'Check Claims', 'View Reports', 'Check Payment History', and 'Manage Account'. The main content area contains instructions for verifying eligibility, such as 'To verify eligibility for a member, you must enter: The Date of Service and the Member ID -or- The Date of Service, and the members name, gender and birth date.' Below these instructions are input fields for 'Date of Service' (with dropdowns for month, day, and year), 'Member ID', 'First Name', 'Last Name', 'Gender' (with a dropdown menu), and 'Date of Birth' (with dropdowns for month, day, and year). A 'Check Eligibility' button is located at the bottom of the form. A 'Text Only' link is visible in the bottom right corner of the page content.

Member ID Card



Information for:
Members

Member Services Department : 877-957-1300

Routine or Urgent Medical Care: Call your primary care physician (PCP).

Emergency: Seek emergency room care right away or call 911.

Behavioral Health Services (mental health/substance abuse):

Beacon Health Strategies: 855-834-5655

Non-emergency transportation to covered healthcare services:

CTS: 855-739-4775

Information for:

Providers and Billing Offices

▶ For medical referral, prior-authorization, hospital pre-certification, or to verify member eligibility, call 888-566-0008.

▶ Pharmacies: Submit to EnvisionRxOptions using the following data:
BIN: 009893, PCN: ROIRX. For pharmacy questions, call 800-361-4542.

▶ For behavioral health services, call 866-444-5155.

Members should present both their DHHS distributed Medicaid ID card and their Well Sense Member ID to providers at time of service.



Prior Authorization

- Prior Authorization is required for
 - outpatient medical/surgical services
 - home health services
 - inpatient admission
- Notification is required for
 - Emergency services
 - Observation
 - Urgent care services

Prior Authorization continued

- Specialist office visits do NOT require referrals
- The Prior Authorization Matrix reference guide identifies services that require authorization/ notification.
- Authorization requests and notifications may be submitted online at wellsense.org or via fax at 603.218.6634
- Authorization decisions are communicated online or by telephone and/or letter.
- Requesting provider may seek peer-to-peer review with medical director



Claims and Provider Appeals

- Claims must be submitted within 90 calendar days of service.
- Coordination of benefits and other party liability rules apply.
- Provider appeals must be filed within 90 calendar days from the original denial date and no later than 180 calendar days from the date of service.

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Pharmacy Benefit

- Well Sense Health Plan is contracted with EnvisionRx
- Open formulary that incorporates the New Hampshire DHHS Preferred Drug List with Step Therapy, Prior Authorization and Quantity Limit requirements for specific drugs.
- Over-the-counter formulary
- Pharmacy benefits prior authorization process and access is available at wellsense.org.



Coordinated Transportation Solutions

(non emergency medical transportation)

- CTS will coordinate transportation services for members with existing transportation providers in New Hampshire.
- Transportation is available to members for all NH Medicaid covered services, including medical, behavioral health, vision and/or dental appointments.
- Contact information for CTS will be on the member's ID card.



Coordinated Transportation Solutions *(continued)*

- Members are required to call to obtain authorization for these services unless these services are requested as part of a discharge plan or facility transfer.
- CTS call center has the capacity to handle more than over 45,000 calls per month and 1M trips annually
- Network consists of livery and taxi operators, wheel chair van providers, public transportation, ambulance companies and volunteer agencies.
- Volunteer friends and family reimbursement programs

Coordinated Transportation Solution

(continued)

What Providers Can Expect

Pre Appointment Verification

- CTS customer service representatives will call the medical provider's office while the member is on the phone to verify the appointment prior to scheduling the member's transportation.

Post Appointment Verification

- After the trip takes place, a pre-selected number of trips will be selected to post verify. A CTS customer service representative contacts the medical provider (via phone, fax or secure email) to verify that the Member attended the appointment's).

Forms

- There may be forms, such as the personal reimbursement form or medical exception form, that will require the medical provider's signature

Behavioral Health Integrated Model

- Well Sense Health Plan utilizes an integrated medical and behavioral health model.
- Behavioral health services are managed by Beacon Health Strategies.
- Care Management teams coordinate the delivery of comprehensive medical and behavioral health care.



Covered Behavioral Health Services

- Clinical and quality management
- Member Services and Call Center management
- Provider Contracting, Credentialing and Network management
- Claims Processing and Adjudication
- Information Technology and Data Reporting
- Regulatory Compliance

Northwood, Inc.

(Durable Medical Equipment, Prosthetics, Orthotics and Supplies)

- Administrator of a national network of home care providers with over 5,800 retail centers throughout the US
- Manages our DME, prosthetics & orthotics and medical supplies network
- Prior authorization is required for all DMEPOS dispensed and billed by a DMEPOS supplier and oral enteral dispensed to any provider
- Dedicated provider line: 1-866-802-6471

Med Solutions Inc.

(Outpatient High-End Radiology)

- Prior authorization is required for :
 - CT
 - MRI/MRA
 - PET
 - Nuclear Cardiology
- Authorization requests can be made via phone, fax or web
 - Website: medsolutionsonline.com
 - Phone: 888-693-3211
 - Fax: 888-693-3210
- Claims payment is managed by Well Sense

Vision Service Plan (VSP)

- VSP manages the vision benefits offered to Well Sense Health Plan members, including routine and non routine eye care, as well as vision hardware
- Phone: 800-877-7195
- www.vsp.com

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[Select Language](#)

[Need Insurance?](#) | [Members](#) | [Providers](#) | [Our Extras](#) | [Pharmacy](#) | [About Us](#)

We're Glad You're Here

Answer a few easy questions so we can get you the information and resources you need.




Are You A:

[Individual or Family](#)

[Healthcare Provider](#)

[NEWS & UPDATES](#)

Quick Links:

- [Doctors and Providers](#)
- [Individuals Seeking Coverage](#)
- [Members](#)
- [Community Organizations and Enrollment Counselors](#)

New Hampshire Medicaid

Well Sense Health Plan is a managed care organization serving the Hampshire community.

Learn more about the plan we offer:

[New Hampshire Medicaid](#)



Provider Resources

- Our website – wellsense.org – offers:
 - Provider Manual, including a forms section
 - Provider Directory
 - Check member eligibility, claims status, remittance history and get important reports online
 - Clinical and reimbursement policies
 - Quick Reference Guides
 - Benefit Summaries
 - News and Updates
 - And much more



Go to **wellsense.org** and sign up for your login to become a registered provider.

Training Opportunities

Call your Provider Relations Consultant for:

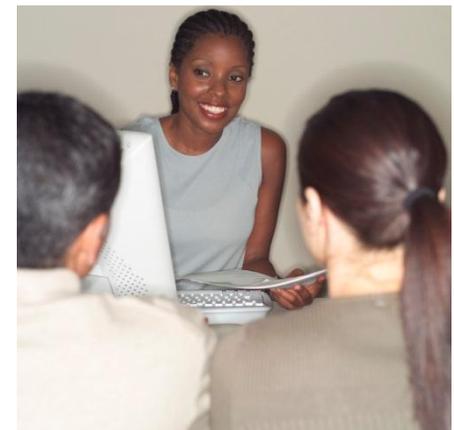
- New Provider Orientations
- Requests for materials
- General plan questions
- Participation status
- Requests to join the Plan
- Re-education
- Policies and procedures





Community Outreach

- Collaborate with local community-based organizations
- Support of special events
- Partnership on wellness initiatives
- Encourage and work with providers to post state-approved marketing materials



Questions ??



Thank You
Provider Relations:
nhproviderinfo@wellsense.org