



Well Sense Health Plan

How We Do Business with Providers

New Hampshire Health Protection Program

August 2014



Agenda

- Working with Well Sense and our members
- Our partners
- Provider responsibilities
- Resources for providers



Provider Participation

Chiropractic Providers

Request participation by contacting the Well Sense Health Plan Contract Manager

- Sarah Osborne at 603.263.3059 or sarah.osborne@wellsense.org

SUD Providers

Request participation through the Beacon Health Strategies website:

- Beaconhealthstrategies.com
- Provider Section - How to Become a Provider
- Providers must complete the Letter of Interest

Benefits and Policies

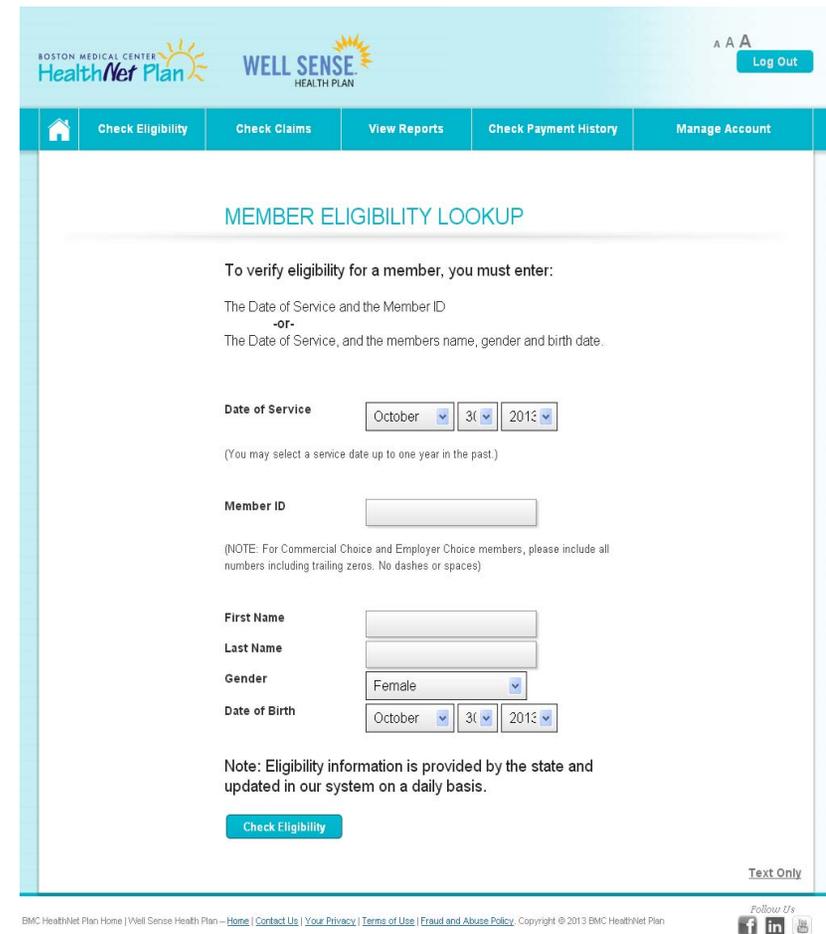
Covered Benefits for NHHPP	Exclusions for NHHPP
<ul style="list-style-type: none"> • Chiropractic <ul style="list-style-type: none"> • Includes office visits for assessment, evaluation, manipulation, physiological therapy and spinal adjustment • Services are limited to 12 visits per benefit year 	<ul style="list-style-type: none"> • Adult Day Health Services for members 21 and older
<ul style="list-style-type: none"> • EPSDT for members between ages 19-21 	<ul style="list-style-type: none"> • Private Duty Nursing services for members 21 and older
<ul style="list-style-type: none"> • Substance Use Disorder (SUD) – includes broad range of services 	<ul style="list-style-type: none"> • Personal Care Attendant services for members 21 and older

Policies

- Medical and reimbursement policies are posted at wellsense.org

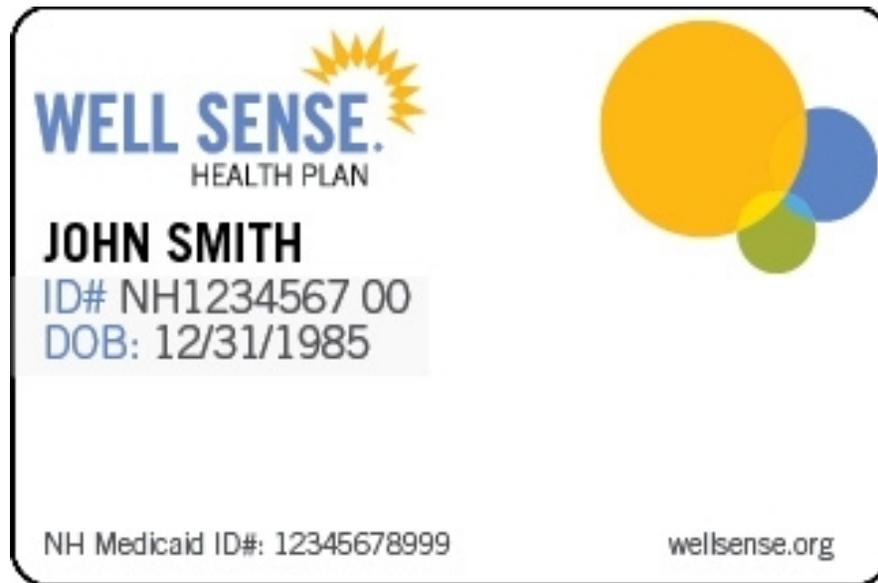
Member Eligibility

- 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' form on the Well Sense Health Plan website. The form includes a navigation bar with 'Check Eligibility', 'Check Claims', 'View Reports', 'Check Payment History', and 'Manage Account'. The main content area contains instructions for verifying eligibility, input fields for 'Date of Service', 'Member ID', 'First Name', 'Last Name', 'Gender', and 'Date of Birth', and a 'Check Eligibility' button. A note at the bottom states: 'Note: Eligibility information is provided by the state and updated in our system on a daily basis.' The footer includes the text 'EMC HealthNet Plan Home | Well Sense Health Plan - Home | Contact Us | Your Privacy | Terms of Use | Fraud and Abuse Policy. Copyright © 2013 EMC HealthNet Plan' and social media icons for Facebook, LinkedIn, and YouTube.

Standard 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

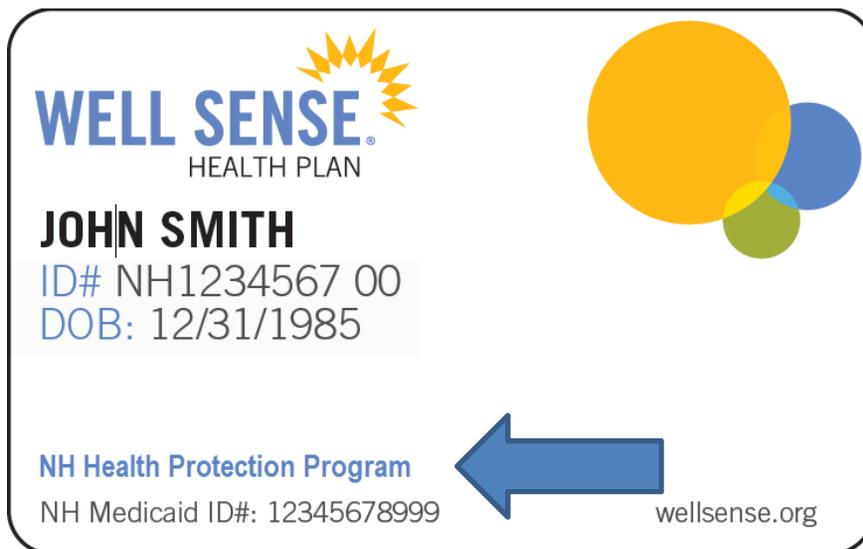
▶ For medical referral, prior-authorization, hospital pre-certification, or to verify member eligibility, call 888-566-0008.

▶ 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.

NHHPP Member ID Card (continued)



Members

Well Sense Member Services: 877-957-1300

Routine or Urgent Medical Care: Call your doctor

Emergency Care: Go to the ER right away or call 911

Behavioral Health/Substance Use Treatment (Beacon Health Strategies): 855-834-5655

Vision Services (VSP): 855-836-9216

Rides to Scheduled Appointments (CTS): 855-739-4775

24/7 Nurse Advice Line: 866-763-4829

Providers and Billing Offices

For medical referral, prior authorization, hospital pre-certification, member eligibility:
877-957-1300 (option 3)

For behavioral health services: 866-444-5155

Pharmacies: Submit to EnvisionRXOptions with BIN:009893, PCN: ROIRX, RxGrp:
WLSNS. *Questions?* Call 855-408-0011

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

Member Outreach

- Welcome call within the first month of enrollment
- Verify primary care provider
- Complete a Health Risk Assessment
- TDD/TTY and language options reviewed





Prior Authorization

- Prior Authorization is required for
 - outpatient medical/surgical services
 - home health services
 - inpatient admission
 - Notification is required for
 - Emergency services pending inpatient admission
 - Observation
 - Urgent care services
 - Visit wellsense.org to review the CPT/HCPCS look up tool
-

Prior Authorization (continued)

- Specialist office visits do NOT require referrals for in network providers.
- The Prior Authorization Matrix reference guide identifies services that require authorization/ notification or review the look up tool
- Authorization requests and notifications may be submitted online at wellsense.org or via fax at 603-218-6634.

Prior Authorization (continued)

- Authorization decisions are communicated online or by telephone and/or letter.
- Denial decisions will be communicated by letter to member and provider and will include member appeals rights.
- 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.

Claims Submission



Provider Service Center (Including EDI questions and assistance)	877-957-1300
Electronic Claims Well Sense Payor ID: 13337	<ul style="list-style-type: none">▪ Submit through Direct Submission, XACTIMED, Emdeon/Web MD, McKesson, SSI (Well Sense Payor ID is 0515) and others▪ Submit NPI within 90 days of service for all claims. Clean claims are typically processed and paid within 30 days of receipt
Professional Charges, DME or Supplies	<ul style="list-style-type: none">▪ Electronic claims, submit an 837 transaction▪ Paper claims, submit a CMS 1500 form.
Facility Charges	<ul style="list-style-type: none">▪ Electronic claims, submit an 837 transaction▪ Paper claims; submit a UB-04 form For claim forms and guidelines visit wellsense.org
Paper Claim Submissions	Mail to: Well Sense Health Plan Claims Department PO Box 55049 Boston, MA 02205-5049

Provider Appeals, Inquiries and Grievances

- We strive to promptly resolve member inquiries, grievances and appeals, and address provider requests for clinical reconsiderations of denials of member and provider appeals.
- Member appeals process includes the right of a member or authorized representative to use the Plan's member appeals and grievances processes.

Provider Appeals, Inquiries and Grievances (continued)

Administrative Appeal

- Requests can be made by a provider for reconsideration of a denied claim or retrospective review for authorization after services have been rendered.
- Reviews include, but are not limited to, evaluating a claim denial for clinical editing, late submission or unauthorized services (e.g., failure to request Plan prior authorization).

Partnerships and Strategic Relations

- We work with our vendors to build our New Hampshire network of behavioral health, pharmacy, radiology, durable medical equipment, non-emergent medical transportation and vision providers.
 - Beacon Health Strategies (behavioral health)
 - EnvisionRx (pharmacy)
 - Med Solutions Inc. (high end radiology)
 - Northwood Inc. (DME)
 - Coordinated Transportation Solutions (CTS) (non emergency medical transportation)
 - VSP (vision services)



Behavioral Health

Beacon Health Strategies

Provider Participation

- Request participation through our website:
 - Beaconhealthstrategies.com
 - Provider Section - How to Become a Provider
 - Providers must complete the Letter of Interest
- Credentialing Application/Provider Service Agreements sent 7 – 14 business days
- Credentialing Process:
 - 45 day turnaround for all complete submissions
 - Re-credentialing required every three years
 - Notification is via mail



Behavioral Health (continued)

Beaconhealthstrategies.com

- Provider Tools and Resources
 - Provider Manual – provides a variety of information including, performance measures and standards
- Notifications and FAQ's
- eServices
 - eServices provides clinical, administrative, and claims transactions information. eServices provides access to the following:
 - Submit claims and authorization requests (when needed)
 - Verify member eligibility
 - Confirm authorization status
 - Check claim status
 - View claims performance information
 - Access to provider manuals, forms, bulletins and mailings
 - View or print frequently asked questions (FAQs)



Behavioral Health (continued)

Traditional Outpatient Services (Behavioral Health and SUD)

Description	Code
Individual/Family Therapy	<ul style="list-style-type: none"> • 24 Initial Encounter's for Children up to age 18* • 18 Initial Encounter's for Adults 18+*
Diagnostic Evaluation	No Prior Auth Required
Group Therapy	No Prior Auth Required
Therapeutic Behavioral Services Group	No Prior Auth Required
IMR Group (Psycho-educational)	No Prior Auth Required
Emergency Visit	No Prior Auth Required
Comprehensive Medication Check\Medication Management	No Prior Auth Required
Opioid Replacement	No Prior Auth Required
ECT	Telephonic Prior Auth Required
Psychological Testing	Online Prior Auth Required

***Online Outpatient Review Form required for notification beyond Initial Encounter's**



Behavioral Health (continued)

SUD Benefit

Diversionsary Services Require Telephonic Prior Authorization

Description	Code	Modifier	Auth required
Intensive Outpatient Program	H0015	N/A	Yes
Partial Hospitalization Program	H2036	HH	Yes
Residential Treatment Services - Low-intensity Alcohol and/or drug abuse halfway house services, per diem (Adult)	H2034	HA	Yes
Residential Treatment Services - Low-intensity Alcohol and/or drug abuse halfway house services, per diem (Adolescent)	H2034	N/A	Yes
Residential Treatment Services - Medium-intensity Behavioral health; short-term residential (non hospital residential treatment program)	H0018	HA	Yes



Behavioral Health (continued)

SUD Benefit

Diversionsary Services Require Telephonic Prior Authorization
(continued)

Description	Code	Modifier	Auth required
Residential Treatment Services – High-intensity Behavioral health; short-term residential (non hospital residential treatment program)	H0018	N/A	Yes
Rehabilitative Services (Managed Residential Services) Alcohol and/or substance abuse services, family/couple counseling	T1006	N/A	Yes



Behavioral Health (continued)

SUD Benefit

Inpatient Services Require Telephonic Prior Authorization

Description	Code	Auth required
Medically Monitored Withdrawal Management (ambulatory detoxification)	H0014	Yes – initial via Notice Of Admission (NOA) eServices with 24 hours
Medically Monitored Withdrawal Management (non-hospital, residential addiction program inpatient)	H0010	Yes – initial via Notice Of Admission (NOA) eServices with 24 hours
Medically Managed Withdrawal Management (acute hospital care)	DRG	Yes – initial via Notice Of Admission (NOA) eServices with 24 hours



Behavioral Health (continued)

Three ways to submit claims:

1. Claims may also be submitted via eServices (<https://provider.beaconhs.com>) for participating providers
2. Beacon participates with all clearing houses for EDI submissions
 - EDI registration forms are on the Beacon's website at http://www.beaconhealthstrategies.com/private/pdfs/forms/EDI_Trading_Partner_Setup.pdf
 - After test submissions are complete, contact EDI Operations to request a production setup at 781-994-7500, or via email at edi.operations@beaconhs.com.
3. Mail to Beacon at:

Attn: Claim Department

Beacon Health Strategies

500 Unicorn Park Drive, Suite 401

Woburn, MA 01801



Behavioral Health (continued)

Claims Submission

- Beacon must receive all claims within 180 calendar days from date of service
- All clean claim submissions (meaning no missing or incorrect information) are processed by Beacon within 30 days.



Behavioral Health (continued)

Beacon Health Strategies Important Numbers

- Member & Provider Call Center: 855-834-5655
- IVR: 888-210-2018
- Provider Relations: 781-994-7556
 - Provider Relations fax: 781-994-7639
 - Provider Relations email: provider.relations@beaconhs.com
 - Credentialing fax: 781-994-7667
- Claims Hotline: 888-249-0478
- Website: beaconhealthstrategies.com
 - eServices Helpline: 866-206-6120



Website: wellsense.org

Affordable Health Insuran x
www.wellsense.org

[About Us](#) | [Contact](#) | [News](#) | [Member Login](#) | [Provider Login](#) | 877-957-1300

WELL SENSE HEALTH PLAN

 Select Language

[Need Insurance](#) | [Members](#) | [Providers](#) | [Health Topics](#) | [Find a Provider](#)

Well Sense Makes Great Sense

We can help you get and stay healthy with complete medical, behavioral health, and prescription drug coverage. If you qualify for New Hampshire Medicaid, Well Sense Health Plan is here for you!

Free Healthy Extras



Get extras, like car seats, bike helmets and dental kits, to help keep you safe and healthy.

[Learn about our Freebies!](#)

Get Started



Learn how to get started with our plan and become your healthiest you!

[Learn About Next Steps](#)

Facebook



"LIKE US" ON FACEBOOK

Find us on Facebook for health tips, healthcare updates and local events!

["Like" Us on Facebook](#)

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 through the provider portal
 - Clinical and reimbursement policies
 - Quick reference guides
 - Benefit summaries
 - News and updates
 - And much more



Go to **wellsense.org** and sign up for your provider portal 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
 - On line prior authorization training
 - Review of 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



Important Websites



wellsense.org

(Well Sense Health Plan)

dhhs.nh.gov/ombp/caremgt

(provider site)

beaconhealthstrategies.com

(behavioral health)

dhhs.nh.gov/dfa/nheasy

(member site)

ctstransit.com

(non-emergent transportation)

envisionrx.com

(pharmacy)

northwoodinc.com

(durable medical equipment)

vsp.com

(vision services)



Important Phone Numbers

Provider Call Center

877-957-1300, option 3

Department	Call
Member Services	877-957-1300, option 1
Care Management	855-833-8119
Acute Care Coordination Notification for Inpatient/Observation admission Clinical information for utilization review	FAX 866-813-8607 FAX 866-837-5725
Nurse Advice Line	866-763-4829
Prior Authorization	877-957-1300, option 3





Questions?



Thank You
Provider Relations:
nhproviderinfo@wellsense.org