

# AAHAM Well Sense Health Plan Presentation

June 7, 2019



# Who is Well Sense?

## Agenda

- Who is Well Sense
- NH Medicaid and Coverage/Eligibility
- Member ID Cards/Member Outreach
- Working with Well Sense
- Care Management
- Appeals
- Our Partners
- Provider Responsibilities
- Provider Resources
- Training Opportunities



## More 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

**Exceptional Care without Exception**

# NH Medicaid Care Management Program/Eligibility

## One Program - One Fee Schedule – Two Products



- NH Standard
- Granite Advantage Health Care Plan

## Eligibility

- Online: Visit [nheasy.nh.gov](https://nheasy.nh.gov)
- Phone: Medicaid Service Center at 888-901-4999
- Paper Application: DHHS district office or [dhhs.nh.gov](https://dhhs.nh.gov)



# Member ID Card



**WELL SENSE.**  
HEALTH PLAN

**JOHN SMITH**  
ID# NH1234567 00  
DOB: 12/31/1985

NH Medicaid ID#: 12345678999

wellsense.org

**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.



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# Check Member Eligibility

## Medicaid eligibility must first be determined by DHHS

The NH DHHS also has an eligibility lookup system. If there is a discrepancy in eligibility between the DHHS and Well Sense systems, please notify us of the difference. Well Sense will research and update the membership information to reflect the data provided by DHHS or report the inconsistency to DHHS for escalated resolution.

## **Before providing services; verify eligibility:**

Well Sense Tools to **check in member eligibility online or by phone:**

1. Secure provider portal Health Trio at [wellsense.org](https://wellsense.org)
2. Provider Service Center at 877-957-1300, option 3
3. IVR (interactive voice recognition) system
4. New Hampshire *MMIS* Health Enterprise Portal



# New Member Outreach

Members receive a welcome call within the first month of enrollment from our in-house member services team to ensure the following:

- Verify Primary Care Provider or assist in selection of PCP\*
- Review benefits
- Verify spoken/written language
- Offer to complete a Health Risk Assessment
- Inform member of care management programs
- TDD/TTY and language options reviewed

\*Members are required to have a PCP, if they do not elect one they will be assigned one





# 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

## Prior Authorization (*cont.*)

- The Prior Authorization Matrix reference guide identifies services that require authorization/notification or you can consult the look up tool by service code. Look Up Tool: [www.wellsense.org](http://www.wellsense.org)
- Specialist office visits do NOT require referrals for in network providers
- Authorization requests and notifications may be submitted online using HealthTrio or via fax at 603-218-6634 Authorization decisions are communicated to providers via online or by telephone/letter
- Members receive a letter for all denials which include the member appeal rights
- For denials, requesting provider may seek a telephonic peer-to-peer review with a Medical Director



# Care Management

With a focus on Members with high risk/high needs, and those within Priority Populations, Well Sense's Care Management program integrates physical, social, and behavioral health services; pharmacy management; and wellness programs in collaboration with local community-based agencies, Area Agencies, Community Mental Health Centers, Local Care Management entities, and other practice sites in our Provider network

Collaborative approach assesses the Member's overall health status, facilitating coverage for medically necessary services, social and community-based services, and advocating for the Member as he or she navigates the healthcare system

Goal: for Members to regain optimum health or improved functional capability and achieve wellness and self-management in the community setting

Members have access to a 24-hour Nurse Advice Line

Our Community Outreach representatives conduct wellness activities that are accessible to the public



# Care Management Program (*cont.*)

**Call us at 855-833-8119 Monday through Friday from 8:30 a.m. – 5:00 p.m.**

Care Management is staffed with Registered Nurses, Social Workers, BH clinicians, Community Wellness Advocates, and Care Navigators. The program has levels of care management interventions aimed at supporting individual member needs:

## **Health Care Education**

- A core activity that targets the general population
- Provides education materials, tools, resources to promote wellness and prevention education materials

## **Low to Moderate Risk Care Management and Chronic Condition Management**

- Addresses members with specific medical, behavioral, and social needs
- Members are comprehensively assessed and an individualized care plan (ICP) is developed based on an assessment of Member's condition and as aligned with the Member's preferences and the goals of the care team
- Involves coordination of care, services, available benefits, community resources, and supports either in-person locally or by phone
- Emphasis is on psychosocial and socioeconomic support, self-management goals, care coordination, ongoing monitoring, and appropriate follow-up. Targeted conditions are those in priority populations and those with less complex comorbid conditions



# Care Management Program (cont.)

## Complex Care Management

- Addresses the needs of the highest risk and highest need Members
- Intensive care management for Members with significant and overlapping needs across medical, behavioral, and social conditions
- Members typically have multiple comorbidities, psychosocial and socioeconomic needs, and high emergency department and inpatient utilization
- Members may also be unable to adhere to treatment plans designed by providers
- Members are comprehensively assessed and an individualized care plan (ICP) is developed based on an assessment of Member's condition and as aligned with the Member's preferences and the goals of the care team
- Involves coordination of care, services, available benefits, community resources, and supports either in-person locally or by phone
- Referrals to Complex Care Management may include Priority Populations and Members who:
  - Show evidence of having certain functional impairments that impact person skills and/or clinical needs
  - Have a high risk score, who are also high-cost and/or who have high emergency department, inpatient, or pharmacy usage
  - Are homeless
  - Have an illness or event that has caused a change or decline in ability to self-manage
  - Are struggling with multiple admissions/readmissions



# Care Management Program (*cont.*)

## Transitions of Care

- Members who have an inpatient hospitalization
  - In-person assessment for completion of a comprehensive assessment and to update the care plan
- Members who are discharged from one clinical setting to another
  - Post-discharge call within 48 hours of discharge
    - Medication reconciliation
    - Review of discharge instructions
    - Support follow-up provider appointments
- Assist with discharge planning when a Member is in a facility
- Collaborate with the Member and Care Team on discharge planning
- Goal is to help the Member remain in the least restrictive, most cost-effective setting possible, avoiding unnecessary use of the ED and/or inpatient settings





# Claims and Provider Appeals

## Well Sense Health Plan is the “Payer of last resort”

- Claims must be submitted within 90 calendar days from the date 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
- Requests for reconsideration of a denied claim can include, but not be limited to, evaluation for clinical editing, timely filing, denials for authorization not reflected



# Appeals, Inquiries and Grievances

Well Sense Health Plan strives to promptly resolve member inquiries, grievances, and appeals. It also addresses provider requests for clinical reconsiderations of denials of member and provider appeals. The member appeals process includes the right of a member, or authorized representative, to use the Plan's member appeals and grievances processes.

## 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. These 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).



# Appeals, Inquiries and Grievances (*cont.*)

Well Sense has an efficient process in place to resolve member grievances, and address member appeals. A member or authorized representative may submit three types of appeals for actions related to medical/surgical and or pharmacy services:

- Standard Internal Appeal
- Expedited Internal Appeal
- DHHS State Fair Hearing Appeal (External)



# DHHS State Fair Hearing

- A State Fair Hearing through the New Hampshire DHHS is an independent review by the state of a member's request for coverage of denied or partially approved services through Well Sense. A member may be eligible for a state fair hearing appeal only after they have exhausted Well Sense's internal standard or expedited Internal appeals process and have received a denial or partial approval. If a member or authorized representative wishes to request a state fair hearing, they must do so within 30 calendar days of the date of Well Sense's denial or partial approval letter.



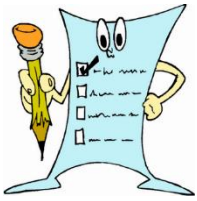
# Claims Submission

- Electronic Claims: Well Sense Payor IR: 13337
- Submit through Direct Submission, XACTIMED, Emdeon/Web MD, McKesson, SSI (Well Sense Payor ID is 0515)
- Professional Charges, DME or Supplies
- Electronic claims, submit an 837 transaction
- Paper claims, submit a CMS 1500 form
- Facility Charges
- Electronic claims, submit an 837 transaction
- Paper claims; submit a UB-04 form
- **Paper Claim Submissions**

Well Sense Health Plan  
Claims Department  
PO Box 55049  
Boston, MA 02205-5049

For claim forms and guidelines visit [wellsense.org](https://wellsense.org)





# Provider Changes/Credentialing

Demographic Changes must be reported to the Plan using our Change Form available on our website at:

[www.wellsense.org](http://www.wellsense.org)

Adding new providers? Please send the following documents,

- HCAS Enrollment Form (including NH Medicaid ID)
- Well Sense Health Plan Provider Data Form
- W-9

Submit completed documents to:  
[NHProvider.Enrollment@wellsense.org](mailto:NHProvider.Enrollment@wellsense.org)



# Partnerships and Strategic Relations

Well Sense collaborates with vendors to build our New Hampshire network of behavioral health care, pharmacy, radiology, durable medical equipment, non-emergent medical transportation, and vision care providers.

- Beacon Health Strategies (BHS) (behavioral health)
- EnvisionRx (pharmacy)
- Med Solutions Inc. (MSI) (high-end radiology)
- Northwood Inc. (DME)
- Coordinated Transportation Solutions (CTS) (non- emergency medical transportation)
- Vision Service Plan (VSP) (vision services)



# Behavioral Health Beacon Health Strategies (BHS)

Providers interested in participating in the BHS network should follow these steps:

- Request participation through their website at:
  - [Beaconhealthstrategies.com/Provider](http://Beaconhealthstrategies.com/Provider) and
  - Complete a Letter of Interest (LOI)
  - Credentialing Application/Provider Service Agreements



## **BHS Online Resources**

### **[Beaconhealthstrategies.com](http://Beaconhealthstrategies.com)**

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

WELL SENSE CONTACT LIST	
Main Phone Number (claims, web, benefits/eligibility, authorizations, credentialing/contracting)	855-834-5655 Monday–Friday, 8 a.m.–6 p.m. ET
National Provider Services Line	800-397-1630 Monday–Friday, 8 a.m.–8 p.m. ET
TTY Number	711
Website	<a href="http://www.beaconhealthoptions.com/">www.beaconhealthoptions.com/</a>
Network-Specific Page	<a href="http://www.beaconhealthoptions.com/plan/well-sense/pro">www.beaconhealthoptions.com/plan/well-sense/pro</a>
Provider Portal	<a href="http://providerportal.beaconhealthoptions.com/index.html#/login">providerportal.beaconhealthoptions.com/index.html#/login</a>
EDI Helpdesk	888-247-9311 Monday–Friday, 8 a.m.-6 p.m. ET
EDI Helpdesk Email	<a href="mailto:e-supportservices@beaconhealthoptions.com">e-supportservices@beaconhealthoptions.com</a>
EDI Operations (technical questions about electronic transactions)	<a href="mailto:EDI.Operations@beaconhealthoptions.com">EDI.Operations@beaconhealthoptions.com</a>
Provider Relations Department Email	<a href="mailto:Provider.Relations@beaconhealthoptions.com">Provider.Relations@beaconhealthoptions.com</a> Indicate NH in addition to name, NPI, Tax ID, and inquiry details
Appeals, Complaints, and Grievances	844-231-7949 or email <a href="mailto:Woburn.appeals@beaconhealthoptions.com">Woburn.appeals@beaconhealthoptions.com</a> Include detailed description, records, and claims as applicable

## Well Sense Pharmacy Benefit

Well Sense Health Plan is contracted with EnvisionRx

Please visit [wellsense.org](https://wellsense.org) for great information on:

- Formulary
- Pharmacy benefits
- Prior authorization requirements and process



# eviCore healthcare

## Outpatient High-End Radiology

Prior authorization is required for:

- CT scans
- MRI/MRA
- PET scans
- Nuclear Cardiology

Authorization requests can be made via phone, fax or web

- website: [evicore.com](http://evicore.com)
- Phone: 888-693-3211
- Fax: 888-693-3210

Claims are submitted and processed through Well Sense

## Northwood, Inc. Durable Medical Equipment

Administrator of a national network of home care providers with over 5,800 retail centers throughout the US

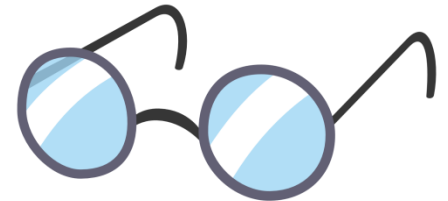
- Manages our DME, prosthetics & orthotics, and medical supplies network
- Prior authorization is required for all DMEPOS dispensed and billed items by a DMEPOS supplier and oral enteral dispensed to any provider
- Dedicated provider line: 866-802-6471
- website: [northwoodinc.com](http://northwoodinc.com)



## 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
- website: [vsp.com](http://vsp.com)



## Coordinated Transportation Solutions (CTS) (non-emergency medical transportation)

- Dedicated NH Medicaid Program Customer Service Reps
- NH Specific toll-free number for members: (855) 739-4775
- Hours of Operation:
  - Live 24/7 member coverage
  - Mon-Wed 8AM to 8PM and Thurs-Fri 8AM to 6PM
  - After-hours coverage post regular business hours, holidays and weekends
  - ATT Language Line- (800) 774-4344
- Relay New Hampshire 711
  - (800) 735-2964 TTY/Voice
  - (800) 735-4423 VCO
  - (800) 735-1245 Speech to Speech
  - (900) 230-4040 900 Service





# Important Websites

- Well Sense Health Plan [wellsense.org](https://wellsense.org)
- Beacon Health Strategies [beaconhealthstrategies.com](https://beaconhealthstrategies.com)
- CTS [ctstransit.com](https://ctstransit.com)
- Envision [envisionrx.com](https://envisionrx.com)
- Northwood [northwoodinc.com](https://northwoodinc.com)
- VSP [vsp.com](https://vsp.com)
- DHHS [dhhs.nh.gov/ombp/caremgmt](https://dhhs.nh.gov/ombp/caremgmt)
- NHEASY [nheasy.nh.gov](https://nheasy.nh.gov)





## Primary Care Provider Responsibilities

- PCPs must provide comprehensive primary care services to members
- Track and follow-up on missed health screening appointments, including Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program
- Schedule timely appointments in accordance with Access to Care standards
- Refer and assist with scheduling follow-up care with other providers



# Early, Periodic, Screening, Diagnosis & Treatment program (EPSDT)

EPSDT ensures that individuals under age 21 receive comprehensive and preventive health services

- Early:** Assessing and identifying problems early
- Periodic:** Checking children's health at periodic, age-appropriate intervals
- Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostics:** Performing diagnostic tests to follow up when a risk is identified
- Treatment:** Control, correct or reduce health problems found

Well Sense Health Plan has adopted the evidence-based “Bright Futures” Guidelines. Bright Futures Guidelines are endorsed by the American Academy of Pediatrics and have been used as a standard of care for nearly a decade. For more information and to view the periodicity schedule, visit [wellsense.org](http://wellsense.org)

If you have any questions, please email Provider Engagement at:  
[nhproviderinfo@wellsense.org](mailto:nhproviderinfo@wellsense.org)



# PCP Access and Availability

Service	Access Standard
Hours of Operations	Must be no less than hours offered to commercial enrollees
Office/Service Waiting Time	30 minutes or less
After-Hours Services	Provide one of the following: <ul style="list-style-type: none"> <li>• 24-hour answering service with option to page the physician, or</li> <li>• Advice nurse with access to the PCP or on-call physician</li> </ul>
Emergency and Psychiatric Services	Immediately upon entrance to delivery site, including network and out-of-network facilities 24 hours a day, 365 days a year
Primary Care Services	<ul style="list-style-type: none"> <li>• Routine, non-symptomatic: 45 days</li> <li>• Non-urgent, symptomatic: 10 days</li> <li>• Urgent: 48 hours</li> </ul>
Outpatient Specialty Services	<ul style="list-style-type: none"> <li>• Routine, non-symptomatic: 45 days</li> <li>• Non-urgent, symptomatic: 10 days</li> <li>• Urgent: 48 hours</li> </ul>
Other Healthcare Services	In accordance with New Hampshire Medicaid standards and guidelines at <a href="https://dhhs.nh.gov/ombp/medicaid">dhhs.nh.gov/ombp/medicaid</a>
Transitional Care (Primary, Specialty or approved Community Mental Health Provider)	Within two business days following discharge
Transitional Home Care	Within two calendar days following discharge.





# Hospital Responsibilities

- Medical/surgical hospital services require prior authorization
- Hospitals are required to notify the Plan of any emergency care and observation services rendered to patients
- Hospitals must update the Plan on maternity or newborn services used by plan members
- Collaborate with the Plan's hospital care coordinators on concurrent review and discharge planning activities for medical or surgical services
- Coordinate a member's behavioral healthcare services with the Plan's behavioral health care managers



# Fraud, Waste, and Abuse

You must report any provider, pharmacy or member who is suspected of committing fraud, waste or abuse. You do not have to give your name to report an incident

You can report an incident by calling the Compliance Hotline at 888-411-4959

*Or in writing to:*  
Well Sense Health Plan  
Compliance Officer  
Schrafft's City Center  
529 Main Street, Suite 500  
Charlestown, MA 02129





# Cultural Competency

The Plan encourages and expects providers to:

- Be aware of cultural differences and the potential impact of those cultural differences
- Acquire cultural knowledge and skills to understand the needs of the populations they serve – visit our website for additional information [www.wellsense.org/providers/resources/training/cultural-competency](http://www.wellsense.org/providers/resources/training/cultural-competency)
- Ask questions relevant to how the family and culture values might influence the patient's health care perceptions and needs
- Listen to the patient's opinion in considering treatment options
- Assist members (such as those with disabilities) in maximizing both their involvement in their care as well as their independence and functioning
- Let us know if your providers receive this training which will be published in our provider directory



## We Care About Here.

At Well Sense Health Plan, we care about keeping you healthy. We're a local, not-for-profit health plan offering medical, behavioral health, and prescription drug coverage to New Hampshire residents. If you qualify for New Hampshire Medicaid, Well Sense Health Plan is here for you!

[Become a Member](#)

[Already a Member](#)

[Find A Doctor, Pharmacy or Hospital](#)



### Open Enrollment



This year's Open Enrollment for New Hampshire Medicaid runs from November 1 - December 28.

[Get Coverage](#)

### Top-Rated Medicaid Plan in NH



We're the top-rated Medicaid plan in New Hampshire, with a rating of 4.5 out of 5 in NCOA's Medicaid Health Insurance Plan Ratings 2018-2019.

### Staying Local



The best part of our job is meeting our members and working with organizations that are doing great things in our community.

[Watch Video](#)





# Provider Resources

- Our website – [wellsense.org](https://wellsense.org):
  - Provider Manual, including a forms section
  - Provider Directory
  - Check member eligibility, claims status, remittance history
  - Important reports through the provider portal
  - Clinical & reimbursement policies
  - Quick reference guides
  - Benefit summaries
  - News and updates
  - And much more
- Visit [wellsense.org](https://wellsense.org) to register for your provider portal secure login.



# Training Opportunities

## Call your Provider Relations Consultant for:

- New Provider Orientation
- Requests for materials
- General Plan questions
- Participation status
- Requests to join the Plan
- Re-education
- Provider Portal training
- Review of policies & procedures



**Thank you for joining the  
Well Sense network –  
“We’re here for you”**

Please contact your Provider Relations  
Representative for any questions.



[wellsense.org](http://wellsense.org)