WELL SENSE HEALTH PLAN

NH Health Care Association Nursing Facilities

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WELL SENSE HEALTH PLAN

What does Well Sense Health Plan offer?

- Team of Member Services staff to help with questions about benefits, doctors, or anything else related to coverage.
- Large statewide network of doctors and hospitals.
- Comprehensive coverage for medical and behavioral health needs.
- Medical and Social Care Management programs to work with members and their healthcare team.
- Behavioral health supports through our behavioral health provider network.
- Transportation assistance to covered services.

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What has Changed for members since 2/1/16 -Continuity of Care

- MCOs are required to provide continuity of all services for 60 days from when Well Sense eligibility started or until a medical necessity review has been conducted, irrespective of PA requirements.
- If an authorization was in place before a member was on Well Sense, and as a provider you are concerned about continuing the service, please call provider services.
- Members must select a PCP when joining Well Sense; to avoid auto-assignment of a PCP that may not visit your facility, ensure the member has selected their desired PCP.

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What is the role of the SNF when acting on behalf of the member?

- Like any medical providers, SNFs can speak with Well Sense employees under HIPAA regulations when related to:
  - Treatment
  - Payment, and/or;
  - Healthcare Operations
- If you, or someone at your facility is an authorized representative, Well Sense is required to obtain the guardianship document, healthcare proxy form, durable power of attorney form, etc. in order to discuss anything other than above.

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Services that will require a contracted provider

- Services that require prior auth are specified at wellsense.org
- Facilities should notify Well Sense of all contracted providers rendering medical services to our mutual members.
- If a member is in need of services that fall outside the facility per diem rate, facility or rendering provider, will need to follow the plan's prior authorization process. These services must be performed by a contracted provider, or coordinated through our vendors, e.g. Northwood, VSP, Beacon Health Strategies or CTS.

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How to find Well Sense Providers

- Visit nheasy.nh.gov-provider directory button
- Search our online provider directory at wellsense.org
- Call our Provider Services department at 877-957-1300 option 3

Prior Authorization Process

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- Providers submit authorization requests online or via fax.
- Authorization decisions are communicated online or by telephone and/or letter. Members will receive a letter notifying them of our authorization decision. If the request has been denied, members have the right to appeal this decision.
- The requesting provider can also ask for a re-review of the decision, and have a telephonic peer-to-peer review with a Well Sense medical director.
- If members have primary insurance, prior authorization is only required if the service is not covered by their primary insurer.

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Appeals

- Members have the right to file an appeal if they disagree with a coverage decision made by Well Sense or Beacon Health Strategies (for Behavioral Health).
- Appeals in writing or by phone must be submitted within 30 days of the coverage decision.
- Contact Member Services to start the process
  - 877-957-1300 option 1
- Member will receive a written response within 30 calendar days after request is received by Well Sense.
- Expedited appeal is available when the situation merits.

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Grievances

- If members are dissatisfied with customer service either at Well Sense or at a provider's office, they are encouraged to file a grievance with Well Sense.
- Well Sense resolution of the grievance varies based on the nature of the complaint.
- Members will be notified of the disposition of their grievance.

Care Management
An Integrated Approach

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- The Care Management Team in the Manchester office (RNs, Community Health Workers/Coordinators, and SWs) provides person-centered services to help coordinate care with the member's doctors and other healthcare providers as they access services through the continuum of care and in the community.
- Clinical staff is co-located with Behavioral Health staff and participates in joint complex care management rounds, daily referrals, sharing of care management notes and data, and joint development of care plans when appropriate.
- The Team works collaboratively with everyone in the member's healthcare team, including providers, family members and community organizations.
- The Team arranges for complex services and DME when this coordination is needed, especially for members with long term supports and service needs.

Care Management *(continued)*

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Supporting Healthcare Partners Serving Members in Nursing Facilities

- Nursing facility clinical staff are encouraged to contact Well Sense when they experience care management challenges, would like to trouble-shoot barriers they are finding in their coordination of care or when they are working with a member toward the goal of transitioning back to their community.
- Care Management Hours of Operation are Monday through Friday, 8:30am to 5:00pm.
- A toll-free number is available to reach a member of the Care Management Team: 855-833-8119.
- PCPs are notified when members agree to Care Management and, with member consent, when a member agrees to Behavioral Health, or Substance Use Disorder, Care Management.

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Pharmacy

- The well Sense prescription drug benefit provides high-quality and safe medications at little or no cost.
- Well Sense will provide coverage for certain Medicare Part D excluded drugs. The list is available on the Well Sense website.

  http://www.wellsense.org/members/pharmacy
- The Drug List is available on the Well Sense website

  www.wellsense.org/members/pharmacy/drug-list

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Member Resources

- Member Services department:
  - 1-877-957-1300
  - For hearing impaired: 866-765-0055
  - Hours:
    - Monday- Wednesday, 8:00 a.m. - 8:00 p.m.
    - Thursday & Friday, 8:00 a.m. - 6:00 p.m.
- Visit our website:

  wellsense.org
- All important numbers are located on the back of the member ID card

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Provider Resources

- Wellsense.org
  - Prior authorization grid
    - Look up by code or service
  - Medical policies/payment policies
  - Drug coverage
  - Provider resources/training materials
- Provider portal
  - Check claim status, review reports, check eligibility
- 1.877.957.1300, option 3