



# Well Sense Health Plan

A New Hampshire Medicaid  
Health Plan  
August, 2015



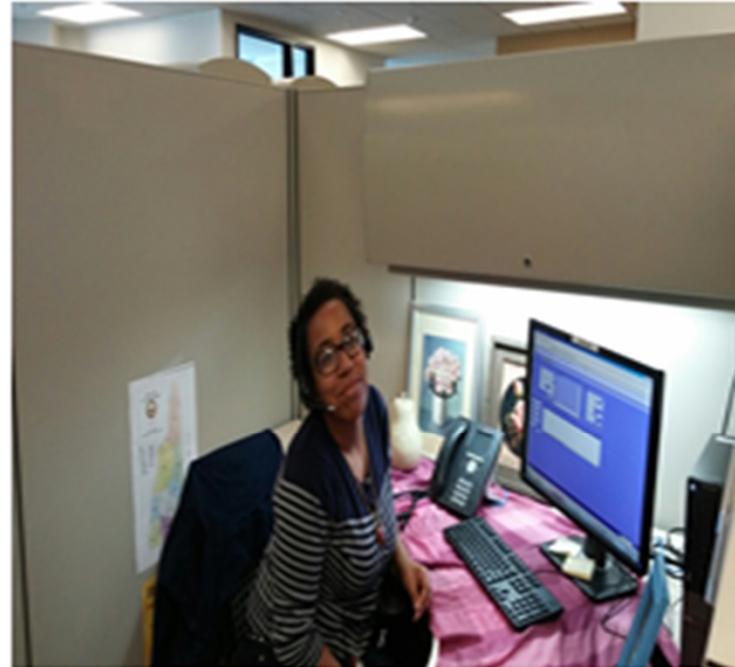
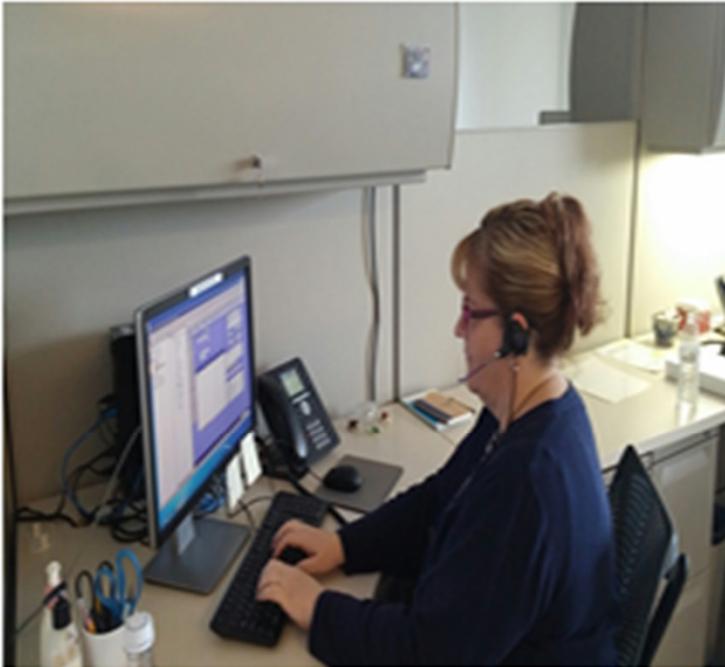


## Who is Well Sense Health Plan?

- New Hampshire's only not-for-profit Medicaid health plan
  - Has more than 15 years experience serving Medicaid members
  - Commitment to quality care and service for members
  - Large local office includes call center
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## Member Services Team Manchester, NH



## What does Well Sense Health Plan offer?

- Team of Member Services staff to help you with questions about benefits, doctors, or anything else related to your coverage
  - Large statewide network of doctors and hospitals with providers near you
  - Comprehensive coverage for medical and behavioral health needs
  - A Medical Care Management program to work with you and your healthcare team to help you get the care you need and manage your complex conditions
  - A Social Care Management program for individuals with complex psychosocial needs such as homelessness
  - Behavioral health supports through our behavioral health provider network and local Community Mental Health Centers
  - Transportation assistance to covered services
  - And so much more!
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## How to find Well Sense Providers

- Visit [nheasy.nh.gov-provider](http://nheasy.nh.gov-provider) directory button
- Search our online provider directory at [wellsense.org](http://wellsense.org)
- Call our Member Services department at **877-957-1300** for help

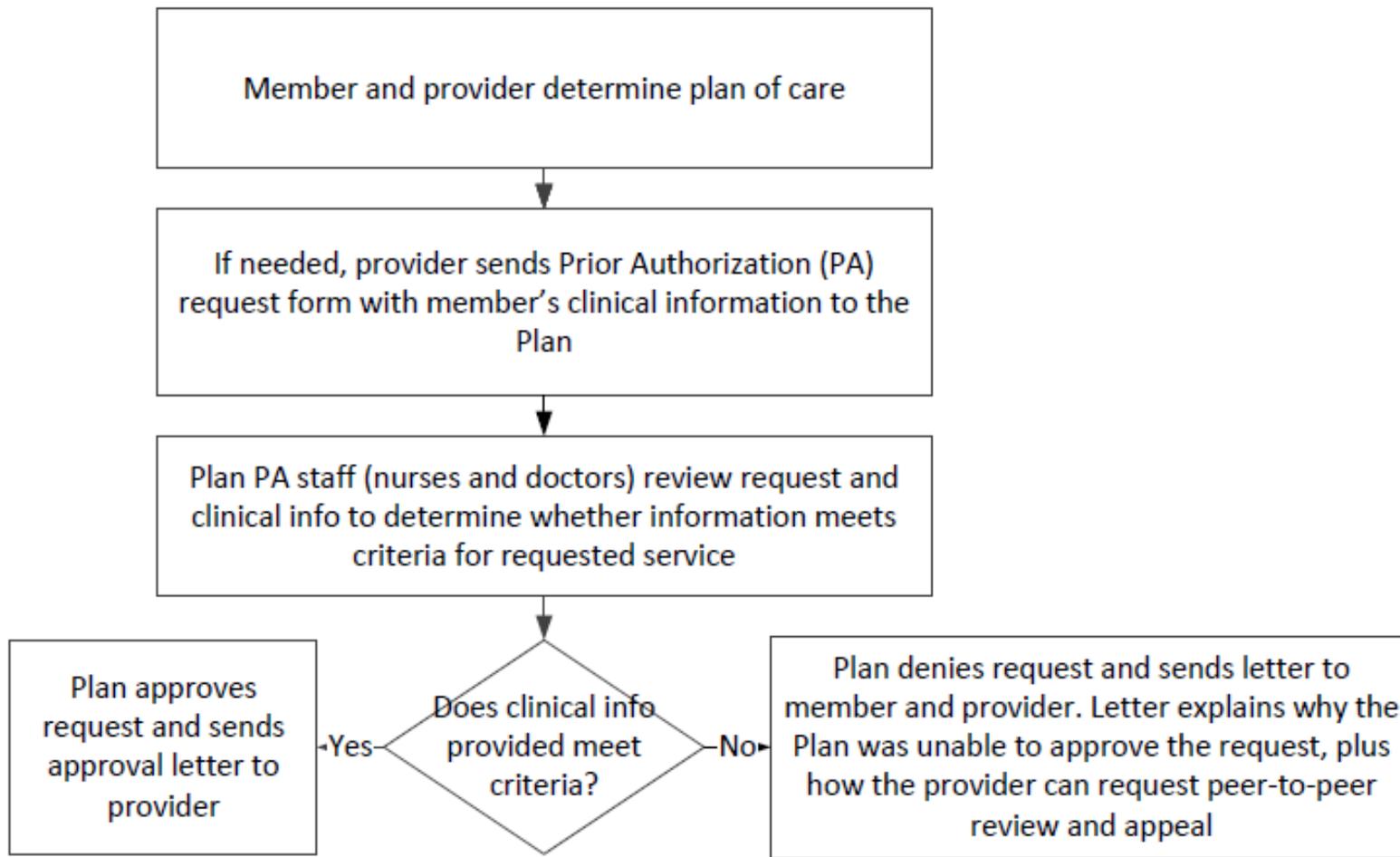
Complete list of network hospitals is included at the end of this deck as well as many of our behavioral health providers.

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## What is Prior Authorization?

- Sometimes referred to a ‘service authorization’
  - One of the tools of managed care that helps to make sure the right care is rendered at the right time at the right place
  - Requires open communication between your provider and Well Sense.
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# Prior Authorization Process



# Prior Authorization Process

- Your provider will work with you to determine what services you need and then will communicate with Well Sense to request any authorizations needed.
  - Providers can check [Well Sense.org](http://WellSense.org) to see if services need prior authorization.
  - Providers submit authorization requests online or via fax.
  - Authorization decisions are communicated online or by telephone and/or letter. You will receive a letter notifying you of our authorization decision. If the request has been denied and you want to appeal the decision, the letter will tell you how.
  - The requesting provider can also ask for a re-review of the decision, and may seek peer-to-peer review (telephone call) with a Well Sense medical director.
  - If you have primary insurance, prior authorization is only required if the service is not covered by your primary and would otherwise require PA.
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## Appeals

- You have the right to file an appeal if you 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
  - You will receive a written response within 30 calendar days after your request is received by Well Sense
  - Expedited appeal is available when the situation merits
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## Grievances

- If you are dissatisfied with customer service either at Well Sense or at a provider's office, you may file a grievance with Well Sense.
  - Well Sense resolution of the grievance varies based on the nature of the complaint.
  - You will be notified of the disposition of your grievance.
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## Coordination of Benefits (COB)

- If you have other health insurance(s) that coverage is your primary coverage; Well Sense will be the payor of last resort
  - **You Spoke, We Listened:**
  - If your primary insurance covers a service, prior authorization through Well Sense is NOT required.
  - If your primary insurance does not cover a service, Well Sense's prior authorization process will need to be followed
  - Under Medicaid, members cannot be balanced-billed
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# Care Management Programs

- Asthma
- COPD
- CHF
- Coronary Artery Disease
- Diabetes
- Pregnancy
- Behavioral health and Substance Use Disorder
- Obesity
- Smoking cessation
- Special Needs
- Multiple complex health and behavioral needs
- Social



## How are Members Referred or Enrolled in Care Management

- Providers (hospital discharge planners, SNFs, long-term care facilities, rehabs, assisted living facilities, PCPs, other)
- Area Agencies, waived programs, community organizations
- Nurse Advice line,
- Transportation provider (CTS)
- Internal referrals (Prior Authorization, Utilization Management, Quality, Behavioral Health, Member Services)
- Members, guardians, caregivers
- Health Needs Assessment and other clinical assessments
- Claims based or other clinical reports

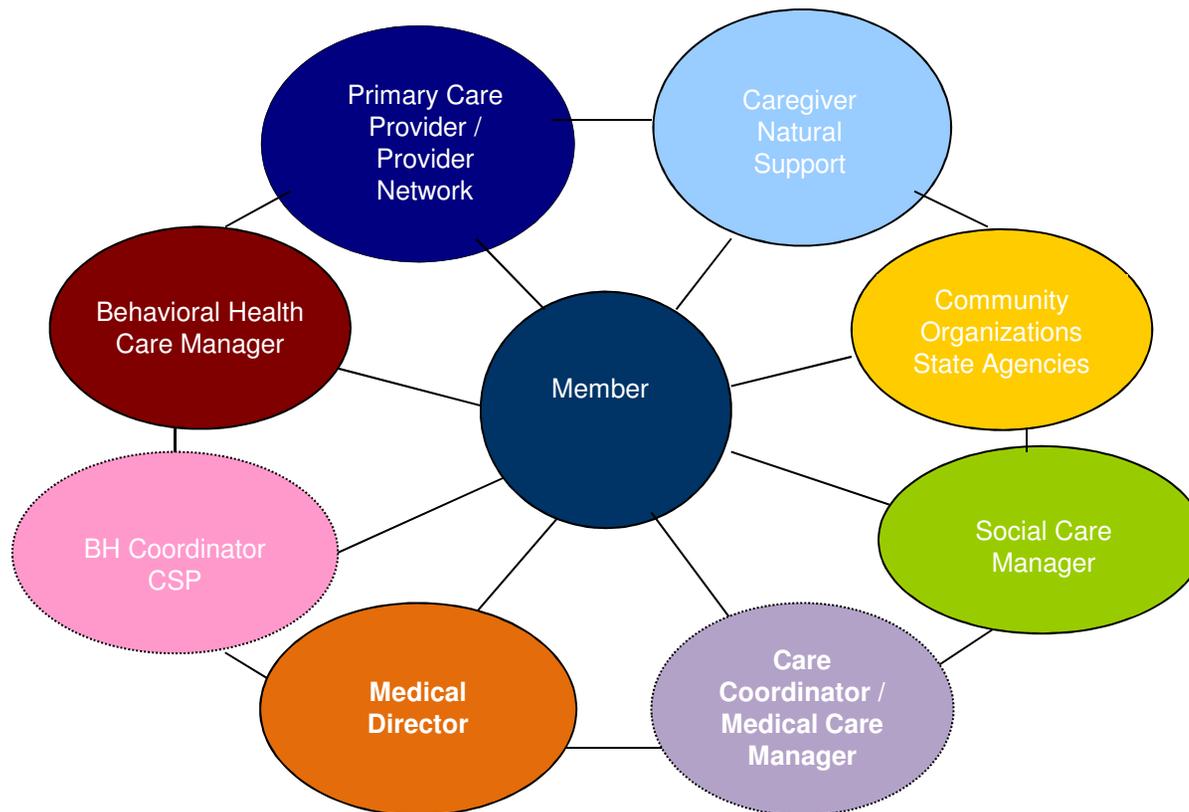
Care Management Toll-free Line 1 (855) 833-8119

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# Member Centered Integrated Care Approach

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# Social Care Management

## Real Member Experience

Member who uses a wheelchair had no in-home services and was at risk of becoming homeless. SCM assisted in coordinating services, helped get member's girlfriend qualified to perform the services and be paid. SCM helped connect the member with PCP and behavioral health supports for depression and trauma history.

## Real Member Experience

Member whose mom is struggling financially. SCM linked mom with community resources to assist with past due child care and utility expenses. Worrying less about bills allowed her to focus more on her child.

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# Transition to Home Care Management

- Real member experience
    - 60 year old with hypertension, gastro esophageal reflux disease (GERD) , a right total knee replacement (TKR), cervical spondylosis, Craniotomy after a head injury, and depression was discharged from hospital following kidney stones but complained to our care manager that she had blood in her urine and widespread pain.
    - TTH Clinician assisted the member with finding a primary care physician, provided assistance with scheduling and preparing for appointments with the physician. The TTH Clinician was also able to provide teaching on symptom management, medications, disease management and treatments.
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## Continuity of Care

- MCOs are required to provide continuity of all services for 60 days from when your Well Sense eligibility started or until a medical necessity review has been conducted, irrespective of PA requirements
    - For pharmacy, at point of sale, if attempts for confirmation of prior utilization fail, an 72-hour supply can be authorized by Well Sense
  - Open authorizations at DHHS will be sent to Well Sense to be loaded into system for seamless transition
  - If you have an authorization in place that started before your Well Sense eligibility and you are concerned about continuing the service, please call member services
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## Pharmacy

- Your prescription drug benefit provides high-quality and safe medications at little or no cost
- Well Sense offers prescriptions by mail for certain qualifying medications
- The Drug List is available on the Well Sense website

[www.wellsense.org/members/pharmacy/drug-list](http://www.wellsense.org/members/pharmacy/drug-list)

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## Specialty Formula

- Well Sense manages specialty formula via our DME vendor, Northwood. Open authorizations will be loaded into Northwood's system
  - Your formula provider will need to work with Northwood
  - If a new member attempts to obtain specialty formula at their pharmacy as they had on FFS, pharmacists will contact Northwood and work with the member to determine the need-by-date
  - If Northwood cannot accommodate a delivery by the need-by-date, an authorization will be entered for the pharmacy to provide enough of the formula until the Northwood delivery is made
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# Transportation

- Well Sense covers non-emergency transportation, including wheelchair van services, to appointments for covered services
  - Well Sense partners with Coordinated Transportation Solutions (CTS) to build a statewide transportation network
  - Easy access - call CTS before each appointment to arrange transportation or inform them that you'll need mileage reimbursement
  - CTS offers fast reimbursement for mileage claims
  - CTS contact information is on your member ID card
  - Enrolled members can contact CTS prior to the start of coverage to arrange trips to appointments scheduled after coverage begins
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## What can you can expect as a new member?

- New Member materials to help you learn about us, including a Well Sense member ID card
  - New Member Welcome call to make sure you know how to access your benefits and to answer any questions you have
  - If you have not made a primary care physician selection, Well Sense will assign one to you, and they will help coordinate your care
  - Care Managers to help you get the care you need
  - Member Services staff ready to answer any questions you have in multiple languages
  - TTY/relay line (number locate on back of member ID card)
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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:  
[www.wellsense.org](http://www.wellsense.org)
  - All important numbers are located on the back of your member ID card
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# Provider Services

- [www.wellsense.org](http://www.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
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# Questions?

Thank you





# Well Sense Hospital Network

Alice Peck Day Memorial Hospital  
Androscoggin Valley Hospital  
Anna Jacques  
Brattleboro Memorial  
Catholic Medical Center  
Cheshire Medical Center  
Concord Hospital  
Cottage Hospital  
Dartmouth Medical Center  
Elliot Hospital  
Exeter Hospital  
Franklin Regional Hospital

Lebanon  
Berlin  
Newburyport (MA)  
Brattleboro (VT)  
Manchester  
Keene  
Concord  
Woodsville  
Lebanon  
Manchester  
Exeter  
Franklin





# Well Sense Hospital Network

(continued)

Frisbie Memorial Hospital	Rochester
Grace Cottage Hospital	Townshend (VT)
Holy Family Hospital	Methuen (MA)
Huggins Hospital	Wolfeboro
Lakes Region General Hospital	Laconia
Lawrence General Hospital	Lawrence (MA)
Littleton Regional Hospital	Littleton
Monadnock Community Hospital	Peterborough
Mount Ascutney Hospital	Windsor (VT)
New London Hospital	New London
Northeastern Vermont Regional Hospital	St. Johnsbury (VT)
Parkland Medical Center	Derry





# Well Sense Hospital Network (continued)

Portsmouth Regional Hospital  
Southern NH Medical Center  
Speare Memorial Hospital  
Springfield Hospital  
St. Joseph Hospital  
The Memorial Hospital  
Upper Connecticut Valley Hospital  
Valley Regional Hospital  
Weeks Medical Center  
Wentworth-Douglass Hospital  
York Hospital

Portsmouth  
Nashua  
Plymouth  
Springfield (VT)  
Nashua  
North Conway  
Colebrook  
Claremont  
Lancaster  
Dover  
York (ME)





# Behavioral Health Hospital Network

- Southern NH Medical Center
- Catholic Medical Center
- Concord Hospital
- Littleton Regional
- New Hampshire Hospital
- Crotched Mountain Rehabilitation Center
- Hampstead Hospital
- Cheshire Medical Center
- Ana Jaques Hospital
- Brattleboro Retreat
- Elliot Hospital
- Frisbee Memorial
- Monadnock Community Hospital





# Behavioral Health - Health Centers

- Harbor Homes
- Manchester Community Health Center
- Coos County Family Health Center
- Mid-State Health Center
- Families First Health and Community Center
- Goodwin Community Health





# Behavioral Health Community Mental Health Centers

- Riverbend Community Mental Health Center
- Northern Human Services
- Center for Life Management
- Community Partners
- Monadnock Family Services
- Genesis Behavioral Health
- West Central Behavioral Health
- Mental Health Center of Greater Manchester
- Greater Nashua Mental Health Center
- Seacoast Mental Health Center, Inc

