MAPAM All Payers Meeting 2025

MassHealth MCO & ACO

Clarity plans

Senior Care Options

WellSense HEALTH PLAN

Topics

- WellSense Overview

  Who we are

- Provider Portal
- Health Related Social Needs (HRSN)
- Payment Policies and Claims Processing
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- Updates and Reminders

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WellSense Overview

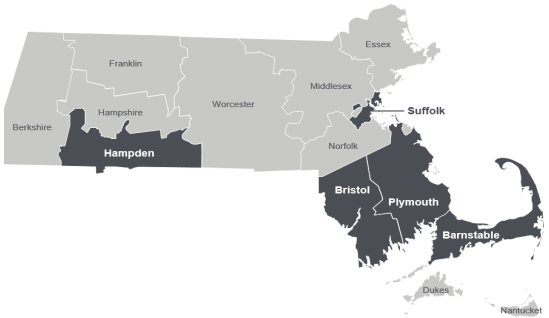
Who We Are…

- WellSense Health Plan is a non-profit managed care organization committed to providing the highest quality healthcare coverage to underserved populations.

- We operate in MA and NH
  - MA Medicaid or MassHealth (including ACO)
  - MA Clarity plans which include ConnectorCare
  - MA Senior Care Options (available in Barnstable, Bristol, Hampden, Plymouth & Suffolk counties)
  - NH Medicaid
  - NH Medicare Advantage

Our Member and Provider Network

Massachusetts



Over 600,000 Members across the state

17,900 primary care, specialists & behavioral health providers

New Hampshire

Over 70,000 Members across the state

Community resources

WellSense ACO Partners

Provider Portal

WellSense Provider Portal

Our Provider Portal is your one stop place to:

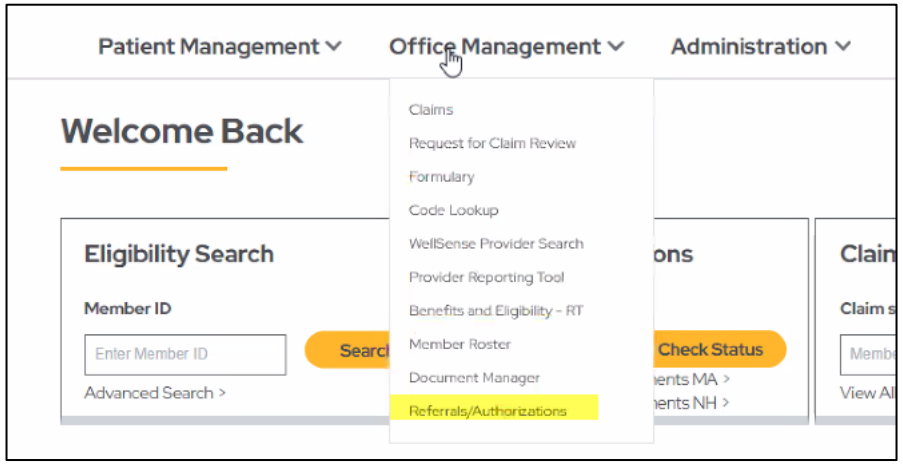
- Submit Prior Authorization and status inquires
- Check Eligibility
- Submit Claims (professional only)
- Check Claims Status (mandated)
- Submit Appeals and Corrected Claims
- PCP Change Requests
- Member Demographic Changes (report member phone and address changes)

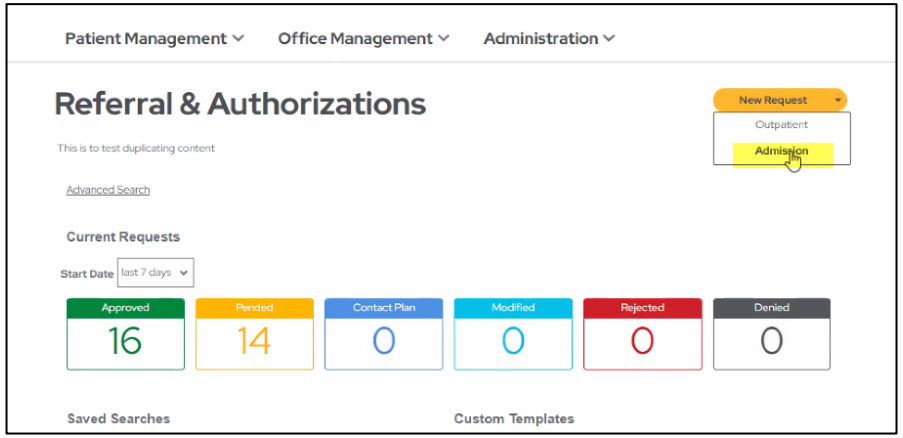
Provider Relations is here to train you on utilizing the Provider Portal to its fullest potential. Please reach out if training is needed in your office or if you need secure access.

Authorization Submissions – Please submit via portal

- PA Submissions via the Portal vs. Paper – High area of focus for WellSense
- Streamlined Process
- Reduces paper, time and resources, resulting in efficiency.
- Ability to check the status of your submitted request online
- Faster & more secure than faxing
- Submissions via the portal to be mandated in the future, become acquainted now!

** Online Submission of authorization requests is a mandated function of the provider portal.





Provider Portal – Upcoming Enhancements

We are excited to announce a significant transformation coming to the WellSense provider portal this summer.

You can anticipate a seamless integration of the Provider Clinical Capability platform into the WellSense HealthTrio provider portal.

This integration will revolutionize the way you interact with us, offering improved communication channels, streamlined authorization request processes for both inpatient and outpatient services, instant access to plan decisions, and a self-service feature. Moreover, this enhancement aims to improve how we interact by eliminating the practice of faxing clinical documentation.

This paves the way for future advancements, such as automated authorizations.

Health Related Social Needs (HRSN) Services

Health Related Social Needs (HRSN) Services – What's Changed

Effective January 1, 2025, MassHealth members enrolled in an Accountable Care Organization (ACO) may be able to get help with food and housing needs through the MassHealth Related Social Needs Services Program.

Prior to January 1, 2025, MassHealth members may be able to get help with food and housing needs through the Flexible Services Program.

** These services are only available to members in an ACO

Health Related Social Needs (HRSN) Services – What's Covered

Effective January 1, 2025, the Plan will reimburse Health Relates Social Needs (HRSN) service providers for the following:

HRSN Supplemental Nutrition Services

- Medically tailored home delivered meals
- Nutritionally appropriate home delivered meals
- Medically tailored food boxes – individual
- Nutritionally appropriate food boxes – individual
- Medically tailored food prescriptions and vouchers - individual
- Nutritional appropriate food prescriptions and vouchers – individual
- Nutrition education classes
- Nutrition education 1:1
- Nutrition Counseling
- Kitchen supplies

Health Related Social Needs (HRSN) Services – What's Covered

Effective January 1, 2025, the Plan will reimburse Health Relates Social Needs (HRSN) service providers for the following:

HRSN Supplemental Housing Services

- Housing search
- Transitional goods
- Housing Navigation
- Healthy homes

Payment Policies and Claims Processing

Recent Payment Policy Updates

We encourage providers to visit our Provider news page for important notices, including updates to our Payment policies. Recent updates include:

MassHealth/Clarity plans

- Acupuncture, 2106 (Effective May 1, 2025)
- Chemotherapy, 2108 (Effective May 1, 2025)
- Modifiers, 2088 (Effective May 1, 2025)
- Private Duty Nursing, 2217 (Effective May 1, 2025)
- Sleep Studies, 2101 (Effective May 1, 2025)
- Outpatient Hospital, 2094 (Effective May 1, 2025)
- Inpatient Hospital, 2087 (Effective May 1, 2025)
- Newborn and Neonatal Intensive Care Unit (NICU) Services, 2089

Recent Payment Policy Updates - continued

Senior Care Options

- Modifiers, 2145 (Effective May 1, 2025)
- Private Duty Nursing, 2168 (Effective May 1, 2025)
- Adult Day Health, 2126 (Effective May 1, 2025)
- Adult Foster Care and Group Adult Foster Care, 2127 (Effective May 1, 2025)
- Aging Service Access Points, 2128 (Effective May 1, 2025)
- Personal Care Attendant, 2148 (Effective May 1, 2025)
- Personal Care Management, 2149 (Effective May 1, 2025)

You can visit our Provider new page, https://www.wellsense.org/providers/ma/provider-news

Claims and Filing Limits

To expedite payment, we strongly encourage you to submit claims electronically and only submit paper claims when necessary

Filing Limits:

- MassHealth (including ACO) 150 days
- Clarity plans 90 days
- Senior Care Options 150 days

*Coordination of Benefits and other party liability rules apply

Electronic Claims:

- WellSense has partnered with TriZetto Provider Solutions (TPS) to manage our electronic data interchange (EDI) transactions exclusively. All clearinghouse service organizations and billing agencies that submit EDI transactions must send through TPS.

Paper Claims Mailing Address:

WellSense Health Plan
P.O. Box 55282
Boston, MA 02205-5282

Payer ID: 13337

Professional Claims (only) can also be submitted via our Online Portal @ wellsense.org via *MyHealthNet*

Behavioral Health Services

Behavioral Health Services - Mental Health and Substance Abuse

Integrated Care (Medical and Behavioral Health)

- We partner with Carelon (formerly Beacon Health Strategies) to administer our behavioral health program for our members.
- Available 24/7 for members and providers.
- Manages inpatient and outpatient behavioral health and substance use services and will be contracting on behalf of the ACO for BH Community Partner services.
- Prior authorization may be required for certain services.
- Visit the Carelon website for more resources or to find a provider
- Call Carelon Behavioral Health:
  - Clarity plan members: 888-217-3501
  - ACO and MCO members: 877-957-5600
  - SCO members: 855-833-8125
  - For Providers: 866-444-5155
  - For Claims: 888-249-0478

Behavioral Health Insourcing Coming Soon

We are excited to announce we will be insourcing our behavioral health services and provider network for all Massachusetts and New Hampshire products beginning with New Hampshire Medicaid on Dec. 1, 2025, followed by all other products in MA and NH on Jan. 1, 2026. This strategic decision reflects our commitment to providing comprehensive, high-quality care.

By bringing behavioral health services in-house, we aim to provide integrated, whole-person care coordination, improve health outcomes, and ensure a seamless experience for both you and our members. Our team is dedicated to collaborating closely with you during this transition to ensure minimal disruption and to offer first-class service that supports you in providing exceptional care.

As we move forward, more detailed information and support resources will be made available. We are committed to maintaining open communication and providing ongoing updates to ensure a smooth transition.

Questions?

For questions or more information, please contact bhproviders@wellsense.org and visit the BH landing page on the WellSense website: Behavioral health insourcing | WellSense Health Plan

Updates and Reminders

Provider Demographic Changes

It is critical to notify us of Provider Demographic Changes timely!

- Plan is required to keep provider information up to date and ensure plan online directory is kept current with the most accurate information.
- Providers are expected to notify WellSense of any provider changes or updates as they occur and regularly, by working with their Provider Consultant to verify their Provider Demographic Rosters.
- Demographic changes that you should notify us about include:
  - Payment Changes- *this affects payments and will delay or interrupt payment if incorrect*
  - Tax Identification Number or Entity Affiliation change (W-9 required)
  - Group Name or Affiliation change
  - National Provider Identifier
  - Mailing Address change
  - Telephone and/or Fax number update
  - Termination or Expiration
  - Provider updates in Panel Status

How to submit Provider Demographic Changes

Provider changes and updates are critical. Please submit within 60 days of change via the methods below.

Provider/Termination Change Form *can be emailed to* ProviderProcessingCenter@wellsense.org. Please include a W9 for remittance changes.

Providers who appear in our directory will receive updates on our progress in rolling out DirectAssure.

SCO Model of Care – Required Annually

As with all Senior Care Options plan, WellSense's Model of Care requires that network providers receive annual training and attest on an annual basis.

For the convenience of our providers, we have prepared a short, web-based training module – Senior Care Options Model of Care Training which is available to you through our online portal.

wellsense.org/providers/ma/training-and-support

At the end of the training, you will be asked to click through to attest that you have completed the training. To complete the attestation, you must have your NPI number.

If you are a larger group practice, we suggest that you reach out to your Provider Relations Consultant who can assist with coordinating the training and attestation process.

Telehealth/Telemedicine

Telehealth can be used for behavioral health services, chronic disease management, primary care services, and much more.

Telehealth visits are covered with the exception of the services below which are not covered via telehealth:

- ☐ Ambulance Services
- ☐ Ambulatory Surgery Services
- ☐ Anesthesia Services
- ☐ Certified Registered Nurse Anesthetist Services
- ☐ Chiropractic Services
- ☐ Hearing Aid Services
- ☐ Inpatient Hospital Services
- ☐ Laboratory Services

Telehealth/Telemedicine

Telehealth exceptions continued:

- ☐ Nursing Facility Services
- ☐ Orthotic Services
- ☐ Personal Care Services
- ☐ Prosthetic Services
- ☐ Renal Dialysis Clinic Services
- ☐ Surgery Services
- ☐ Transportation Services
- ☐ X-Ray/Radiology Services

Important Phone Numbers

MassHealth

&

Clarity plans

888-566-0008

- **Option 1**: Automated Eligibility and/or Claims Status
- **Option 2**: Claims or Provider Enrollment Status
- **Option 3**: Medical Services, Prior Authorizations and Notifications, other than BH & Pharmacy
- **Option 4**: Pharmacy Authorizations & Eligibility, other than Claims Status
- **Option 5**: DME Inquiries including authorization status

Questions?

Thank you for your engagement!

Provider Engagement
WellSense Health Plan
provider.info@wellsense.org