



Important Contact Information and Helpful Links	
Provider Services Center Monday – Friday 8am to 5pm <i>*REINDER: IVR is accessible 24/7 for checking Member Eligibility and Claim Status*</i>	Call 877.957.1300 (For IVR, selection Option 3 then Option 1)
Member Services Department (all languages) Monday – Wednesday, 8am to 8pm, Thursday– Friday, 8am to 6pm	Call 877.957.1300
Care Management Monday – Friday 8:30am to 5pm	Call 855.833.8119
Acute Care Coordination (ACC) Notification for Inpatient/Observation admission Clinical information for utilization review	FAX 866.813.8607 FAX 866.837.5725
Nurse Advice Line , 24 hours/day, 7 days/week.	Call 866.763.4829
Deaf and Hearing Impaired line	Call 711
Web-based Pharmacy services Benefits and Preferred Drug List (PDL), forms and prior authorization process	Visit wellsense.org
Provider Relations email	nhproviderinfo@wellsense.org
Well Sense Quality Management Department Providers are required to report a serious reportable event or adverse incident related to a Well Sense member.	603.263.3030
New Hampshire DHHS Medicaid Division	Visit dhhs.nh.gov/medicaid

Services Managed by Our Partners		
Partner	Type of Service	Contact Information
Beacon Health Options, LLC.	Mental Health and Substance Abuse Services Including inpatient hospitalizations and outpatient counseling	<ul style="list-style-type: none"> ▪ Provider line: 866.444.5155 (Hours: Monday– Wednesday 8am to 7pm, Thursday– Friday 8am to 5pm) ▪ Member Line: 855.834.5655 (24 hours/day, 365 days/year) ▪ Contracting and Provider Relations: 781.994.7556 ▪ TTY/TDD line at 866.727.9441 ▪ Visit beaconhealthoptions.com or wellsense.org
Coordinated Transportation Solutions (CTS)	Non-Emergent Transportation Services	<ul style="list-style-type: none"> ▪ Provider line: 800.492.9923 ▪ Member line: 855.739.4775 ▪ Visit ctstransit.com ▪ Hours: Monday – Wednesday, 8am to 8pm. Thursday – Friday, 8pm to 6pm, 24 hours a day, 7 days a week for urgent issues
EnvisionRx	Outpatient Pharmacy Services Including prescription drug benefits	<ul style="list-style-type: none"> ▪ Call 800.361.4542 (Hours: 24 hours a day, 7 days a week) ▪ TTY 711 ▪ Mail Order 866.909.5170 (Hours: Monday through Friday 8am to 10pm, Saturday 8:30am to 4:30pm) ▪ Mail Order TTY 866.909.5169 ▪ Visit Pharmacy Services at wellsense.org
eviCore Healthcare (formally known as MedSolutions, Inc.)	Advanced Elective Radiology	<ul style="list-style-type: none"> ▪ Call 888.693.3211 ▪ Fax 888.693.3210 ▪ Visit evicore.com ▪ Hours: Monday – Friday 8am to 9pm
Northwood, Inc. (NW)	Durable Medical Equipment	<ul style="list-style-type: none"> ▪ Call 866.802.6471 ▪ Fax 877.552.6551 ▪ Visit northwoodinc.com ▪ Email provideraffairs@northwoodinc.com ▪ Hours: Monday – Friday 8am – to 5pm



Vision Service Plan (VSP)	Vision Benefits	<ul style="list-style-type: none"> ▪ Call 800.615.1883 ▪ Visit vsp.com ▪ Email webmaster@vsp.com ▪ Hours: Monday – Friday 8am to 11pm, Saturday 9am to 8pm
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Claims, Appeals and Authorizations	
Claims Submissions (re: Northwood, VSP, Beacon, see Section 9 of Provider Manual)	
Provider Services Center Including EDI questions and assistance	Call 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 ▪ Questions regarding EDI submission: 617.748.6175
Professional Charges, DME or Supplies	<ul style="list-style-type: none"> ▪ Electronic claims, submit an 837 transaction ▪ Paper claims, submit a CMS 1500 form. ▪ For claim forms and guidelines visit wellsense.org
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
Administrative Appeals	
Submit within 90 calendar days following denial, and no later than 180 calendar days from the date of service. For questions, call the Provider Service Center at 888.566.0008	Mail request form and documentation to: Well Sense Health Plan Attn: Appeals Department PO Box 55049 Boston, MA 02205-5049
Provider Appeals	
Providers should call the Provider Services department to speak to a Provider Services Representative regarding filing an appeal and to check the status of an appeal.	Mail provider appeals to: Well Sense Health Plan Attn: Provider Appeals PO Box 55049 Boston, MA 02205-5049
Prior Authorization Information	
Prior Authorization Department	<ul style="list-style-type: none"> ▪ Call 877.957.1300 ▪ Fax completed forms with supporting documentation to: 603.218.6634 ▪ Access a prior authorization form at wellsense.org
Outpatient Pharmacy Services	Contact EnvisionRx at 877.957.1300
Behavioral Health Services	Contact Beacon Health Options at 866.444.5155
Durable Medical Equipment	Contact Northwood, Inc. at 866.802.6471
Radiology (high-end)	Contact EviCore, Inc. at 888.693.3211