



Important Contact Information and Helpful Links

Provider Services Center Monday – Friday 8 a.m. to 6 p.m. except holidays Saturday, 9 a.m-12 p.m. except holidays	Call: 877-957-1300 (For IVR, select option 3 then option 1) <i>IVR is accessible 24/7 for checking member eligibility and claim status</i>
Member Services Department (all languages) Monday – Wednesday, 8 a.m. to 8 p.m. Thursday –Friday 8 a.m-6 p.m. (except Holidays)	Call: 877-957-1300
Care Management Monday – Friday 8:30 a.m. to 5 p.m.	Well Sense Call: 855-833-8119 Beacon Health Options Call: 866-434-5655
Acute Care Coordination (ACC) Notification for Inpatient/Observation admission Clinical information for utilization	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	Email: nhproviderinfo@wellsense.org
Well Sense Quality Management Department Providers must report a serious reportable event or adverse incident related to a Well Sense member.	Call: 603-263-3030
New Hampshire DHHS Medicaid Division	Visit: dhhs.nh.gov

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: 855-834-5655 Hours: Monday – Friday, 8 a.m. to 6 p.m. ET ▪ National Provider Service Line 800-397-1630 Hours: Monday - Friday, 8 a.m.-8 p.m. ET ▪ Member Line: 855-834-5655 (TTY: 711) Hours: 24 hours/day, 365 days/year ▪ Visit: beaconhealthoptions.com or wellsense.org
Well Sense Transportation Line	Non-emergent transportation services	<ul style="list-style-type: none"> ▪ Providers call :844-909-RIDE ▪ Member line: 844-909-RIDE ▪ Hours: Monday – Friday, 8 a.m. to 6 p.m. ▪ Visit: “Resources” at wellsense.org
Express Scripts	Outpatient pharmacy services including prescription drug benefits	<ul style="list-style-type: none"> ▪ Call: 877-957-1300 (TTY:711) hours: 24 hours/ 7 days/week ▪ Prior Authorization: 877-417-1839 ▪ Visit: “Pharmacy”: wellsense.org/providers/pharmacy

<p>Cornerstone Health Solutions (Primary)</p> <p>Accredo (Secondary)</p>	Mail Order and Specialty Pharmacy	<ul style="list-style-type: none"> ▪ Call: 844-319-7588 ▪ Fax: 781-805-8245 ▪ Mail: 41 Teed Drive, Randolph, MA 02368 ▪ Call: 844-516-3319 ▪ Fax: 800-391-9707
eviCore Healthcare	Advanced elective radiology	<ul style="list-style-type: none"> ▪ Call: 888-693-3211 including prior authorizations ▪ Fax: 888-693-3210 ▪ Visit: evicore.com ▪ Hours: Monday – Friday, 8 a.m. to 9 p.m.
Northwood, Inc. (NW)	Durable medical equipment	<ul style="list-style-type: none"> ▪ Call: 866-802-6471 for prior authorization call 866-802-6471 ▪ Fax: 877-552-6551 ▪ Visit: northwoodinc.com ▪ Email: provideraffairs@northwoodinc.com ▪ Hours: Monday – Friday, 8 a.m. to 5 p.m.
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, 8 a.m.- 11 p.m.; Saturday 9 a.m. to 8 p.m.

Claims, Appeals and Authorizations

Claims Submissions (re: Northwood, VSP, Beacon – see Section 9 of Well Sense Provider Manual)

Provider Services Center	Call: 877-957-1300 (Including EDI questions and assistance)
Electronic claims	<ul style="list-style-type: none"> ▪ Questions regarding EDI submission: 617-748-6175 or ITOpsSupport@BMCHP-wellsense.org ▪ For additional information EDI Claims Manual Companion Guide, available at wellsense.org
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 Email: ClaimsMailroom@BMCHP-wellsense.org	Mail to: Well Sense Health Plan Claims Department PO Box 55049 Boston, MA 02205-5049

Administrative Appeals



<p>Submit within 120 calendar days following denial, and no later than 240 calendar days from the date of service.</p>	<p>Mail request form and documentation to: Well Sense Health Plan Attn: Appeals Department PO Box 55282 Boston, MA 02205-5049</p>
Provider Appeals	
<p>Providers should call the Provider Services Department to speak to a Provider Services Consultant regarding filing an appeal and to check the status of an appeal.</p>	<p>Mail provider appeals to: Well Sense Health Plan Attn: Provider Appeals PO Box 55282 Boston, MA 02205-5049</p>
Prior Authorization Information	
<p>Prior Authorization Department</p>	<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