Comprehensive provider portal training





Introduction

Welcome to the Comprehensive provider portal training!

Our Provider Portal can be accessed from the login button at wellsense.org. Providers will experience:

- An Improved Claims Process: Providers can submit corrected claims, appeals, COB, EOB, and TPL review requests online and get reimbursed faster.
- Streamlined Authorization Process: Our submission process is now more intuitive and allows providers to upload supporting documentation to their requests.

The Provider Portal is a place to:

- Submit Prior Authorization and status inquiries
- 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)



Agenda

- Learning objectives
- Register for the provider portal
- Submitting claims in the provider portal
- Eligibility
- Search for diagnosis or procedure codes
- Search for a provider
- Prior authorization
- Enrolling in EFT
- Provider support

Learning objectives

 Navigate the WellSense Provider Portal for claims, eligibility, and training.

How to enroll in EFT.

Access and utilize WellSense's provider support channels.



Register for the provider portal



When registering for the provider portal...

The person from the provider office/practice who completes the registration process automatically becomes the ongoing provider portal administrator for the practice.

Office management

The Office Manager can:

- Delete user accounts for those who no longer require access (i.e., any users who have changed positions or who have left the organization).
- Add new users and send them their login information.
- Validate that any existing user accounts are assigned the correct roles based on job responsibility.

These tasks can be completed in the provider portal by accessing **System Admin** under the **Administration** tab.

To register for the portal, click <u>here</u>.

Existing HealthTrio account

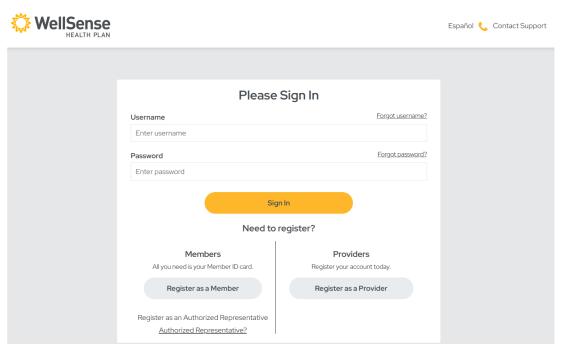
Note: Before beginning the registration process, providers should have available a recent **check reference number** and the corresponding **check payment amount**.

- 1. Visit wellsense.org and click **Login**.
- Log in with your current HealthTrio credentials.
- 3. Verify your information on the **User Information** page and click **Next**.
- 4. On the **Office Information** page, verify office information and provide the requested validation items below, then click **Next**.
 - Check reference number
 - Check payment amount

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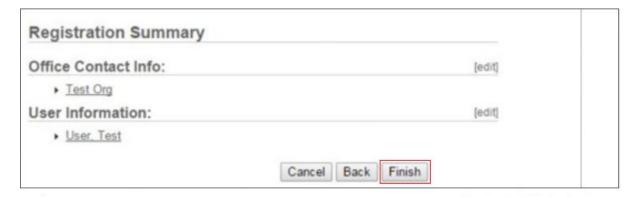


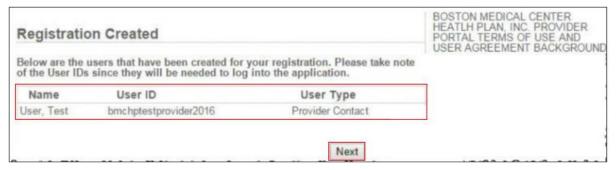


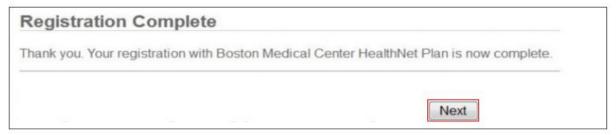
Existing HealthTrio account continued

- 5. Review the information provided on the **Registration Summary** page and click **Finish**.
 - After completing the registration, all individuals registered by your office administrator are displayed on the screen.
- 6. Confirm that the individuals you registered are listed, then click **Next**
- 7. When you reach the **Registration Complete** page, click **Next** to return to the login page.

Once your registration is approved, you will receive an email confirmation and can log in to the provider portal.







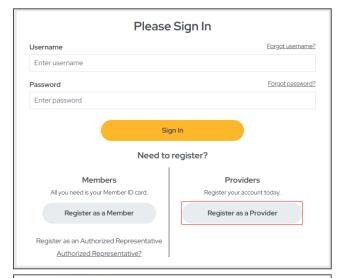


New HealthTrio account users

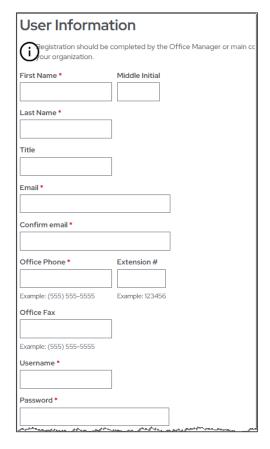
Note: Registration should be completed by the Office Manager or the main contact for the plan.

- 1. Visit wellsense.org and click Login.
- 2. Select **Register as a Provider** at the bottom of the **sign-in** screen.
- On the User Information page, fill in all fields and click Next.
- 4. On the **Office Information** page, fill in the information as requested, and click **Next**.
- 5. On the **Registration Summary** page, verify the information is correct and click **Finish**.

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ter the name and add	ress of your office.
Organization Name *	Practice Name
Tax ID *	123456789
PIN	
Check Reference Number	
Check Payment Amount	
Address *	123 Main Steet, Suite 750
City *	Anytown
State *	Massachusetts
Zip Code *	02116



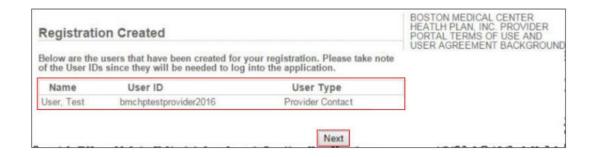


New HealthTrio account users continued

Once registration is complete, all those registered from your provider office by the office administrator are displayed on the screen.

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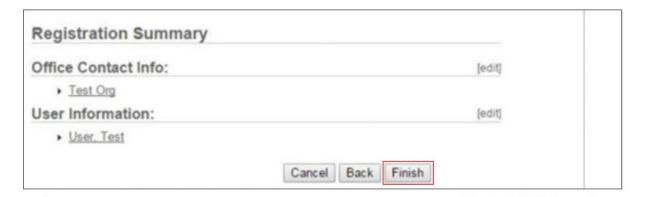


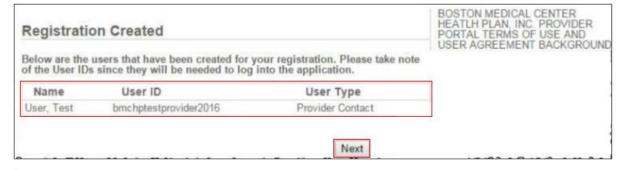


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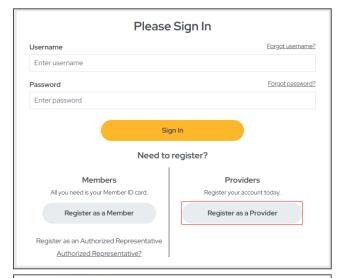


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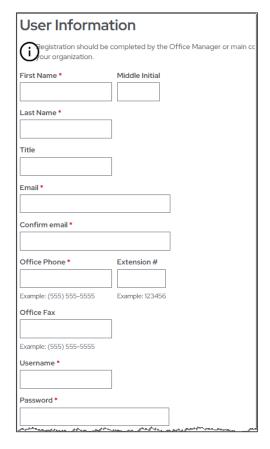
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ter the name and add	ress of your office.
Organization Name *	Practice Name
Tax ID *	123456789
PIN	
Check Reference Number	
Check Payment Amount	
Address *	123 Main Steet, Suite 750
City *	Anytown
State *	Massachusetts
Zip Code *	02116



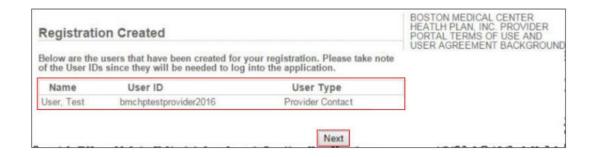


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Submitting claims in the provider portal



To expedite claims payment...

We recommend submitting claims electronically.

Providers can submit claims electronically directly to WellSense through our online portal or with <u>Trizetto Payer Solutions</u>.



Electronic claim submission

Provider portal



Once logged into the provider portal, there are two entry points for submitting a claim:

Patient Management tab

1. From the **Patient Management** tab, select a patient from the drop-down, then click **Claims**.

Note: If the patient does not appear in the drop-down, click **Search Patients** to locate the correct person and add them to the list.

2. The patient's claims history displays. To add a new claim, click **Add Claim**.

Office Management tab or Quick Links

- 1. Hover over the **Office Management** menu item and click **Claims**, or in the **Claims** box, click **New**.
- 2. Click the **Add Claim** tab. Search for the member by typing in their **Last Name**, **Member ID**, or **Medicaid ID** in the **Patient Search** field.
- 3. Locate and choose the correct member from the list by matching:
 - Name
- Member ID
- DOB
- Effective Dates
- 4. Click **Select** to add the member to the claim screen.

For additional guidance on entering claim data, refer to the **Submitting Claims Provider Portal Training Guide**



Eligibility



Verify eligibility

Verify patient eligibility prior to:

- The date of service before delivering services.
- Submitting a referral or authorization request to avoid submitting requests for a non-eligible member.
- Daily for inpatient admissions.



Best practices

Use the **Patient Management** search option to check patient eligibility. Search for the member and select them from the patient list.

When the search field is populated with a member's name, the patient information bar displays at the top of the screen, showing the selected member:

- Name
- Birth date
- WellSense Health Plan ID number and
- PCP

The user can easily switch between checking eligibility, viewing claims history, and referral/authorization transactions for the selected member.



Eligibility search tips

- Names or ID# prefixes do not need to be capitalized.
- Users can search using the member's Social Security number (SSN), if necessary, but the SSN does not display in the system.
- Users can search with partial or complete information.
 - For a name search or for an SSN search,
 a minimum of two characters is required.
 - For an ID# search, the minimum requirement is the alpha prefix and at least two digits.



- Searches with partial information will return more and varied results. It is best to supply as much information as possible to narrow the search.
- Do not use dashes or spaces.



Provider portal process

Member eligibility status



Step 1: Quickly check a member's eligibility status by clicking **Search Patient** on the **Patient Management** tab.

Step 2: On the **Conduct Patient Search** page, select the desired search criteria – Name, Member ID, Medicaid ID, or SSN – and click **Search**.

Step 3: Change the **As of** date if eligibility information for a date prior to today's date is required.

Step 4: Enter the appropriate patient information in the search field and click **Search**.

All members matching the search criteria will display.

Step 5: Click the name of the applicable member for whom you would like eligibility information.

All information available for each patient can be accessed by clicking the drop-down arrow on the **Patient Management** tab.

For additional guidance on checking member eligibility, refer to the **Overview Member Eligibility Provider Portal Training Guide**.



Search for diagnosis or procedure codes



Code search

- 1. Under the **Office Management** tab, click **Code Lookup**.
- 2. On the **Diagnosis Code Search** screen, type in the code being searched and click **Find**.
 - If searching for a procedure code, select the radio button next to **Procedure**, then enter the procedure code in the search field and click **Find**.



Search results appear.

To view related codes for a description that does not exactly match the search, click on either the description or click **View**.

Results display.

Search for a provider



To search for a provider...

Under the Office Management tab, click WellSense Provider Search to see the provider network for every product, or use the Find a provider tool at wellsense.org/find-a-provider.



Prior authorization



Prior authorization

Providers should use the portal for submitting authorization requests for outpatient, elective, and emergent admissions.

- 1. Log into the provider portal and click **Referrals and Authorizations** under the **Office Management** tab.
- 2. Select the **New Request** drop-down and choose the appropriate option:
 - Admissions (for emergent and elective admission requests)
 - Outpatient
- 3. Enter the name of the patient in the **Search Current Patients** field or click on the search icon magnifier to search for a specific patient.





Prior authorization continued

- 4. Once the patient information has been added, enter the information below in the designated fields.
 - Diagnosis code
 - Provider information
 - Requesting Provider/Facility
 - Provider ID or NPI

- Provider Type
- Contact Info

- Service Details
- Procedure Information
 - Procedure code
 - Quantity

Date Range

- Clinical Information
- 5. After clicking submit, the **Admission or Outpatient request summary form** displays. The confirmation number appears below the patient's name.

For further details on how to enter the information listed above for a prior authorization request, refer to the Prior Authorization Provider Portal Training Guide



Prior authorization continued

Checking the status of a request

After a request has been entered, the status may be checked on the portal.

After logging in to the portal, click **Check Status**. Search for the request by searching for one of the following:

- Patients
- Requesting Provider
- Servicing Provider
- Request Number
- Date Range





Enrolling in EFT



Electronic funds transfer (EFT)

Providers should take advantage of Electronic Funds Transfer (EFT), a convenient and efficient option for claims payments.

EFT permits an electronic direct deposit of WellSense claim reimbursements into the bank that you designate. Advantages of EFT include:

- Prompt payment no waiting for checks to clear
- Improved cash flow
- No lost checks or postal delays
- Administrative savings
- Reduced paperwork
- Secure payment environment

The <u>EFT authorization form</u> should have been completed when requesting a contract. Providers that still need to sign up for EFT can complete the form and return it to their dedicated Provider Relations Consultant.



Provider support



Provider resources

Use the resources and guides below to quickly access WellSense contact, partner, claims, appeals, and prior authorization information.

WellSense website

wellsense.org:

- <u>Provider Manual</u>, including a forms section
- Provider Directory
- <u>Provider portal</u>: Check member eligibility, claims status, remittance history, benefit summaries, and important reports
- Claim forms and guidelines
- Clinical and reimbursement policies
- Quick reference guides
 - Registration Process Provider Portal Training Guide
 - Overview Member Eligibility Provider Portal Training Guide
 - o Prior Authorization Provider Portal Training Guide
 - Submitting Claims Provider Portal Training Guide
- News and updates

Provider relations

Provider Relations is here to train you on utilizing the Provider Portal to its fullest potential. Reach out if training is needed for office staff or if you need secure access.

Call your Provider Relations Consultant for:

- New Provider Orientation
- Requests for materials
- General Plan questions
- Participation status
- Requests to join the Plan
- Re-education
- Provider Portal training
- Review of policies and procedures



Questions?

Thank you for your time!

Provider Engagement
WellSense Health Plan
bhproviders@wellsense.org