

Provider Communications

New Hampshire



Date: February 15, 2024

To: All WellSense Providers

From: WellSense Health Plan

Subject: **Prior Authorization Submission Process**

Product: NH Medicaid NH Medicare Advantage

Provider Portal Update

As announced in October, beginning March 1, 2024, the primary method for all inpatient and outpatient authorization requests submitted directly to WellSense will be via digital submission in our [provider portal](#), also known as HealthTrio. If there is any reason you can't submit authorization requests via HealthTrio, please inform your dedicated Provider Relations Consultant or email us at NHproviderinfo@wellsense.org. You're encouraged to convert your prior authorization submission process as soon as possible.

About the provider portal

Using the portal, contracted providers can submit outpatient and inpatient authorization requests, confirm authorization numbers and check the status of authorizations.

Providers can register for portal access by [clicking here](#).

Instructions on using the Health Trio portal for authorization submissions [can be found here](#).

Questions

An FAQ document is included below for your reference.

If you're not able to access our provider portal or have other questions please [contact your Provider Relations consultant](#).

Provider Portal FAQs

Will WellSense accept faxes in certain scenarios after March 1, 2024?

Yes, we will accept faxes in these scenarios:

- If additional clinical documentation is needed for a prior authorization request or for a notice of admission previously submitted through the portal, that information can be sent via fax.
- Hospitals may fax routine daily census reports with discharge information.
- Prior authorization requests for the treatment of newborns who do not yet have a member ID may still be faxed.
- Out-of-state providers without a provider ID may fax the request. They need to be participating for at least one product to submit a prior authorization.
- Sometimes a member does not appear eligible on the portal but is confirmed eligible on the state eligibility website (MMIS) due to a timing issue. In these cases, the provider may fax the request.

Does WellSense accept requests for standard, urgent and emergent requests via the portal?

We do accept requests for standard, urgent and emergent admissions through our portal. Refer to page 2 of our Authorization User Guide.

Will all providers be required to submit requests via the portal as of 3/1/24?

For New Hampshire providers, our portal will be the primary method for all inpatient and outpatient authorization requests submitted directly to WellSense. If there is any reason you can't submit authorization requests via HealthTrio, please inform your dedicated Provider Relations Consultant or email us at NHproviderinfo@wellsense.org. You're encouraged to convert your prior authorization submission process as soon as possible.

Will providers with post-acute and/or bed hold requests be able to submit via the portal?

Yes.

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If a patient is a member of WellSense for a portion of their inpatient stay, but also a member of another health plan for a different portion of their stay, how should the provider submit that request?

If the member is eligible, the provider will submit the request on the portal with the start date as the member's effective date with WellSense. For example:

- Patient is admitted on 01/07.
- Patient is eligible with WellSense starting 01/09.
- The provider can submit a notification of admission to WellSense on 01/10 with an admission day of 01/09, adding the original admission date under the remarks section of the authorization request.

Is there a size limit to the clinical information that can be submitted?

Providers may submit up to 10 separate documents per authorization request. If providers experience an issue with a document that is not accepted in the portal, please notify your Provider Engagement contact.

Once we have submitted a request with clinical information, may I attach additional information in the portal?

This is not a current feature, but is planned to be added in the future. Please continue to fax additional clinical information.

The portal accepts only 12 diagnoses per request. Is that a sufficient number to review the request?

Yes, this is a sufficient number of diagnoses for our staff to perform their review.

Does the new submission process apply to all outpatient services, including high-cost Imaging, DX card, sleep studies, etc.?

This update will apply to all services you currently submit directly to WellSense for authorization. Submission processes for any vendor-managed authorizations are available on the [Prior Authorizations page on wellsense.org](#).

What will happen if the portal is unavailable?

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If the portal is unable to process requests, providers may send faxes. WellSense will process the faxes. We will post a message on the portal home page during scheduled downtime. Please reach out to your Provider Engagement representative if questions.

If a member is enrolled with WellSense today, when will that member show as eligible in the portal?

The member will show within 2 to 3 days of their effective date on the portal.

Non-participating providers

Will non-participating providers have access to the portal?

Non-participating providers will have continued access to the portal if they exist in our system as non-participating providers.

Can non-participating providers submit prior authorization requests via the portal?

If a provider is participating in any WellSense product, that provider is also able to submit a request for other WellSense products in which they are not participating. If the provider is not participating in any WellSense product, that provider needs to fax requests.

Can non-participating providers or practices register for portal access?

A non-participating provider can access the portal. Before beginning the registration process, please have a recent check reference number and corresponding check payment amount at hand. If you do not have a check reference number/amount, please call provider services for your personalized identification number, which can be used in lieu of the check information.