WellSense New Hampshire ACA Clarity Plans

Orientation and General Overview

January 1, 2025

WellSense HEALTH PLAN

WellSense overview

Working with WellSense

Affordable Care Act (ACA)

ACA Plan Essentials, Coverage/Eligibility, Enrollment, Plan Types, and Benefits

Benefits at a glance

Care Management

Claims and Appeals

Our partners

Provider responsibilities

Fraud, waste and abuse

Provider resources/training opportunities

More about WellSense

WellSense Health Plan is a non-profit Managed Care Organization founded by Boston Medical Center in 1997

WellSense Health Plan is the trade name rebranded by BMCHP across all products in NH and MA

Exceptional Care without Exception

The Affordable Care Act (ACA)

Legislative History

- The Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA) was signed into law by President Obama in 2010. Initial Open Enrollment launched in October 2013 for plan year 2014.
- Increased access to healthcare by creating centralized marketplaces where individuals, families and (in some states) small groups can compare and choose from health insurance plans.
- Prohibits health insurance companies from denying coverage based on pre-existing conditions.

Health Insurance Marketplace

- The Federally Facilitated Marketplace (FFM) is where consumers in FFM states including New Hampshire, apply for and enroll in coverage through Healthcare.gov.
- 19 states including Massachusetts, have established a State-based Marketplace (SBM) and are responsible for performing all marketplace functions. States maintain marketplace websites (Health Connector) for consumers to apply and enroll.
- Three states use a hybrid model, known as a State-based Marketplace-Federal Platform (SBM-FP).

Differences from Medicare and Medicaid

- Medicaid eligibility is dependent on an individual's income or disability.
- Medicare eligibility is dependent on an individual's age.
- ACA plans (like NH Clarity) are available for individuals and families at all ages and income levels.

Key Highlights for New Hampshire

New Hampshire uses a **Federally Facilitated Marketplace (FFM)** to enable individuals and families to shop for health insurance plans.

- Healthcare.gov is the most well-known marketplace to purchase coverage
- NH residents are not assessed a fee or penalty for being uninsured
- WellSense Clarity Plan is ACA-compliant and is available through the FFM
- Though already established in Medicare Advantage and Medicaid Markets, the launch of WellSense Clarity marks the first year WellSense has entered the commercial market for individuals and families in New Hampshire

WellSense's New Hampshire ACA Clarity plan fills market gaps by providing affordable insurance plans to individuals and families needing coverage while fostering a preventive care approach to reduce healthcare costs and actively promote health.

NH Coverage Areas and Eligibility

Individual and Family products in the state expand coverage options for New Hampshire residents.

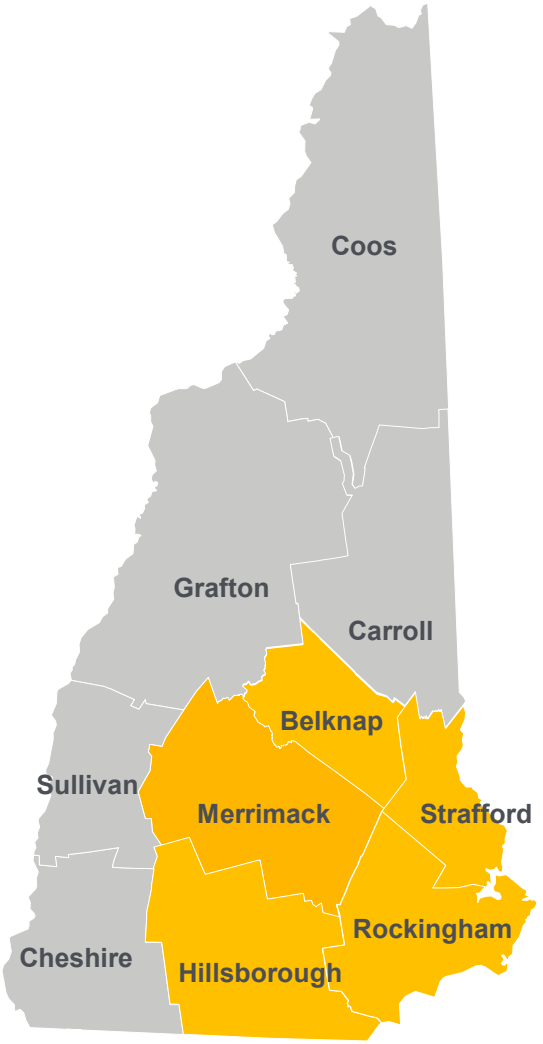
NH Coverage Areas

Enrollees must live in one of the 5 highlighted counties to be able to purchase WellSense plans:

- Belknap
- Hillsborough
- Merrimack
- Rockingham
- Strafford

We cover the five most populous New Hampshire counties, with plans for expansion in the future. The service area accounts for nearly 80% of the state's population.

WellSense partners with top hospitals in the region, which allow the Clarity plans to offer a diverse network of medical and behavioral health professionals to treat members.



WellSense HEALTH PLAN

Enrolling in coverage through the Federal Marketplace (FFM)

Help is Available

For assistance purchasing an on-exchange plan (accessed through the FFM), individuals can request help from a web-broker, Navigator, or certified application counselor.

- Certified Application Counselors and Navigators are here to help for free via the **Find Help Enroll** tool on healthcare.gov

Enhanced Direct Enrollment

NH individuals may also elect to use an **Enhanced Direct Enrollment (EDE)** to enroll through the FFM.

- The Centers for Medicare and Medicaid Services (CMS) sponsors this option and offers a user-friendly, seamless enrollment experience for consumers by allowing them to apply for and enroll in an exchange plan directly through an approved issuer (like WellSense) or web broker without the need to be redirected to **healthcare.gov** or contacting the Exchange Call Center.

WellSense Clarity NH Plans

All plans at all metal levels offer $0 cost preventive care.

	GOLD	SILVER			BRONZE		
PLAN NAME	WELLSENSE CLARITY NH GOLD 1500	WELLSENSE CLARITY NH SILVER 5000	WELLSENSE CLARITY NH SILVER 5800	WELLSENSE CLARITY NH SILVER 0 DEDUCTIBLE	WELLSENSE CLARITY NH BRONZE 7500	WELLSENSE CLARITY NH BRONZE 6500	WELLSENSE CLARITY NH BRONZE 7300 HSA
PLAN TYPE	Standard	Standard	Non-Standard	Non-Standard	Standard	Non-Standard	Non-Standard
DEDUCTIBLE	$1,500 Individual $3,000 Family	$5,000 Individual $10,000 Family	$5,800 Individual $11,600 Family	$0 Individual $0 Family	$7,500 Individual $15,000 Family	$6,500 Individual $13,000 Family	$7,300 Individual $14,600 Family
MAX-OUT-OF-POCKET	$7,800 Individual $15,600 Family	$8,000 Individual $16,000 Family	$8,600 Individual $17,200 Family	$9,200 Individual $18,400 Family	$9,200 Individual $18,400 Family	$9,200 Individual $18,400 Family	$7,300 Individual $14,600 Family
COINSURANCE	25%	40%	40%	50%	50%	40%	0%
PCP COPAY	$30	$40	$30	$50	$50	$45	0%, *Subject to Deductible*
SPECIALIST COPAY	$60	$80	$40	$30	$100	$90	0%, *Subject to Deductible*
URGENT CARE COPAY	$45	$60	$50	$60	$75	$70	0%, *Subject to Deductible*
RX COPAYS							

APTC and Silver Plan Cost Sharing Reductions (CSR)

The ACA provides eligible consumers financial assistance to purchase a plan on the Marketplace. Depending on an individual or family's income, two forms of financial assistance may be available:

- Advance Premium Tax Credit (APTC) to lower monthly insurance payments
- Silver Plan Cost-Sharing Reductions (CSRs) to lower cost share amounts, like copays and coinsurance

	APTC	Silver CSRs
Income Requirements	138% - 400%*	138% - 250%
Financial Impact	Monthly Premium	Benefit Cost Share
Impacted Plans	All Metal Levels	Silver

*The American Rescue Plan(ARP) expanded subsidies above 400% of FPL through 2025. ACA member responsibility for the 2nd lowest cost Silver plan should not exceed 8.5% of income.

APTC and Silver Plan Cost Sharing Reductions (CSR)

Silver Plan Cost Sharing Reduction (CSRs) variations lower the out-of-pocket costs (deductibles, copays, coinsurance, and out-of-pocket maximums) for enrollees who are eligible.

The amount of the reduction is determined by the enrollee's income, which is converted to a percentage of the federal poverty level (FPL) and matched to one of three silver plan CSRs that offer 73%, 87% and 94% actuarial value, respectively. The lower the income, the higher the actuarial value – which equates to less out-of-pocket costs.

For PY2025, WellSense is using **"WellSense Core"** as the marketing name of the silver plan CSRs in New Hampshire, which will be reflected on members' ID cards.

	Income Requirement	Plan Actuarial Value	Benefit Cost Share
WellSense Core 1	138% - 150% FPL	94%	Lowest
WellSense Core 2	150% - 200% FPL	87%	Lower
WellSense Core 3	200 – 250% FPL	73%	Low

WellSense Clarity Compatibility with HSA (Health Savings Account Plan)

The Bronze plans will now include the **WellSense Clarity Bronze 7300 Health Savings Account (HSA) plan.** An HSA plan offers several advantages to individuals who enroll in a high-deductible health plan (HDHP).

- An HSA plan benefit package is designed to meet IRS guidelines to allow a subscriber to quality for tax-advantaged HSA accounts that they might set up to help them pay qualified out-of-pocket costs.
- A member can open their HSA account at a financial institution of their choosing.
- Can supplement healthcare costs and build revenue year to year as funds roll over.

2025 Annual Contribution Limits

- Individual: Individual members can contribute up to $4,300 to a health savings account (HSA).
- Family: Members can contribute up to $8,550 to a family HSA.

WellSense Clarity Bronze 7300 HSA Highlights

- Individual Deductible: $7,300
- Family Deductible: $14,600
- Individual Out-of-Pocket Maximum: $7,300
- Family Out-of-Pocket Maximum: $14,600

Essential Health Benefits

The ACA requires all small group and individual health plans provide coverage for a core package of healthcare services, known as Essential Health Benefits (EHBs).

- Outpatient Care
- Emergency Services
- Hospitalization
- Pregnancy, maternity and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative services
- Laboratory services
- Preventive and wellness services
- Pediatric dental and vision

Additional Benefits

Chiropractic Care	Hearing Aids	Pediatric Vision	Skilled Nursing Facility	*Habilitation Services	Rehabilitation Services
12 visits per calendar year	One hearing aid per ear	One pair of frames and lenses, or contacts per calendar year	100 days per calendar year	20 visits per calendar year for each type of therapy	20 visits per calendar year for each type of therapy (PT/OT/ST)

NH Clarity Provider Network

The online **WellSense Provider Directory** enables individuals to locate primary care providers quickly, as well as hospitals, pharmacies and specialists.

Enrollees have access to a **24/7 nurse advice line** to speak with a registered nurse about health questions.

Offering a robust **Pharmacy network (serviced by Express Scripts)** to ensure members have convenient access to prescription drugs, including both independent and popular chain locations such as **Walgreens.**

Prescription drug benefit includes a **preventive No-Cost Drug List** and **Mail order prescription drug services** (Cornerstone Health Solutions) for prescription drug tiers 1-3 at 2.5x retail cost share.

Care management services, including disease management for chronic conditions like diabetes and asthma.

Complex care management is also available for enrollees with serious or multiple health issues and conditions.

Behavioral health services to support emotional and social needs such as anxiety, depression and substance use disorder.

Enrollees have access to **Urgent Care services – in or out of network** and outside of the service area for unexpected illness or injury.

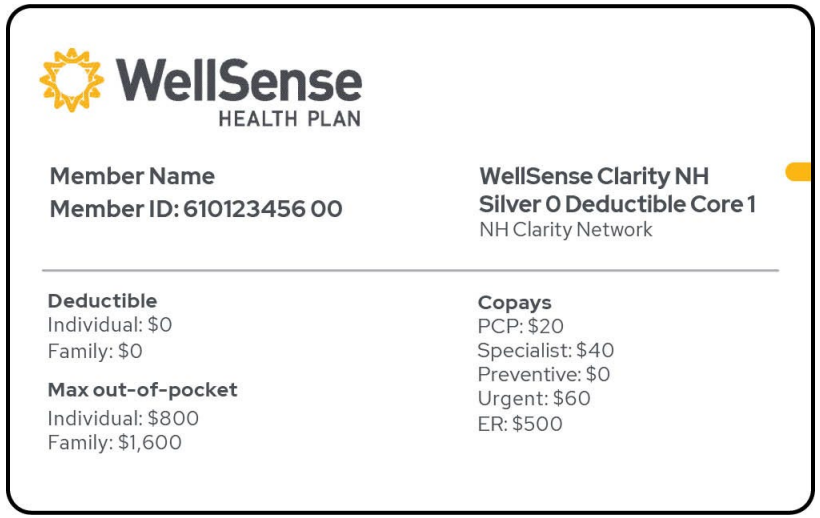
Check member Eligibility

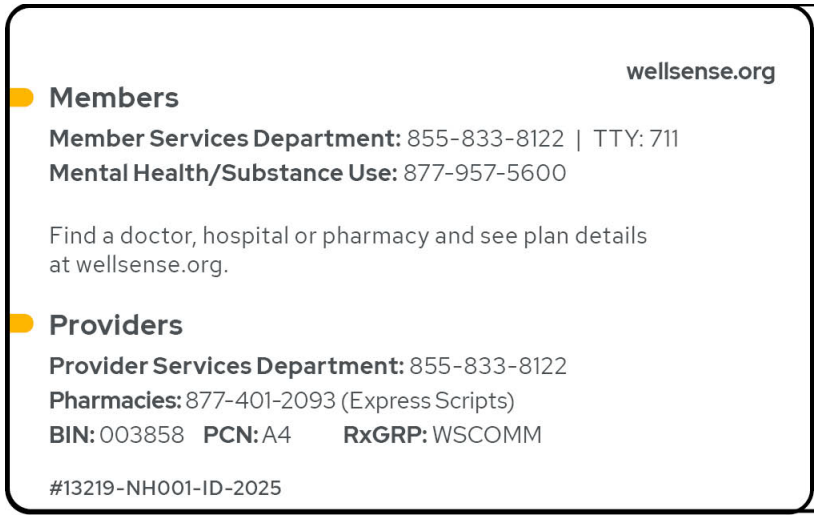
Before providing services, verify eligibility

- WellSense tools to check member eligibility online or by phone:
- Secure provider portal Health Trio at wellsense.org
- For NH ACA, call (877) 957-1300, option 3

Member ID Card

Sample ID Card:





New Member Outreach

Members receive a welcome call within the first month of enrollment from our in-house member services team to ensure the following:

- Verify Primary Care Provider or assist in selection of PCP*
- Review benefits
- Verify spoken/written language
- Offer to complete a Health Risk Assessment
- Inform member of care management programs
- TDD/TTY and language options reviewed

*Members are required to have a PCP, if they do not elect one, they will be assigned one

Working With WellSense

WellSense HEALTH PLAN

Prior Authorization

Prior Authorization is required for

- Select outpatient medical/surgical services
- Home health services
- Elective inpatient admission
- Durable Medical Equipment (DME)

Notification is required for

- Urgent/Emergent admission

Prior Authorization (cont.)

- The Prior Authorization Matrix reference guide identifies services that require authorization/notification or you can consult the look up tool by service code. Look Up Tool: https://www.wellsense.org/providers/prior-authorization
- Specialist office visits do NOT require referrals for in network providers
- Authorization requests and notifications may be submitted online using HealthTrio. Authorization decisions are communicated to providers via online or by telephone/letter.
- Members receive a letter for all denials which include member appeal rights, including the right of a provider to file a member appeal on behalf of a member.
- For denials, requesting providers may seek a telephonic peer-to-peer review with a Medical Director

Care Management

WellSense HEALTH PLAN

Care Management Referrals

Providers may refer members to Care Management

Monday through Friday: 8:30 a.m. – 5:00 p.m.

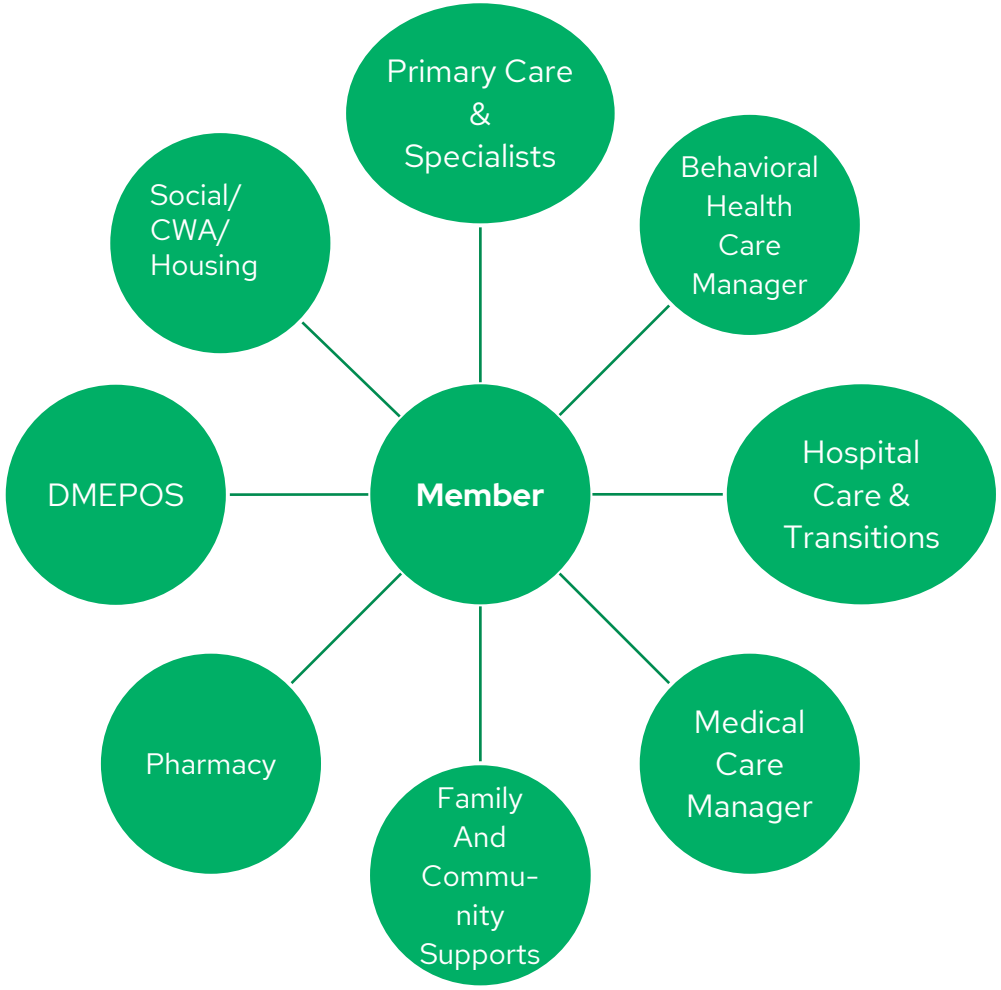
Phone: 855-833-8119

Email: NHCare.Management@Wellsense.org

WellSense HEALTH PLAN

Care Management Care Model

Our collaborative approach assesses the member's overall health status, facilitates coverage for medically necessary services, works with social and community-based services, and advocates for the member as they navigate the healthcare system



Care Management

- Our interdisciplinary team of Registered Nurses, Social Workers, Behavioral Health clinicians, Community Wellness Advocates, Housing Coordinator, and Care Navigators work closely with our Pharmacy, Utilization Management, and Vendors (durable medical equipment, etc.) to ensure support services are wrapped around the member as needed

- Our Goal is always for members to maintain optimum health and achieve wellness and self-management in their community setting

Care Management Program (cont.)

Behavioral Health Care Management Program

Carelon and WellSense work together to enroll members with behavioral health needs into Care Management

- Educates member on diagnoses, treatments, therapy process, co-morbidities and risk factors
- Provides information for crisis and peer services
- Members with unmet BH needs will get support connecting to providers
- Members currently working with BH providers will receive Care Coordination and support around any comorbidities (medical or social)

ACA NH Care Management Email Address:
NHCare.Management@Wellsense.org

Claims and Appeals
Member & Provider

WellSense
HEALTH PLAN

Claims Submission

To expedite payments, we recommend submitting claims electronically.

Electronic Claims:

- WellSense Payor IR: 13337
- Submit an 837 transaction

Submit through Direct Submission (WellSense Payor ID is 0515)

- Examples: XACTIMED, Emdeon/Web MD, McKesson, SSI

HealthTrio – WellSense Secure Provider Portal

Paper Claim Submissions

WellSense Health Plan
Claims Department
PO Box 55049
Boston, MA 02205-5049

Claims and Provider Administrative Appeals

WellSense Health Plan

- Claims must be received within 90 calendar days from the date of service. Coordination of Benefits and Other Party Liability rules apply

Provider Administrative Appeals

- Provider administrative appeals include requests for reviews of denied claims (including but not limited to untimely claims filing, level of compensation/reimbursement, no prior authorization/inpatient notification, member eligibility issues, clinical editing, COB denials) credentialing/re-credentialing denials, program integrity issues
- Provider administrative appeals must be received within 180 calendar days from the date of the original claim denial

Health Trio

- Please submit claim reviews/appeals using Health Trio

Appeal Rights

When can I file an appeal?

- You have 180 calendar days from the date on the letter to file your appeal. If you file your appeal after 180 days, we can dismiss it.

How long does an appeal take?

After we get your appeal, we have a certain amount of time to review and respond to it. The amount of time we have depends on the type of appeal:

Standard appeals:

- We will send you a written response within 30 calendar days of our receipt of your Appeal unless additional information is required.
- If additional information is required, we will notify you and you will have 45 days from the date of our notification to supply it to us for a review of your appeal.

Expedited appeals

We will send you a written response within 72 hours of our receipt of your Appeal.

- If additional information is required, we will notify you immediately upon receipt of your Appeal and you will have 48 hours from the time of our notification to supply it to us for a review of your appeal.

Member Appeals and Grievances

WellSense Health Plan strives to promptly resolve member appeals and grievances.

Difference Between Member Appeals and Provider Appeals

- **Provider Administrative Appeals =** a formal process for providers to request reviews of their claims pertaining to the areas mentioned on the previous slide.
- **Member Appeals =** a formal process for members or their Authorized Representatives, which includes providers, for reviews of denied services that have **not yet occurred***. When a prior authorization or inpatient stay is denied in advance of the member receiving the services, a Plan denial letter is issued to the member and requesting/servicing provider(s) and includes Member Appeal rights.

*The member appeals process also includes benefit reviews for excluded services/member reimbursements pertaining to out-of-pocket member liability. These are typically filed by members themselves.

Partnerships and Strategic Relations

WellSense HEALTH PLAN

Partnerships and Strategic Relations

WellSense collaborates with vendors to build our New Hampshire network of behavioral health care, pharmacy, radiology, durable medical equipment, and vision care providers.

- ❑ Carelon Behavioral Health
- ❑ Express Scripts by EverNorth (pharmacy)
- ❑ Cornerstone Health Solutions (Specialty Pharmacy Program)
- ❑ eviCore (high-end radiology, genetic testing, pain management, musculoskeletal procedures)
- ❑ Northwood Inc. (DME)
- ❑Vison Service Plan (VSP) (vision services)

Behavioral Health – Carelon

Providers interested in participating in the Carelon Behavioral Health network should follow these steps:

- Request participation through their website at:
  - https://www.carelonbehavioralhealth.com/providers/join-our-network and
  - Complete a Letter of Interest (LOI)
  - Credentialing Application/Provider Service Agreements

**There is a 45-day turnaround for all complete submissions

Carelon Online Resources

Provider Manual – provides a variety of information including, performance measures and standards

Notifications and FAQ's

eServices provides clinical, administrative, claims transactions and access to:

- Submit claims and authorization requests
- Verify member eligibility
- Confirm authorization status
- Check claim status
- View claims performance information
- Access to forms, bulletins and mailings
- View or print frequently asked questions (FAQs)
- Toolkit to assist PCP in the diagnosis and treatment of mental health and substance use disorders

Carelon Behavioral Health Provider Reference Guide

WELLSENSE CONTACT LIST	
Main Phone Number (claims, web, benefits/eligibility, authorizations, credentialing/contracting)	855-834-5655 Monday–Friday, 8 a.m.–6 p.m. ET
National Provider Services Line	800-397-1630 Monday–Friday, 8 a.m.–8 p.m. ET
TTY Number	711
Website	https://www.carelon.com/
Provider Portal	https://providerportal.carelonbehavioralhealth.com/index.html#/login
EDI Helpdesk	888-247-9311 Monday–Friday, 8 a.m.-6 p.m. ET
EDI Helpdesk Email	e-supportservices@Carelon.com
EDI Operations (technical questions about electronic transactions)	EDI.Operations@Carelon.com
Provider Relations Department Email	provider.relations.nh@carelon.com Indicate NH in addition to name, NPI, Tax ID, and inquiry details
Appeals, Complaints, and Grievances	844-231-7949 or email Woburn.appeals@Carelon.com Include detailed description, records, and claims as applicable

WellSense HEALTH PLAN

carelon

WellSense Pharmacy Benefit

WellSense Health Plan is contracted with Express Scripts by EverNorth

Please visit wellsense.org for great information on:

- Formulary
- Pharmacy benefits
- Prior authorization requirements and process

Specialty Pharmacy Program

The Specialty Pharmacy Program requires that certain drugs be supplied by a specialty pharmacy. These drugs include injectable, intravenous and oral drugs that are often used to treat chronic conditions, like Hepatitis or Crohn's disease. Storing and dispensing these drugs generally requires special expertise and facilities. In addition, specialty pharmacies have extensive training and detailed knowledge to provide personalized support to members and providers.

Cornerstone Health Solutions:

- Phone: 844-319-7588
- Fax: 781-805-8221
- Mail: 40 Teed Dr., Randolph, MA 02368

CORNERSTONE HEALTH SOLUTIONS

eviCore healthcare

Outpatient High-End Radiology

- Services
- CT scans
- MRI/MRA
- PET scans
- Nuclear Cardiology

Genetic Testing

Musculoskeletal and Pain Management Procedures

- Authorization requests can be made via phone, fax or web
  - website: evicore.com
  - Phone: 888-693-3211
  - Fax: 888-693-3210

Durable Medical Equipment – Northwood, Inc.

Administrator of a national network of home care providers with over 5,800 retail centers throughout the US

- Manages our DME, prosthetics & orthotics, and medical supplies network
- Prior authorization is required for all DMEPOS dispensed and billed items by a DMEPOS supplier and oral enteral dispensed to any provider
- Dedicated provider line: 866-802-6471
- website: northwoodinc.com

Vision Service Plan (VSP)

VSP manages the vision benefits offered to WellSense Health Plan pediatric members, including routine and non-routine eye care, as well as vision hardware

- Phone: 800-615-1883
- TTY/TDD: 800-428-4833
- website: vsp.com

Provider Responsibilities

Provider Changes/Credentialing

Demographic Changes must be reported to the Plan using our Change Form available on our website at www.wellsense.org

Adding new providers? Please send the following documents,

- HCAS Enrollment Form
- WellSense Health Plan Provider Data Form
- W-9

Submit completed documents to:
NHProvider.Enrollment@wellsense.org

Cultural Competency

The Plan encourages and expects providers to:

- Be aware of cultural differences and the potential impact of those cultural differences
- Acquire cultural knowledge and skills to understand the needs of the populations they serve – visit our website for additional information www.wellsense.org/providers/resources/training/cultural-competency
- Ask questions relevant to how the family and culture values might influence the patient's health care perceptions and needs
- Listen to the patient's opinion in considering treatment options
- Assist members (such as those with disabilities) in maximizing both their involvement in their care as well as their independence and functioning
- Let us know if your providers receive this training which will be published in our provider directory

Primary Care Provider Responsibilities

- PCPs must provide comprehensive primary care services to members
- Track and follow-up on missed health screening appointments
- Schedule timely appointments in accordance with Access to Care standards
- Refer and assist with scheduling follow-up care with other providers

Fraud, Waste, and Abuse

WellSense
HEALTH PLAN

Fraud, Waste, and Abuse

You must report any provider, pharmacy or member who is suspected of committing fraud, waste or abuse. You do not have to give your name to report an incident.

You can report an incident by calling the Compliance Hotline at 888-411-4959.

Or in writing to:
WellSense Health Plan
Compliance Officer
100 City Square
Suite 200
Charlestown, MA 02129.

Fraud, Waste, and Abuse Definitions

FRAUD: Intentionally making, or attempting to make, a false claim, representation or promise in an effort to receive payment or property to which one is not entitled. It can also be a concealment or omission of a material fact.

WASTE: Poor or inefficient practices occurring without intent to deceive that result in the provision of unnecessary health care services and subsequent expenditures.

ABUSE: Any activity that unjustly allows the perpetrator to obtain money or health care services to which he or she is not entitled but for which there is not the intent to deceive that is necessary for fraud to have occurred.

Common Fraud, Waste, and Abuse Schemes/Situations to Avoid

- Billing for services not rendered
- Billing for a non-covered service as a covered service
- Billing for medically unnecessary services
- Misrepresenting dates of service, locations of service, and/or provider of service
- Billing services performed by one professional under another professionals provider ID
- Waiving of deductibles and/or co-payments
- Incorrect reporting of diagnoses, modifiers or procedures
- Overutilization of services
- False or unnecessary issuance of prescription drugs

Common Fraud, Waste, and Abuse Schemes/Situations to Avoid (cont.)

- Up coding services by billing for services at a higher complexity than services actually provided.
- Unbundling-billing for services included in a panel, global reimbursement, or capitation arrangement.
- Paying or receiving "Kickbacks" in Exchange for Referring Business
- Charging members out of pocket for covered services
- Cutting and pasting electronic medical records (cloning)
- Double billing for services
- Billing for a provider whose license has lapsed, is no longer in practice, is deceased, or is an ineligible Medicaid provider

Suspected Member Fraud That Should Be Reported

- Insurance card sharing
- Ineligible members (financial or geographical)
- Identity Theft (look for complaints of member's claiming they did not have a service with you, or that their ID was stolen; photo ID does not match individual seen in your office)
- Prescription fraud:
- Allegations of forged prescriptions
- Doctor shopping
- Theft of prescription pads/paper

Provider Resources

WellSense HEALTH PLAN

Provider Resources

Our website – wellsense.org:

- Provider Manual, including a forms section
- Provider Directory
- Check member eligibility, claims status, remittance history
- Important reports through the provider portal
- Claim forms and guidelines
- Clinical & reimbursement policies
- Quick reference guides
- Benefit summaries
- News and updates
- And much more

Visit wellsense.org to register for your provider portal secure login.

Training Opportunities

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 & procedures

Important Websites

- WellSense Health Plan — wellsense.org
- eviCore — evicore.com
- Carelon Behavioral Health — plan.carelonbehavioralhealth.com
- Express Scripts — express-scripts.com
- Northwood — northwoodinc.com
- VSP — vsp.com

Thank you for joining the WellSense Network

WellSense
HEALTH PLAN