



Provider Portal

Manage Member Information User Guide

The Manage Member Information tool allows you to update various member data online. Options include changing the member’s PCP, request to transfer member’s care to another primary care practice, and change member demographic information. The PCP change request is available to providers registered for primary care with the Plan. We recommend conducting a member eligibility search for the date of service **prior** to submitting your request.

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Locate Patient to Update their Information

1. Under the **Patient Management** tab select **Search Patients**.
2. Search for the Member by writing 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, DOB, Member ID** and **Address**. Click **Select** to add member to your list.

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

The screenshot shows the Patient Management interface. At the top, there are tabs for Patient Management, Office Management, and Administration. Below the tabs, there is a message about the rebranding of BMC HealthNet Plan to WellSense Health Plan. The main content area is titled 'Patient Search'. Under 'Conduct Patient Search', there are radio buttons for 'Last Name', 'Member ID', and 'Medicaid ID'. The 'Member ID' option is selected. The search field contains '(ID Example - HP5555555)'. There is also a 'PCP' dropdown menu set to 'All Providers'. Below the search field, there are 'Search Filters' including 'As of' (9/18/2023) and 'Birth Date' (MM/DD/YYYY). A yellow 'Search' button and a 'Clear' button are at the bottom of the search form. Below the search form, there is a section titled 'Eligibility Search Results' with a table. The table has columns for Name, Sex, Effective Dates, Birth Date, Member ID, Medicaid ID, and Primary Care Provider. A 'Select' button is located below the table. At the bottom of the results section, it says 'Pages: (1) Results: 1' and 'Return to Previous Page'.

Request Member Address Update

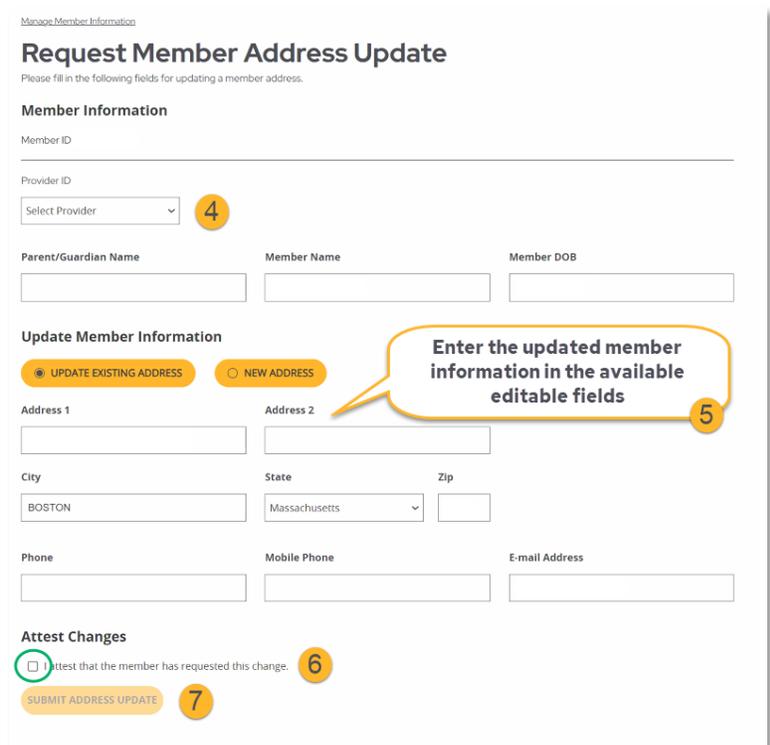
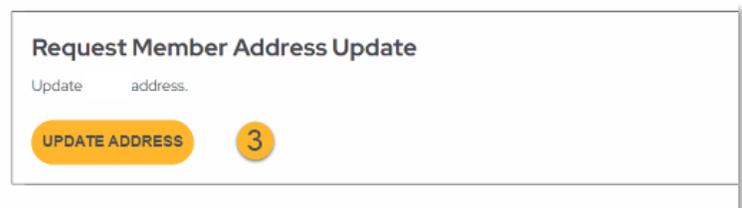
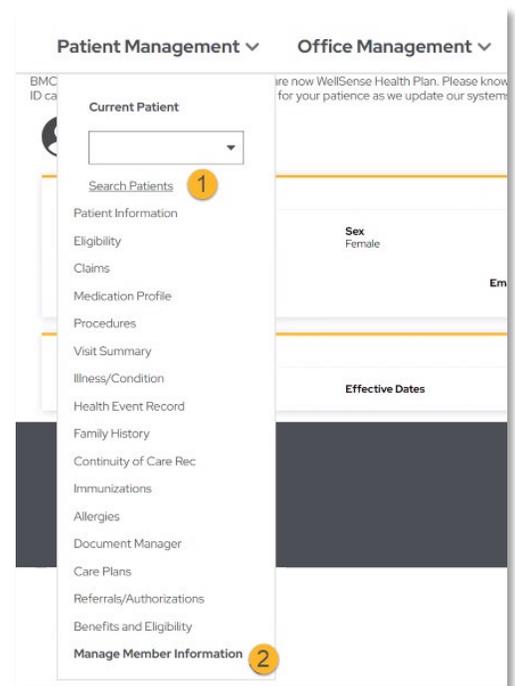
Once you have selected the patient from the search option, confirm the member's demographic information. Review the member's **first and last name, date of birth, gender, complete address, telephone number, email, and current primary care physician**.

The screenshot shows the Patient Management interface. At the top, there are tabs for Patient Management, Office Management, and Administration. Below the tabs, there is a message about the rebranding of BMC HealthNet Plan to WellSense Health Plan. The main content area is titled 'Member ID'. Below the title, there is a section for 'Patient Information' with fields for Date of Birth, Sex (Female), Address, Phone, and Email. Below the Patient Information section, there is a section for 'PCP' with fields for Name, Effective Dates (2 Sep 2018 - None), and Phone.

A PCP confirmation letter will be mailed out to the member once an update has been completed. Please confirm and/or update the member's address prior to submitting a PCP change.

1. Click on **Patient Management**, and then select **Manage Member Information** or
2. Select **Search Patients** to locate the member and then select **Manage Member Information**.
3. From the **Request Member Address Update** option, select **Update Address**.
4. Identify the name of the provider who is submitting this member address update by clicking on **Select Provider**.
Type in the updated information in the available editable fields. Select to either **update existing address** or add a **new address**.
5. You must attest that the member has requested this address change prior to submitting the request.
6. Select **Submit Address Update** to complete the request.

A confirmation notice will appear once the request is completed. Please allow 3-5 business days for the Plan to review the request. **If approved**, the patient's information will be updated as requested. **If we are not able to approve the request**, we will contact you with additional information.



Request PCP Change for Member

You must either select the patient from the **Current Patient** drop-down menu, or click **Search Patients** to locate the correct person and add them to your list.

1. Click on **Patient Management**, and then select **Manage Member Information** or
2. Select **Search Patients** to locate the member and then select **Manage Member Information**.
3. There will be multiple manage options to select from, select **Request Member's PCP Change**.

*You must attest that the member has requested this change in order to proceed.

4. Search for the new provider by entering the name (Last name, First name) in the **Provider** field, or enter the Practice Name or NPI in the **Group Name** field and then select **Search**.

The screenshot shows the 'Patient Management' interface. At the top, there are tabs for 'Patient Management' and 'Office Management'. Below the 'Patient Management' tab, there is a 'Current Patient' dropdown menu. To the right of the dropdown is a 'Search Patients' button with a yellow circle containing the number '1'. Below the dropdown is a list of menu items: Patient Information, Eligibility, Claims, Medication Profile, Procedures, Visit Summary, Illness/Condition, Health Event Record, Family History, Continuity of Care Rec, Immunizations, Allergies, Document Manager, Care Plans, Referrals/Authorizations, Benefits and Eligibility, and 'Manage Member Information' which is highlighted with a yellow circle containing the number '2'.

Manage Member Information

You can manage your member information.

Request Member's PCP Change

Change PCP:

I attest that the member has requested this change.

CHANGE PCP 3

Search for and Choose a New PCP

Member

Product BMCHP Massachusetts Medicare

Search Options

Type of Provider Any PCP

4 Provider (Last Name Example - Smith, John)

Group Name Practice Name Practice NPI

Network Any Network

Practice Address Any Location

Provider Preferences

Sex Any Sex

Search X Clear

5. Review the Provider Search Results and **Select** the correct provider row you would like to add as the new PCP.

* Review the member's name, product, current PCP, New PCP requested during this step to ensure accuracy.

6. Type the effective date or use the calendar tool icon to select the new PCP's effective date.

7. Use the **Established Patient** drop-down to select if the patient is Established or not established.

Select **Accept** to submit the PCP change request.

Pages: (1) Results: 1

Provider Search Results

Print Search Results Directory

SELECT	NAME	TYPE	SPECIALTY	ADDRESS	PHONE NUMBER	CONTACT INFORMATION	PRODUCT	NETWORK	ACCESSIBILITY	EFFECTIVE DATES	STATUS	ACCEPTING NEW PATIENTS	PR
5 Select	Elizabeth Scott		Physician Assistant				Senior Care Options Network	78 Relay or TTY for Hard of Hearing Members		14 Jan 2022-None	Participating	Y	Ms Dr Dir

Pages: (1) Results: 1

Search for and Choose a New PCP

Member

Product BMCHP Massachusetts Medicare

Current PCP

New PCP

Transfer Request Date  6

Reason for Change

Established Patient 7

Accept **Cancel**

A confirmation notice will appear once the request is completed. Please allow 3-5 business days for WellSense to review the request. **If approved**, the patient will be retroactively assigned to the selected PCP as requested. **If we are not able to approve the request**, we will contact you with additional information and next steps available.

Request to Transfer Member's Care

- Under the **Patient Management** tab select **Search Patients**.
- Search for the Member by writing in their **Last Name, Member ID** or **Medicaid ID** in the **Patient Search Field**.
- Locate and choose the correct member from the list by matching: **Name, DOB, Member ID** and **Address**. Click **Select** to add member to your list.

* If the patient does not appear in the Current Patient drop-down,

Patient Management Office Management Administration

BMC ID ca

Current Patient

Search Patients 1

ire now WellSense Health Plan. Please know that whenever you see BMC Health for your patience as we update our systems.

click **Search Patients** to locate the correct person and add them to your list.

- Click on **Patient Management**, and then select **Manage Member Information**.
- There will be multiple manage options to select from, select **Request to Transfer Member's Care**.

*This option is reserved for providers who are removing a member from their panel or group.

- Confirm the member's name and date of birth. Only if the member is under the age of 18, enter the name of the parent/guardian.
- Select the reason(s) for the transfer of care from the available options.

***If Multiple No-shows** has been selected, enter the 3 appointment dates the member missed.

***Only for MCO/ACO members,** complete the additional Involuntary Member Disenrollment Request information when **Verbal/Physical Abuse or altercation** has been selected.

8. Write or use the calendar tool to select the transfer of care date.
9. Attach required documentation sent to the member and applicable supporting documentation to assist in the transfer of care.

*Maximum limit of 10 files online. If you need to submit additional paperwork, please fax forms to (617) 897-0884 Attn: Provider Services

10. Select **Submit Transfer Request** to complete the request.

Request to Transfer Member's Care
Transfer . . . to another care provider.
REQUEST TRANSFER CARE 5

Request to Transfer Member's Care
Please fill in the following fields to request a member's transfer of care. [Review the policy](#) for transferring a MassHealth member.

Member Information

Member ID _____

Provider ID
Select Provider [v]

Parent/Guardian Name Member Name Member DOB

Guardian's full name First name, last name DD MM YYYY 6

Reasons for Transfer 7

- MEMBER RELOCATED
- MULTIPLE NO-SHOWS
- UNSUCCESSFUL CONTACT WITH MEMBER
- NON-COMPLIANT WITH MEDICAL TREATMENT
- VERBAL/PHYSICAL ABUSE OR ALTERCATION***

*You must complete this form for MassHealth members

Transfer on Date

Only select a date that is between 30 days before or after today's date.

9/18/2023 8

Secure Attachments

Max 10 files, 45MB total file size
(Add Attachment) 9

SUBMIT TRANSFER REQUEST 10

More than one reason may be selected. Include applicable attachments and information

A confirmation notice will appear once the request is completed. Please allow 3-5 business days for the Plan to review the request. Providers may also fax supporting documentation, such as the termination letter sent to the patient to (617) 897-0884 Attn: Provider Services.

If approved, the member will be removed from the selected provider's panel and the Plan will complete an outreach to the member. The Plan will also assist with providing a transition plan in order to ensure there is no interruption in care or services.

If we need additional documentation, we will contact you with additional information and next steps available.