

DATE: October 10, 2019
TO: All Well Sense Health Plan Providers
FROM: Well Sense Health Plan
SUBJECT: **Provider Notice on Provider Manual Topics**

Through our online Provider Manual you can find the most current information about administering Well Sense Health Plan.

Topics include:

- Member Rights and Responsibilities, including but not limited to:
- Information about the quality improvement program.
- Distributing clinical practice guidelines.
- Information about how the Plan identifies members for the Plan's care management and disease management programs (including using claims, discharge, pharmacy, and UM data and information gathered from providers, members, and the state), how to refer members to the programs and how the Plan works with members in these programs.
- Obtaining utilization management criteria.
- Policy on financial incentives for utilization management decision makers.
- Contacting a physician reviewer.
- How to use pharmaceutical management procedures including prior authorization, quantity limits (including limits on doses, refills, and prescriptions), generic substitution, therapeutic interchange, step therapy, and providing information to support the exceptions process.
- How formulary updates are communicated and how often. Visit [Wellsense.org/provider/pharmacy](https://wellsense.org/provider/pharmacy) for a list of pharmaceuticals, including restrictions, preferences, and copayments.
- Information noting that provider hours of operation offered to Medicaid members are to be no less than those offered to commercial members.
- Information detailing how providers are to make services available 24/7 when medically necessary.
- How the organization covers second opinions

Please note that providers have the following rights during the credentialing process:

- **To request the status of your application:** You have the right to be informed, upon request, of the status of your application at any time during the credentialing process. When you make such an inquiry, the Credentialing Department will respond to your questions, inform you of any outstanding information needed to complete you application, and if none, the date that the application is scheduled to be reviewed for a final credentialing determination.
- **To review information:** You have a right to review information that we have obtained to evaluate your credentialing application. This may include the application, attestation and CV, and may include information from outside sources, except for references, recommendations or other peer-review protected information.

- **To correct erroneous information:** If the information we receive from outside sources (e.g., malpractice carriers, state licensing boards) varies substantially from information you submit to us, we will notify you in writing of the discrepancy. (Note: We are not required to reveal the source of the external information if the information is not obtained to meet our credentialing verification requirements or if the law prohibits disclosure.) The notification will include a description of the discrepancy, the timeframe for making the corrections, the format for submitting corrections, and the person to whom corrections must be submitted.

If you require a copy of the Provider Manual, please call your Provider Relations Representative.