

DATE: July 24th 2019
TO: All Well Sense Health Plan Providers
FROM: Well Sense Health Plan
SUBJECT: **Provider Manual Updated and Posted**

Provider Notice

We have updated the Well Sense Health Plan *Provider Manual* and posted it to our website in the [Provider Section at wellsense.org](https://wellsense.org). Please note that this 2019 version of the Provider Manual covers all product lines.

General Information

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

- Member Rights and Responsibilities
- Information about the quality improvement program
- Care Management Services and identifying members for care management enrollment (using algorithms based on analysis of medical, pharmacy, radiology, and/or laboratory claims, as well as health risk assessments, referrals from a PCP, community agency, a care manager or a family member/member, or internal department, and the State), how to refer members, and how Well Sense Health Plan works with members once enrolled in these programs
- Obtaining utilization management criteria
- Policy on financial incentives for utilization management decision makers
- Contacting a physician reviewer
- Practitioner credentialing rights
- 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 information to support the exceptions process
- How formulary updates are communicated and how often

You can visit wellsense.org/providers/pharmacy for a list of pharmaceuticals, including restrictions, preferences, and copayments.

If you require a copy of the *Provider Manual*, please call your dedicated Provider Relations Consultant.

Provider Communication

