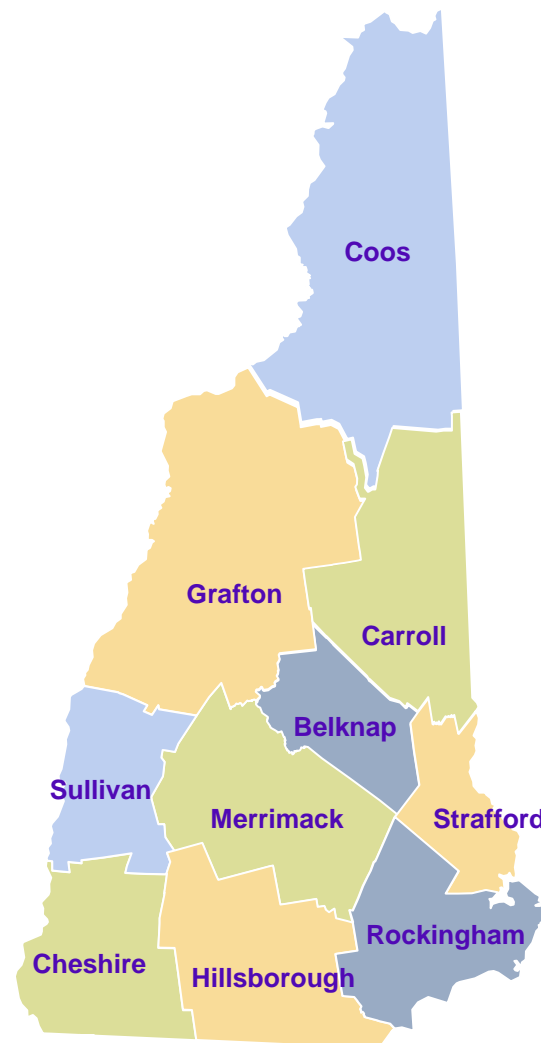


Carelon Behavioral Care WellSense Medicare Advantage Orientation and General Overview

Coverage Area

WellSense Medicare Advantage HMO encompasses all 10 counties in NH



Check Medicare Eligibility

To join WellSense Medicare Advantage HMO you must have both Medicare Part A and Part B, and live in our service area. You must continue to pay your Part B premium as well as any late enrollment penalties. Our service area includes the entire State of New Hampshire.

Before providing services; verify eligibility:

Check member eligibility online or by phone:

- Secure provider portal eServices at <https://eservices.carelonbehavioralhealth.com>
- National Provider Service Line at 1 (800) 397-1630
- Medicare eligibility at (800) 633-4227 TTY (877) 486-20048



Check Medicaid Eligibility

For any Well Sense Member who is receiving Medicare and Medicaid, eligibility must first be determined by DHHS. To verify Medicaid eligibility, please check the New Hampshire *MMIS* Health Enterprise Portal

Prior to providing services be sure to verify eligibility:

Carelon Behavioral Health tools to **check member eligibility online or by phone:**

1. Secure provider eServices at <https://providerportal.carelonbehavioralhealth.com>
2. National Provider Service Center at 1 (800) 397-1630



Claims Submission

WellSense Medicare Advantage HMO Health Plan

- Claims must be submitted within 120 calendar days from the date of service
- Coordination of Benefits and Other Party Liability rules apply
- WellSense is the Payer of last resort for Medicaid



Claims Submission

Electronic Claims

Providers may submit claims using EDI/837 format directly to Carelon Behavioral Health or through a billing intermediary. If using Emdeon as the billing intermediary, two identification numbers must be included in the 837 file for adjudication:

- Payer ID is 43324
- Carelon Behavioral Health plan-specific ID is 183

eServices enables providers to submit inpatient and outpatient claims without completing a CMS 1500 or UB04 claim form.

Paper Claims

- For paper submissions, providers are required to submit clean claims on the National Standard Format CMS1500 or UB04 claim form.
- Mail paper claims to:

Carelon Behavioral Health

P.O. Box 1866

Hicksville, NY 11802-1866

Attention: WellSense



Medicare Advantage and QMBs

- Some WellSense Medicare Advantage HMO members may be Qualified Medicare Beneficiaries (QMBs).
- CMS prohibits Medicare providers and suppliers, including pharmacies, from billing QMBs for Medicare cost-sharing.
- WellSense Medicare Advantage HMO Members in the QMB program have no legal obligation to pay Medicare Part A or B deductibles, coinsurance or copays for any Medicare-covered items and services. Instead, QMB covers these members' Medicare cost-sharing or out-of-pocket costs.



Medicare Advantage and QMBs

- If a WellSense Medicare Advantage HMO member is a QMB, member liability indicated on the provider Remittance Advice (RA) may not be billed to the member, but may be billed to a secondary payer such as Medicaid.
- Providers should use the HIPAA Eligibility Transaction System (HETS) to identify QMB status prior to billing. Be sure your billing team removes WellSense Medicare Advantage HMO members who are QMBs from your cost-sharing billing and other collections efforts.



How to Join Carelon Behavioral Health Network

Providers interested in participating in Carelon's network should request participation through the website at:

<https://join.carelonbehavioralhealth.com/>



Online Resources

www.carelonbehavioralhealth.com

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



Provider Reference Guide

CONTACT INFORMATION	
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	www.carelonbehavioralhealth.com
Network-Specific Page	www.carelonbehavioralhealth.com/plan/well-sense/pro
Provider Portal	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@carelonbehavioralhealth.com
EDI Operations (technical questions about electronic transactions)	EDI.Operations@carelonbehavioralhealth.com
Provider Relations Department Email	Provider.Relations@carelonbehavioralhealth.com Indicate NH in addition to name, NPI, Tax ID, and inquiry details



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

If any member or provider becomes aware of any potential fraud by a member or provider, please contact us at (855) 834-5655 and ask to speak to the compliance officer or email Carelon at Compliance@carelonbehavioralhealth.com



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.



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





Cultural Competency

Providers are encouraged 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 the WellSense 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



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Provider Resources

Our website www.carelonbehavioralhealth.com

Provider Manual, including a forms section

Provider Directory

Check member eligibility, claims status, remittance history

Important reports through the provider portal

Clinical & reimbursement policies

Quick reference guides

Benefit summaries

News and updates

And much more

Visit <https://providerportal.carelonbehavioralhealth.com> to register for your provider portal secure login.



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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



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Important Numbers

WellSense Provider Services

(866) 808-3833

Carelon Behavioral Health National Provider Service Line

(800) 397-1630

Monday – Friday

8 AM – 8 PM ET.

Medicare.gov

(800) 633-4227

7 days a week



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