

Provider Portal

Manage Member Information User Guide

The Manage Member Information field 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.

Table of Contents

| | |
|--|---|
| Locate Patient to Update their Information | 2 |
| Request Member Address Update | 2 |
| Request PCP Change for Member | 4 |
| Request to Transfer Member's Care | 7 |

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.

MyHealthNet
by BMC HealthNet Plan & Well Sense Health Plan

1 PATIENT MANAGEMENT OFFICE MANAGEMENT ADMINISTRATION

CURRENT PATIENT: (None)

Search Patients

Patient Search

2 Conduct Patient Search

Patient Last Name Member ID Medicaid ID Social Security Number

(Last Name Example - Smith, John)

PCP None Selected **Select**

Search Filters

As of 4/8/2020 Birth Date (MM/DD/YYYY)

Search Clear

Return to Previous Page

Pages: (1) Results: 1

Patient Search Results

| Name | Sex | Birth Date | Address | Phone | ID | Primary Care Provider | Sponsor |
|--|-----|---------------|---------------------------------------|----------------|--------------|-----------------------|---------|
| Select Last name, First name, M F | | DD MONTH YYYY | 123 STREET NAME, TOWN, STATE ZIP CODE | (000) 000-0000 | NH0001234500 | Smith, Joan | BMC |

Pages: (1) Results: 1

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**.

PATIENT MANAGEMENT OFFICE MANAGEMENT ADMINISTRATION

First Name Last Name
Member ID NH000012300

Patient Information

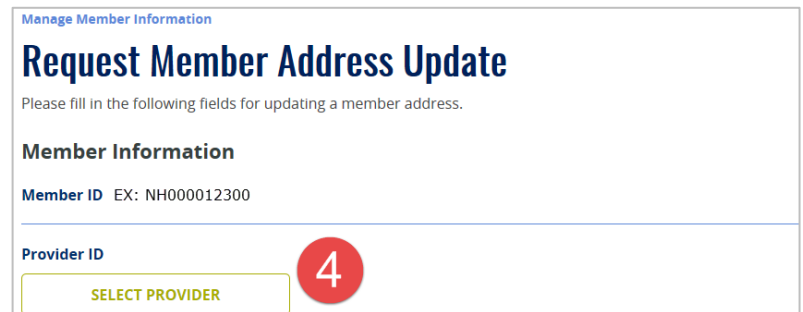
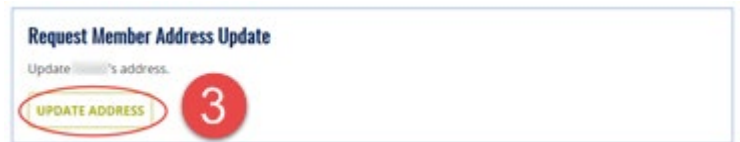
| | | |
|--------------------------------|----------------------|---|
| Date of Birth DD MONTH YYYY | Sex (Male/Female) | Address ## Street Name City, STATE Zip Code |
| Phone (000) 000-0000 | Email | |

Clinician/Caregiver Information

| | | |
|---------------------|-----------------------------------|-------|
| Name James D Potter | Effective Dates 1 Jan 2019 - None | 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**.
5. Enter the name of the provider or use the drop-down menu to enter either the **NPI** or **Provider ID**.
6. Select **Search**, review the results below and select **More Info** and then **Add**.

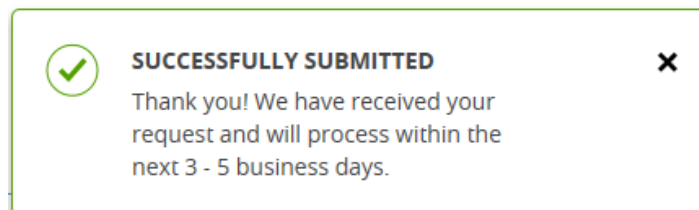


8. You must attest that the member has requested this address change prior to submitting the request.

9. Select **Submit Address Update** to complete the request.

The screenshot shows a web form for updating member information. At the top, there are three input fields: 'Parent/Guardian Name', 'Member Name' (with sub-fields for 'FIRST NAME' and 'LAST NAME'), and 'Member DOB' (with sub-fields for 'DD', 'MONTH', and 'YYYY'). Below these is the 'Update Member Information' section, which has two radio buttons: 'Update existing address' (selected) and 'New address'. A red callout '7' points to this section with the text 'Type in the updated member information in the available editable fields.' Below the radio buttons are fields for 'Address 1' (containing 'Po Box 3310'), 'Address 2', 'City' (containing 'Troy'), 'State' (a dropdown menu with 'New Hampshire' selected), and 'Zip' (containing '03465'). At the bottom, there are fields for 'Phone' (containing '(603) 555-1234'), 'Mobile Phone', and 'E-mail Address'. Below the form is an 'Attest Changes' section with a checked checkbox and the text 'I attest that the member has requested this change.' A red callout '8' points to this text. Below the checkbox is a green button labeled 'SUBMIT ADDRESS UPDATE' with a red callout '9' pointing to it.

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.



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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 MyHealthNet navigation menu. At the top, there are three tabs: PATIENT MANAGEMENT (highlighted with a red circle 1), OFFICE MANAGEMENT, and ADMINISTRATION. Below the tabs is a 'CURRENT PATIENT' dropdown menu. A sidebar on the left contains a 'Member' profile icon and a 'Patient Information' section with fields for 'Date of Birth' and 'Phone'. The main menu lists various options: Search Patients, Eligibility, Medication Profile, Visit Summary, Health Event Record, Continuity of Care Rec, Allergies, Care Plans, Benefits and Eligibility, Patient Information, Claims, Procedures, Illness/Condition, Family History, Immunizations, Document Manager, and Referrals/Authorizations. The 'Manage Member Information' option at the bottom right is circled in red.

Manage Member Information

You can manage your member information.

The screenshot shows the 'Request Member's PCP Change' form. It includes a red circle 3 next to the title. Below the title is a dropdown for 'Change [Member]'s PCP.' and a checked checkbox for 'I attest that the member has requested this change.' A yellow 'CHANGE PCP' button is circled in red.

Request Member's PCP Change

Search for and Choose a New PCP

| | |
|---------|---|
| Member | First Name Last Name |
| Product | (New Hampshire Medicaid, MassHealth Medicaid, QHP, ConnectorCare, or Senior Care Options) |

Search Options

The screenshot shows the search options form. It includes a red circle 4 next to the 'Provider' and 'Group Name' fields. The form has the following fields: 'Type of Provider' (Any PCP), 'Provider' (with radio buttons for 'Provider Name' and 'Practice NPI'), 'Group Name' (with radio buttons for 'Practice Name' and 'Practice NPI'), 'Network' (Any Network), and 'Practice Address' (Any Location).

Provider Preferences

The screenshot shows the provider preferences form. It includes a red circle 4 next to the 'Search' and 'Clear' buttons. The form has the following fields: 'Sex' (Any Sex) and 'Accepting' (checkbox for 'New Patients').

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.

[Print Search Results Directory](#)

Pages: (1) Results: 2

| Select | Name | Type | Specialty | Address | Phone Number | Contact Information | Product | Network | Accessibility | Effective Dates | Status | Accepting New Patients | Proximity |
|-----------------------------------|--|-----------|---------------------------|--|----------------|---------------------|---------|-------------------|----------------------|-----------------|---------------|------------------------|--|
| 5 <input type="checkbox"/> | Abbott, Cara L, FNP 1286132258 (NPI) Cara L Abbott | Clinician | Family Nurse Practitioner | 65 Calef Highway Suite 200 Lee, NH 03861 | (603) 868-3300 | | | Wellsense Network | Accessible restrooms | 9 Apr 2018-None | Participating | Y | Map Driving Directions |
| <input type="checkbox"/> | Abbott, Cara L, FNP 1286132258 (NPI) Wentworth Douglas Physicians | Clinician | Family Nurse Practitioner | 789 Central Ave Dover, NH 03820 | (603) 740-9713 | | | Wellsense Network | Accessible restrooms | 9 Apr 2018-None | Participating | Y | Map Driving Directions |

Pages: (1) Results: 2

Search for and Choose a New PCP

Member: [Redacted]

Product: New Hampshire Medicaid

Current PCP: James D Potter

New PCP: Cara L Abbott

6

Reason for Change: Primary Care Provider (PCP) Change

7 Established Patient: -Select-

<Prev Today Next>

April 2020

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Clear Close

- Select-
- Child
- Domestic Partner
- Employee
- Established Patient
- Not Established Patient
- Other
- Parent
- Spouse
- Unknown

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 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.

[Español](#) [Home](#) [Log Out](#)



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Logged In: [Redacted]

Role: Office Manager

PATIENT MANAGEMENT ▾ OFFICE MANAGEMENT ▾ ADMINISTRATION ▾

Confirmation

Your PCP Change Request has been submitted

Thank you! We have received your request and will review it within 3 – 5 business days. If approved, the patient will be retroactively assigned to the selected PCP. If we are unable to approve your request for any reason, we will contact you with additional information.

Request to Transfer Member's Care

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.

4. Click on **Patient Management**, and then select **Manage Member Information**.

5. 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.

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1. Under the **PATIENT MANAGEMENT** tab, select **Search Patients**.

2. Conduct Patient Search. Enter search criteria (Last Name, Member ID, Medicaid ID, or Social Security Number) and select **Search**.

3. Review the Patient Search Results table and click **Select** for the correct member.

| Name | Sex | Birth Date | Address | Phone | ID | Primary Care Provider | Sponsor |
|----------------------------|-----|---------------|---------------------------------------|----------------|--------------|-----------------------|---------|
| Last name, First name, M F | | DD MONTH YYYY | 123 STREET NAME, TOWN, STATE ZIP CODE | (000) 000-0000 | NH0001234500 | Smith, Joan | BMC |

4. Under the **PATIENT MANAGEMENT** tab, select **Manage Member Information**.

5. Select **REQUEST TRANSFER CARE**.

Request to Transfer Member's Care
Transfer [Member Name] to another care provider.
REQUEST TRANSFER CARE

- Select the Provider ID/Group requesting the transfer of care using the **Select Provider** tool.

Enter the name of the provider or use the drop-down field to select either NPI or Provider ID and write the ID number.

- 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.

Provider ID

SELECT PROVIDER

6

Search Provider

Name

Identifier

NPI
 NPI
 Provider ID

|

Write the name of the Provider.

Select the Identifier and enter the NPI or Plan assigned Provider ID

Parent/Guardian Name

Member Name

Member DOB

7

- Select the reason(s) for the transfer of care from the available options.

Reasons for Transfer

Member relocated

Multiple no-shows

Date of no-show appointment

Date cannot be after today's date. Date cannot be after today's date. Date cannot be after today's date.

Unsuccessful contact with member

Non-compliant with medical treatment

Verbal/physical abuse or altercation *See Below

*You must **complete this form** for MassHealth members

8

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

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

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

<Prev Today Next > etc.

May 2020

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Clear Close

Complete each editable field in detail.

WORTH MEDICAL CENTER
HEALTHier PLAN

INVOLUNTARY MEMBER DISENROLLMENT REQUEST FORM
Please Review the Plan's Involuntary Member Disenrollment Policy
BMCHP MCO/ACO Membership Only

Date: _____

Provider Information

Practitioner Name: _____
 Practitioner NPI: _____
 Group Name: _____
 Group NPI: _____

Member Information

Member Name: _____
 Member ID Number: _____
 Member Date of Birth: _____
 Member Diagnosis: _____

Please provide a thorough, objective explanation of the reason for the involuntary transfer request. Describe how the member's behavior has impacted the provider's ability to arrange for or provide services to that member or to other members of the Plan.

A description of the precipitating event:

9. Write or use the calendar tool to select the transfer of care date.
10. 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

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

Transfer on Date

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

9

<Prev Today Next>

May 2020

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| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

Clear Close

Secure Attachments Max 10 files, 45MB total file size

ADD ATTACHMENT

10

SUBMIT TRANSFER REQUEST

11

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.

✓

SUCCESSFULLY SUBMITTED ✕

Thank you! We have received your request and will review it within 3 - 5 business days.

Please fax supporting documentation, such as the termination letter you sent to the patient, to 617-897-0884.

We will be accepting supporting documentation on the portal in the near future. Thank you for your patience while we work to enhance our system.

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.