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NH Healthy Families & Ambetter
from NH Healthy Families

New Provider Orientation

6/20/2017

Presentation Outline

- Overview
- Specialty Companies
- Provider Relations
- Website and Secure Portal Tools
- Member Eligibility
- Access & Availability
- Medical Management and Medical Records
- Prior Authorization
- Claims
- Ambetter Plan Details
- Grievances, Appeals & State Fair Hearing
- Cultural Competency
- Questions





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Overview

NH Healthy Families & Centene



- NH Healthy Families launched with the Medicaid Managed Care program in NH in Dec. 2013. NHHF is an MCO.
- NH Healthy Families is underwritten by Granite State Health Plan Inc.
- NH Healthy Families is also a wholly owned subsidiary of Centene Corporation, a national Medicaid coverage provider in 22 states. Centene has been in business since 1984 and covers 4.1 million members.
- Centene also provides many services and programs through sister companies and the corporate office.
- Cenpatico is one of our sister companies – a partner focused on behavioral health.
- NH Healthy Families and Cenpatico reside together in our Bedford, NH headquarters to focus on and serve NH

NH Healthy Families Current Snapshot



- Providing Medicaid benefit coverage in all 10 counties.
- Contracted for Medicaid services with every hospital, FQHC, RHC, and community mental health centers including thousands of providers in NH and over the borders.
- Over 100 employees located in NH
- Currently serving Medicaid, Health Protection Program, Premium Assistance Program and Exchange Program populations.
- Membership exceeds 78,000

Benefit Difference Summary: Medicaid / NHHPP



Benefit	Covered By	Notes
Substance Use Disorder	NHHPP & NH Medicaid	As of 7/1/16 SUD services were expanded to the entire Medicaid population (NHHPP & Medicaid). Some restrictions and limitations may apply. This benefit is administered by our Behavioral Health vendor Cenpatico.
Private Duty Nursing Personal Care Attendance Medical Nutritional Therapy	NH Medicaid and 19 through 21 years old under NHHPP	
Routine Eye Exams	NH Medicaid and NHHPP	NH Medicaid covers: a routine eye exam once a year. NHHPP covers: a routine eye exam once every 2 years. NH Healthy Families will offer members the choice of glasses from standard set of frames or will give them the \$150 credit towards the frame of their choice
Chiropractic Care	NHHPP	Includes x-rays and modalities. Annual limit of 12 visits.
Adult Medical Daycare	NH Medicaid Only	

For a complete benefit comparison listing, see the Product Comparison



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Specialty Companies

Specialty Companies



- **Cenpatico Behavioral Health** – NH Healthy Families partners with our Behavioral Health affiliate, Cenpatico Behavioral Health, to deliver Behavioral Health (mental health and substance use disorder) services to our Members. For information regarding Behavioral Health Services, locating providers, or for assistance in coordinating services for a Member, contact NHHF Integrated Medical Management department from 8:00 am to 5 pm at 1-866-769-3085 or www.cenpatico.com for any Cenpatico questions. After hours use the same number and be connected with NurseWise.
- **Cenpatico Specialty Therapy Rehab Services authorizations (STRS)** – NH Healthy Families offers our members access to all covered medically necessary outpatient and home health physical, occupational and speech therapy. For more information regarding STRS services please call 1-866-769-3085.
- **National Imaging Associates (NIA)** - High Tech Radiology Imaging Services, 1-800-635-2873 www.radmd.com Provider Relations – Charmaine Gaymon csgaymon@magellanhealth.com
- **Envolve Vision** – NH Healthy Families' designated vendor for vision services 1-866-769-3085 www.opticare.com Providers that interested in participating in Envolve Vision can contact the Envolve Vision Network Management team at networkmanagement@opticare.net
- **Non-Emergent Transportation - CTS** – Call NH Healthy Families at 1-866-769-3085 for information.

Pharmacy Management



- **Envolve Pharmacy Solutions** is NH Healthy Families contracted Pharmacy Benefit Manager (PBM) responsible to provide prescription drugs and over-the-counter drugs.
- Certain medications do require Prior Authorization by Envolve Pharmacy Solutions before being approved for coverage by NH Healthy Families. These include:
 - Some preferred drugs designated as “PA” on the PDL
 - Medications not listed on the NH Healthy Families PDL
- Please contact Envolve Pharmacy Solutions at 1-866-769-3085 for general information and
- 1-866-399-0929 for Prior Authorizations, or visit them at <https://pharmacy.envolvehealth.com/>.
- Detailed information on the NH Healthy Families Preferred Drug List (PDL) can be found at: <http://www.NHHealthyFamilies.com> or through www.CoverMyMeds.com or by using the Epocrates app on a mobile device: www.Epocrates.com.
- **AcariaHealth (Specialty Drugs)** – Administers the Prior Authorization process for Biopharmaceutical and Specialty Injectable. Call 1-855-535-1815 or visit <http://www.NHHealthyFamilies.com/for-providers/pharmacy/>



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Provider Relations Services

6/20/2017

Provider Relation Specialist



- Serves as the primary liaison between the Plan and our provider network
- Coordinate and conduct ongoing Provider education, updates and training
- Provider Secure Portal demos and training
- Facilitate inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns
- Contract clarification
- Patient Panel questions
- Assist in Provider Portal registration and Payspan

Credentialing & Demographic Updates



Provider Data Updates team is available to process the following requests:

- Provider credentialing status
- Initiate credentialing of a new practitioner
- Demographic updates
- Reconcile rosters
- Provider additions & terminations to your practice

Send all of these types of requests to:

- Use Provider Updates Form under “Provider Resources” on website
- Email: PROVIDERUPDATESNH@CENTENE.COM
- Fax: 1-877-502-7255



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Website and Secure Portal Tools

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Web-Based Tools



Web-Based Tools

- Public site at www.NHhealthyfamilies.com & ambetter.nhhealthyfamilies.com
 - Provider Manual and Billing Manual
 - Provider Information for Medical Services
 - Prior Authorization Code Checker
 - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms etc...
 - Clinical Practice Guidelines
 - Provider Newsletters and Announcements
 - Plan News
 - Find a Provider
- NH Healthy Families is committed to enhancing our web based tools and technology, provider suggestions are welcome
- Contact Provider Services for NH Healthy Families at 866-769-3085 & Ambetter from NH Healthy Families at 844-265-1278

Provider Secure Portal



Home Find a Provider Login Contact

Contrast On Off a a a language

FOR MEMBERS FOR PROVIDERS GET INSURED

FOR PROVIDERS

- Create Your Account
- Become a Provider
- Pre-Auth Check
- Pharmacy
- Provider Resources
- QI Program
- Provider News

For Providers

Login

If you are a contracted NH Healthy Families provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the NH Healthy Families provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

[login/register](#)

Join Our Network

Thank you for your interest in becoming a NH Healthy Families network provider. We look forward to working with you to improve the health of the community.

[join our network](#)

Provider Quick Links

Through the Secure Web Portal Providers can:

- Check Member Eligibility
- Submit Prior Authorization Requests
- View Patient Lists and Care Gaps
- Submit, view and adjust claims
- View Payment History

Registration is FREE and easy!

- Must be a participating provider or if non-participating, must have submitted a claim



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Member Eligibility

Member ID Card



Standard Medicaid

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Member Name: John Doe
Member ID: 123456789
Effective Date:
DOB:
PCP Name: **PCP Phone:**
PCP Address:
Plan Type: Medicaid

Pharmacy Help Desk:
1-888-613-7051
RXBIN: 004336
RXPCN: MCAIDADV
RXGROUP: RX5436

If you have an emergency, call 911 or go to the nearest emergency room (ER).
Emergency services by a provider not in the plan's network will be covered without
prior authorization. www.NHhealthyfamilies.com

IMPORTANT CONTACT INFORMATION

Members:
Member Services: 1-866-769-3085
TDD/TTY: 1-855-742-0123
24/7 Nurse Advice Line: 1-866-769-3085
Vision: 1-866-769-3085
Pharmacy: 1-866-769-3085
File a Grievance: 1-866-769-3085


Providers:
Provider Services: 1-866-769-3085
IVR Eligibility Inquiry - Prior Auth:
1-866-769-3085
Vision: 1-877-865-1527
Pharmacy: 1-888-613-7051

Medical Claims:
NH Healthy Families
Attn: Claims
PO Box 4060
Farmington, MO 63640-3831

NH Healthy Families Address:
2 Executive Park Drive, Suite 223
Bedford, NH 03110


**EDI/EFT/ERA please visit
Provider Resources at
www.NHhealthyfamilies.com**

Health Protection Program

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Name: John Doe **RXBIN:** 008019
Member ID#: 123456789 **DOB:**
Plan Type: Health Protection Program **PCP Phone:**
PCP Name:
PCP Address:

If you have an emergency, call 911 or go to the nearest emergency room (ER).
Emergency services by a provider not in the plan's network will be covered without
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 **nh healthy families.**


Name: John Doe **RXBIN:** 008019
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PCP Name:
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If you have an emergency, call 911 or go to the nearest emergency room (ER).
Emergency services by a provider not in the plan's network will be covered without
prior authorization. www.NHhealthyfamilies.com

Ambetter Member ID Card



Member ID Cards are issued to both Premium Assistance Program (PAP) and Federally Facilitated Marketplace (FFM) members. Member ID cards include important membership information including helpful contact numbers and addresses. PAP members will receive an additional Medicaid ID card and it is recommended that both cards are presented at the time of visit.



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**IN NETWORK
COVERAGE ONLY**

**INSURED
PAP**

Under the Jurisdiction of
the New Hampshire
Insurance Commissioner

Subscriber: [Jane Doe]	Effective Date of Coverage:
Member: [John Doe]	[XX/XX/XX]
Policy #: [XXXXXXXXXX]	RXBIN: [004336]
Member ID #: [UXXXXXXXXXX]	RXPCN: [ADV]
Plan: [Ambetter Balanced Care 1]	RXGROUP: [RX5452]

Copays	Coinsurance (Med/Rx): [50%/30%]
PCP: [\$5]	Deductible (Med/Rx): [\$500/\$250]
Specialist: [\$10]	Rx (Generic/Brand): [\$5/\$25]
ER: [\$250]	

AMB16-NH-C-00064-1

Ambetter.NHhealthyfamilies.com

Member/Provider Services:	Medical Claims:
[1-844-265-1278]	NH Healthy Families
TDD/TTY: [1-855-742-0123]	Attn: CLAIMS
24/7 Nurse Line: [1-844-265-1278]	PO Box 5010
	Farmington, MO
	63640-5010

Numbers below for providers:

Pharmacy Help Desk: [1-800-364-6331]

EDI Payor ID: [68069]

EDI Help Desk: [Ambetter.NHhealthyfamilies.com]

Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.NHhealthyfamilies.com.

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Note: PAP members will have \$0 Deductible

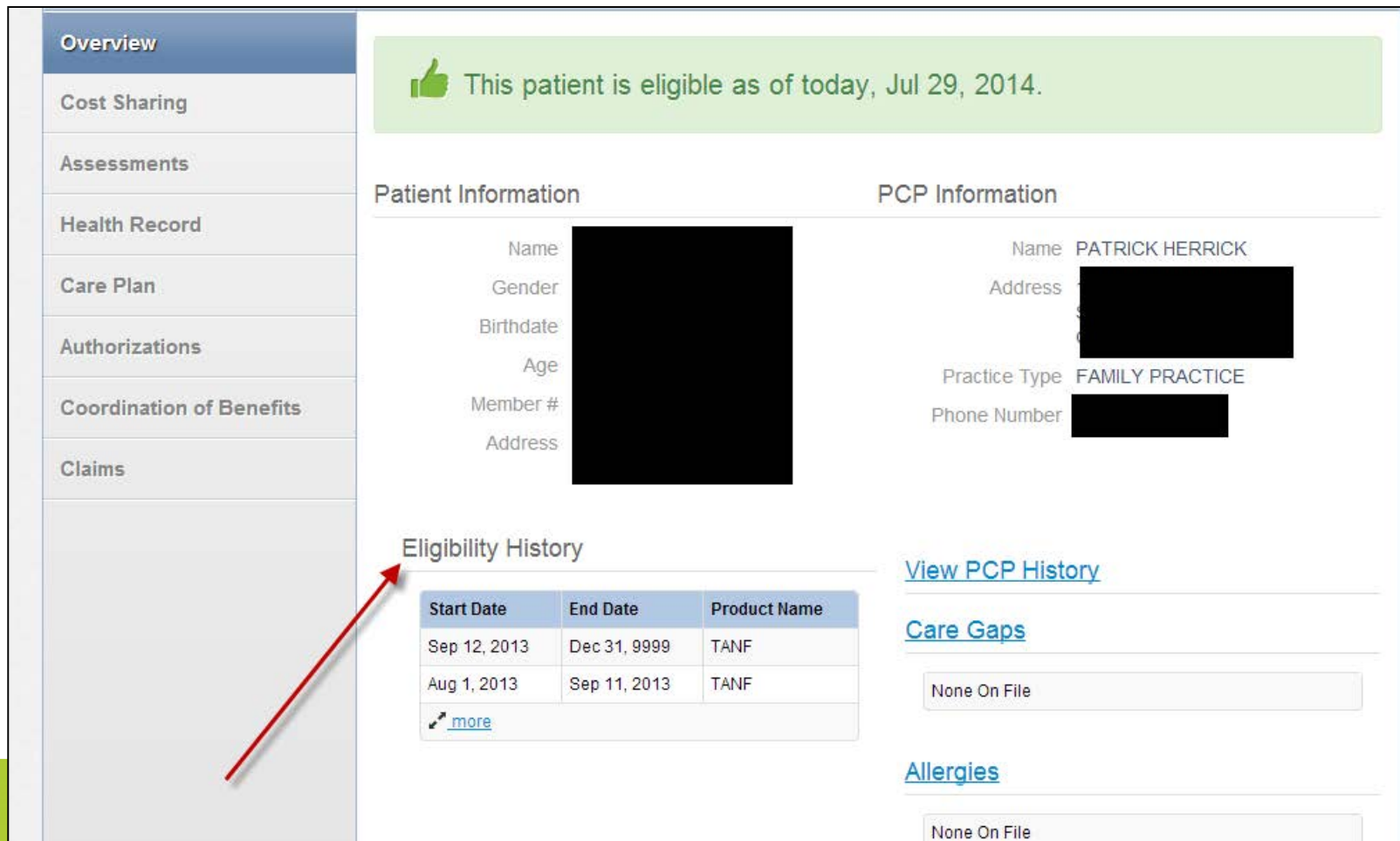
Verification of Eligibility



Verify Eligibility by checking one of the systems below at the time of each visit, as well as, daily during an inpatient hospital stay

- **Secured Portal** - Verify eligibility at www.nhhealthyfamilies.com
- **Provider Service Call Center** - Verify eligibility Monday through Friday, 8:00 am to 5:00 pm (EST) or 24/7 using the Interactive Voice Response system (IVR) at:
 - NH Healthy Families: **1-866-769-3085**
 - Ambetter: **1-844-265-1278**

Verification of Eligibility on the Secure Portal



Overview

- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Coordination of Benefits
- Claims

Eligibility Status: This patient is eligible as of today, Jul 29, 2014.

Patient Information

Name: [REDACTED]
Gender: [REDACTED]
Birthdate: [REDACTED]
Age: [REDACTED]
Member #: [REDACTED]
Address: [REDACTED]

PCP Information

Name: PATRICK HERRICK
Address: [REDACTED]
Practice Type: FAMILY PRACTICE
Phone Number: [REDACTED]

Eligibility History

Start Date	End Date	Product Name
Sep 12, 2013	Dec 31, 9999	TANF
Aug 1, 2013	Sep 11, 2013	TANF

[more](#)

[View PCP History](#)

[Care Gaps](#)

None On File

[Allergies](#)

None On File



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Access & Availability

NH Healthy Families Provider Access



NH Healthy Families Providers are required to provide access to medical services to NH Healthy Families Members:

Primary Care Providers are required to provide Members with access to **Primary Care Services** in accordance with the Member's request for care within the following time frames:

- **Urgent Care: Within forty-eight (48) hours of the Member's request**
- **Non-Urgent Symptomatic Care: Within ten (10) calendar days of the Member's request**
- **Non-Symptomatic Care: Within forty-five days (45) calendar days of the Member's request**

Specialists are required to provide Members with access to **Specialty Care** in accordance with the Member's request for the care within the following time frames:

- **Urgent Care: Within forty-eight (48) hours of the Member's request**
- **Non-Urgent Symptomatic Care: Within ten (10) calendar days of the Member's request**
- **Non-Symptomatic Care: Within forty-five (45) calendar days of the Member's request**

After Hours Accessibility



Each PCP is responsible for maintaining sufficient facilities and personnel to provide covered physician service 24 hours a day, 365 days a year.

Coverage must consist of one of the following means:

- Answering service
- Call forwarding to covering physician(s)
- After-hours, on-call coverage

24-Hour Access of coverage requires:

- After-hours coverage be accessible using the medical office's daytime telephone number
- The PCP, or covering medical professional, returns all calls within 30 minutes of the initial contact
- Connecting the caller to someone who can render a clinical decision, reach the PCP for a clinical decision, or refer the caller to the emergency room

NH Healthy Families will monitor appointment and after-hours availability on an ongoing basis through its Quality Improvement Program.



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Medical Management

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Medical Management: Integrated Care Model



- Physical Health and Behavioral Health Support is integrated in the NH Healthy Families' offices in Bedford.
- New Hampshire Healthy Families and Cenpatico Behavioral Health functions work on site together:
 - Case Managers
 - Network Contracting and Provider Relations
- Specifically Case Managers work together by:
 - Conducting “rounds” to review shared members.
 - Being immediately available to handle calls requiring multiple consultations.
 - Referring members needing additional care from NHHF/Cenpatico programs.

Care Management Programs



- **Care Management**: We help our Members address medical and behavioral situations and needs through coordination with disease management programs, wellness initiatives, and a full range of Care Management, Complex Care Management, and Behavioral Health Intensive Clinical Management activities.
- **Social Care Management**: We assist and educate Members on available community resources, state/local social programs (WIC, housing, transportation) and pharmacy resources.
- **Program Coordinators**: We identify Members for our disease management programs, as well as, outreach calls to early identify needs post hospitalization.
- **Member Connections**: We connect Members to community and social service programs that can assist members who are in need of food, housing, and clothing.
- **NurseWise**: Registered Nurses ready to answer your health questions 24 hours a day – every day of the year. Please contact us at 1-866-769-3085

Medical Management hours: Monday thru Friday (8:00 am – 5:00 pm excluding holidays)

1-866-769-3085

Disease Management



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Involve People Care is our Disease Management Partner that provides programs at no cost to our Members as part of our Members value-added Care Management programs. Involve focuses on managing specific diseases or conditions. Disease or Health Management are often partnered between a Care Manager and a disease management program that provides education, tools and resources to managing chronic diseases. Coaching and resources are available for the following conditions:

- Asthma
- Diabetes
- Coronary Artery Disease
- COPD
- Heart Failure
- Hyperlipidemia
- Hypertension
- Weight Management
- Lower Back Pain – Back Pain Management
- Tobacco Cessation

Involve People Care is URAC accredited - To refer Members call NH Healthy Families 1-866-769-3085.

Cenpatico -Behavioral Health provides care coordination for Depression and Substance Use conditions – To refer Members call Cenpatico 1-866-769-3085.

Start Smart for Your Baby



- Prenatal New Hampshire Healthy Families' Program
- Main Objectives of the Program:
 - Decrease infant mortality rates
 - Increase number of women receiving early prenatal care
 - Increase abstinence from alcohol and illicit drugs among pregnant women
 - Increase number of mothers who breastfeed
- Incorporates Clinical and Outreach efforts to assist pregnant women with issues that affect their pregnancy such as smoking
- Offers a premature delivery prevention program by supporting the use of 17-P
- Works in conjunction with established healthcare delivery systems, provider community care coordinators, and community resources



Start Smart
for Your Baby 

Member Connections



- The Member Connections® Program is New Hampshire Healthy Families' outreach program designed to provide education to our members on how to access healthcare and develop healthy lifestyles in a setting where they feel most comfortable
- Components of New Hampshire Healthy Families' Member Connections® Program:
 - **Community Connections** (Connects members to community resources)
 - **Home Connections** (Connects members who are home bound to other resources)
 - **Connections Plus®** (Provides free pre-programmed cell phones to members who are in disease management programs)
- For more information call 866-769-3085 to speak with a New Hampshire Healthy Families' Case Manager or visit www.NHhealthyfamilies.com
- Reasons to contact Member Connections: No show or frequent canceled appointments, transportation, pharmacy abuse, emergency room abuse, member education, member needs free cell phone!

Cent Account Program



The Cent Account® Program promotes appropriate utilization of preventative services by rewarding New Hampshire Healthy Families' members for practicing healthy behavior.



BEHAVIOR	REWARD AMOUNT	REWARD DETAILS
Health Risk Screening	\$30	Complete and return your Health Risk Screening form included in your Welcome Packet or call Member Services at 1-866-769-3085
Annual Adult Well Visit (age 21 and up)	\$30	1 reward per calendar year
Comprehensive Diabetes Care <ul style="list-style-type: none"> • HbA1c Tests • Eye Exam • LDL- C Screening • Nephropathy Screening 	\$20	One reward for completing all four activities within a calendar year <ul style="list-style-type: none"> • HbA1c Tests • Eye Exam • LDL- C Screening • Nephropathy Screening
Pregnancy Prenatal Visits	\$10	\$10 for every 3 prenatal visits for a maximum reward of \$30. (Must be enrolled in Start Smart for Your Baby)
Pregnancy Postpartum Visits	\$10	\$10 for attending a post-partum visit 21-56 days after birth (Must be enrolled in Start Smart for Your Baby)



My Health Pays - Ambetter

My Health Pays (PAP and FFM)

My Health Pays is a benefit that offers cash benefits to members for completion of certain healthy behavior programs. Members may earn up to \$200 to use on items such as fresh fruits/vegetables, toiletries, baby items and over the counter medications.

Healthy Behavior Programs

- “Get Started” – Log into My Health Pays portal = \$25
- Wellbeing Survey = \$50 (first 90 days of enrollment)
- Annual wellness visit = \$50
- Get On. Target = (\$50)—Complete one of five personalized plans: eating, exercise, weight, stress or smoking

Important notes

- Members receive their card after completing their first qualifying program.
- Members can track their award totals on the secure member portal at: ambetter.nhhealthyfamilies.com



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Prior Authorization

Prior Authorization Submission Requirements



Providers are required to obtain Prior Authorization:

- Elective or scheduled admissions – notification 5 days prior to admission
- Urgent or emergent Admissions -facilities are required to notify the plan of all inpatient admissions within one (1) business day following the admission.
- Requests for services at a tertiary facility or with a tertiary provider when such services are available in the community setting
- For certain outpatient services, including outpatient rehabilitation services, such as PT, OT, ST,
- All services rendered in the home
- Hospice Care
- All out-of-network services
- Some Specialists (see the Pre-Screening Tool).

Please refer to the NH Healthy Families Pre-Screening Tool accessible via the Provider Resources page at www.nhhealthyfamilies.com & www.ambetter.nhhealthyfamilies.com

Failure to obtain authorization may result in an administrative denial, and Providers are prohibited from holding a Member financially responsible.

Prior Authorization Submission Requirements



NH Healthy Families Prior Authorization can be requested in 3 ways:

1. Via the NH Healthy Families secure portal
 - NH Healthy Families: www.nhhealthyfamilies.com
 - Ambetter: ambetter.nhhealthyfamilies.com
2. Fax Prior Authorization Requests to:
 - NH Healthy Families:
 - Medical: 866-270-8027
 - Inpatient Admission: 877-291-3140
 - Concurrent Review: 877-295-7682
 - Ambetter: 1-844-430-4485
3. Call for Prior Authorization at:
 - NH Healthy Families: 1-866-769-3085
 - Ambetter: 1-877-687-1186

Prior Authorization Forms can be found at:

<https://www.nhhealthyfamilies.com/providers/resources/forms-resources.html>

<https://ambetter.nhhealthyfamilies.com/provider-resources/manuals-and-forms.html>

Prior Authorization



- New Hampshire Healthy Families utilizes InterQual® Criteria
- Urgent/Expedited Authorization requests will be processed **within 72** hours after all necessary clinical information has been received
- Standard Authorization request will be processed **within 14 calendar days** after all necessary clinical information has been received
- Written or electronic notification of the authorization request will be received by provider
- Be sure to request Authorizations using the NPI number that will be billed on the claim
- Complete information regarding the services or procedures

Prior Authorization-NIA High Tech Imaging



- The ordering physician is responsible for obtaining authorization prior to rendering services.
- Providers rendering the services should verify that the necessary authorization has been obtained. Failure to do so may result in nonpayment of the claim.

To verify an authorization:

- Visit www.RadMD.com



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Services Provided by Non-Network Providers

- Reimbursement for Non Network Providers
 - All services will require prior authorization during and after Transition Period
 - Claims will be denied without prior authorization
- Covered Services by Non-Network Providers
 - Prior Authorization is required for all covered services provided by non-network providers during and after Transition Period, excluding emergency services

Medical Records



Medical Records Transfer for New Member

- When a member changes primary care providers, upon request, his or her medical records or copies of medical records must be forward to the new primary care physician within ten (10) business days from receipt of request or prior to next scheduled appointment

Medical Records Time Requirements:

- Records shall be kept for a minimum of 7 years, except for minors whose records shall be kept at least until 1 year after the minor has reached the age of 18, but in no case less than 7 years



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Claims

Claim Information



- Clean Claim
 - A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment
- Exceptions
 - A claim for which fraud is suspected
 - A claim for which a third party resource should be responsible

Claims Submission



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Payer Identification Numbers

- **68069 (medical)**
- **68068 (behavioral, Cenpatico)**

Timely Filing (EDI or paper)

NH Healthy Families:

- Providers should make best effort to submit all claims within 180 days from the date of service. Claims will not be accepted over **365 calendar days** of the date of service
- Claim adjustments, reconsiderations and disputes must be received within **180 calendar days** from the date of the Explanation of Payment and cannot **exceed 15 months from the date of service**.

Ambetter

- All claims must be filed within **180 calendar days** of the date of service
- Claim adjustments must be received within **180 calendar days** from the date of the Explanation of Payment

EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com

NH Healthy Families accepts both electronic (EDI) and (red) paper claims

Claims Submission



Claims may be submitted in 4 ways:

- 1. Secure web portal** located at
 - NH Healthy Families: www.nhhealthyfamilies.com
 - Ambetter: www.ambetter.nhhealthyfamilies.com
- 2. Electronic Clearinghouse** - For a listing of our Clearinghouses, please visit our website at: <https://www.nhhealthyfamilies.com/providers/resources/electronic-transactions.html>
- 1. Original paper and corrected claims** may be submitted to:

NH Healthy Families

NH Healthy Families
Attn: Claims Department
P.O. BOX 4060
Farmington, Missouri 63640-3831

Ambetter

Claims Department
PO Box 5010
Farmington, MO 63640-5010

Claims Submission



Other helpful information:

Rendering Taxonomy Code (*Ambetter*)

- Claims must be submitted with the rendering provider's taxonomy code.
- The claim will deny if the taxonomy code is not present
- This is necessary in order to accurately adjudicate the claim

CLIA Number

- If the claim contains CLIA certified or CLIA waived services, the CLIA number must be entered in Box 23 of a paper claim form or in the appropriate loop for EDI claims.
- Claims will be rejected if the CLIA number is not on the claim

Claims Appeals/Disputes Process



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Original Claim is Denied – Providers must follow the below process

1st Step - Reconsideration (first level of appeal) of a denied claim

NH Healthy Families:

- All claims reconsiderations must be filed within **180 calendar days** of the date of the Explanation of Payment (EOP).

Ambetter

All claims reconsiderations must be filed within **180 calendar days** of the date of the Explanation of Payment (EOP).

2nd Step - Claim Dispute (2nd level appeal) of a denied claim reconsideration

NH Healthy Families:

- All claims disputes must be filed within **180 calendar days** of the claim reconsideration denial.

Ambetter

All claims reconsiderations must be filed within **180 calendar days** of the claim reconsideration denial.

**Please review the NH Healthy Families & Ambetter Provider/Billing Manuals for claims addresses*

PaySpan Health EFT/ERA



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- PaySpan Health is a secure, self-service website which can be utilized to manage and receive electronic payment and remittance advice.
- Manage and access remittance data 24 hours a day
- For more information please contact PaySpanHealth at 800-733-0908, www.payspanhealth.com or contact PCSC@payspan.com
- Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at providersupport@payspanhealth.com

Billing the Member



NH Healthy Families:

- Member may not be balance billed
- No Show
 - Contact Member Connections®
 - Provide education to members
- If a member asks for a service to be provided that is not a covered service, you must ask the member to sign a statement indicating that they will pay for the specific service

Ambetter:

- Copays, Coinsurance and any unpaid portion of the Deductible may be collected at the time of service.
- The Secure Web Portal will indicate the amount of the deductible that has been met.
- If the amount collected from the member is higher than the actual amount owed upon claim adjudication, the provider must reimburse the member within 45 days.

Waste, Fraud and Abuse



- New Hampshire Healthy Families takes Waste, Abuse and Fraud very seriously
- New Hampshire Healthy Families in conjunction with its parent company Centene Corporation, operates a Waste, Abuse and Fraud unit
- The Special Investigations Unit performs routine, retrospective audits as part of the Waste, Abuse and Fraud detection program
- If you suspect or witness Fraud, please contact the Waste, Abuse and Fraud hotline at 866-685-8664, all calls are confidential
- Please see the Provider Manual for more details



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Ambetter Plan Details

6/20/2017

Ambetter Plan Details



FFM Plan Details:

NH Healthy Families offers a variety of plans through the FFM at both the Silver (6 plans) and Gold (3 plans) metal levels.

Standard and subsidized FFM Plans all have deductibles that are non-embedded and range from \$350-\$3,500 Individual and \$700-\$7,000 Family.

Out of Pocket amounts range from \$950-\$6,500 Individual and \$1,900-\$13,000 Family.

Plans include copay and coinsurance with coinsurance amounts set at either 20% or 30%.

Important Coinsurance/Copay Ranges:

PCP: 20% - \$30 **ER:** No Charge - \$250 after deductible **Inpatient:** 20% - \$300 after deductible

Specialist: 20% - \$60 **Urgent Care:** 20%-30% after deductible

Ambetter Plan Details



Premium Assistance Program Plan Details:

Members bridging from the NH Health Protection Program will be automatically enrolled to the 94% and 100% plans for the Premium Assistance Program.

Important Cost Share Information:

- Enrollees in the 94% plan will have a low, yearly maximum out of pocket of \$588.
- PCP Copay of \$3
- Specialist Copay of \$8
- ER/Urgent Care Copay of \$0
- Preventative Services \$0

Retail Prescription Drug Benefit:

- Tier 1 (Generic): \$4
- Tier 2 (Preferred Brand): \$8
- Tier 3 (Non Preferred Brand): \$8
- Tier 4 (Specialty): \$8

PAP members can receive a 90 day supply via Mail Order service for 3x the Retail Copay amount.

Ambetter Plan Details



Medicaid Wrap Benefits

- Extra “Wrap” Medicaid benefits are offered to PAP members: *Enrollees should call 844-275-3447 to ask for these services and use their NH Medicaid card when accessing them*
 - Transportation: Access transportation to and from medical appointments if the enrollee has no other way of getting there.
 - Additional Support for 19 and 20 Year Olds: Eligible to receive additional benefits if provider prescribes them as medically necessary. This standard of benefit is called Early Periodic Screening Diagnostic and Testing Services (EPSDT).
 - Family Planning Services and Supplies: Family planning services and supplies from a Medicaid enrolled provider that is not in the QHP network, at no charge.
 - Limited Vision: May be eligible for one pair of eyeglasses once a year if prescription changes enough.
 - Limited Dental: Treatment for severe dental pain or dental infections.



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Grievances, Appeals, & State Fair Hearing

Terminology



- **Action:** An Action by an MCO is classified as one of the following:
 - The reduction, suspension, or termination of a previously authorized service;
 - The denial, in whole or in part, of payment for a service;
 - The failure of the health plan to provide services in a timely manner as defined in the appointment standards described herein; or
 - The failure of the health plan to act within timeframes for the health plan's prior authorization review process.
- **Appeal:** A request for review of any Action taken by the MCO.
- **Grievance:** An expression of dissatisfaction about any matter other than an Action.
- **State Fair Hearing:** A request for State review of internal MCO appeal outcome.

Grievance



- A Grievance is an expression of dissatisfaction from a Member or a Provider about any matter not related to an Action. Examples of a Grievance include but are not limited to;
 - Quality of care or services provided;
 - Failure to respect member's rights;
 - Rudeness of a Provider or the Provider's staff;
 - Rudeness of a NH Healthy Families associate;
 - Provider accessibility or adequacy;
 - Disagreement with a NH Healthy Families practice or policy;
 - Dissatisfaction or dispute of claims processing.
- Grievances can be filed orally over the phone, in writing via mail or fax, or in person at the NH Healthy Families office.
- Provider Grievances must be filed within 30 days of the date of the incident.

Appeal



- An Appeal can be filed when there is disagreement regarding an Action or adverse determination made by NH Healthy Families. Examples of Appeals include but are not limited to;
 - The denial or limited authorization of a requested service, including the type or level of service;
 - The reduction, suspension, or termination of a previously authorized service;
 - The denial, in whole or in part, of payment for a service;
 - The failure to provide services in a timely manner, as defined by the State;
 - The failure of an MCO to act within the required timeframes;
 - For a resident of a rural area with only one MCO, the denial of a Medicaid enrollee's request to exercise his or her right to obtain services outside the network.
- Appeals can be filed orally or in writing by the Member or by the Member's authorized appeal representative. A Member must complete and sign the Authorized Representative Form designating their Appeal Representative.

Resolution & Communication Timeframes - Grievances



- Grievances: Grievances can be filed at any time.
 - Written Acknowledgement: 10 business days from receipt
 - Resolution:
 - Standard: 45 calendar days from receipt
 - Clinically urgent: 72 hours from receipt
 - Written Notification:
 - Standard: 2 business days from resolution
 - Clinically urgent: immediately upon resolution

Resolution & Communication

Timeframes - Appeals



- Appeals: Appeals must be filed at least 30 calendar days from the date on the notice of resolution or action or within 10 calendar days if the member is requesting to continue benefits during the appeal investigation.
 - Written Acknowledgement: 10 business days of the receipt
 - Resolution:
 - Standard: 30 calendar days from initial Appeal request.
 - Expedited: 3 calendar days after receipt of Appeal request.
 - Written Notification:
 - Standard: 30 calendar days from the day the Plan received the initial Appeal request.
 - Expedited: immediately upon determination

State Fair Hearing



- A State Fair Hearing may be requested if the original request was not over turned or resolved to the Member's satisfaction. If a member does not agree with the Plan's resolution of the appeal, the member may file a request for a State Fair Hearing within thirty (30) calendar days of the date on the Plan's notice of resolution of the appeal.
- A member, their representative, or provider (with the member's written consent) may request a State Fair Hearing after the NHHF's internal appeal process has been exhausted.



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Cultural Competency

Cultural Competency Plan



- Enables NHHF to meet the diverse cultural and linguistic needs of members.
- Respecting the diversity of our Members has a significant and positive effect on outcomes of care.
- NHHF will work with providers to effectively provide services to people of all cultures, races, ethnic backgrounds, and religions.
- Our plan helps us respect the worth of individual Members and protects and preserves the dignity of each one.
- NHHF also works with the DHHS Office of Minority Health and Refugee Affairs and the NH Medical Society to address cultural considerations.

Disability Sensitivity



The Americans with Disabilities Act (ADA) defines a person with a disability as:

- A person who has a physical or mental impairment that substantially limits one or more major life activities
- This includes people who have a records of an impairment, even if they do not currently have a disability
- It also includes individuals who do not have a disability, but are regarded as having a disability
- The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability

Mainstreaming



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NHHF expects delivery of care to be provided without regard for differences in race, color, creed, sex, religion, age, national origin ancestry, marital status, sexual preference, health status, income status, program membership or physical or behavioral disabilities except where medically indicated.

This means the following practices are prohibited:

- Denying a covered service or availability of a facility.
- Providing a covered service this is different in manner, time, or location than to other Members or based upon the NHHF program under which the Member is enrolled.
- Subjecting a NHHF Member to segregation or separate treatment in any manner related to covered services.

Questions?



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