



Behavioral Health Certification Companion Guide

Community Mental Health Centers

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1 INTRODUCTION

The NH Department of Health and Human Services (DHHS) establishes requirements for Managed Care Organizations (MCOs) to comply with when processing certification records on behalf of the Community Mental Health Centers (CMHCs).

It is the policy of NH Healthy Families to meet data layout and quality standards established by the Department of Health and Human Services in the New Hampshire MCM Interface Guide for intake and processing of CMHC behavioral health certification records (the “Guide”). The requirements outlined in this Guide are subject to change.

At NH Healthy Families’ discretion, additional requirements may be incorporated in the Guide in support of accurate and timely processing of CMHC capitation under the capitated contract.

2 DEFINITIONS

Active Behavioral Health Certifications – Members enrolled with NH Healthy Families as of the first of the month and are in **Active Treatment** with the CMHC submitting the certification.

Active Treatment – Member treated by the CMHC within a six (6) month period of day 1 of the month the certification submitted to NH Healthy Families. Evidence of treatment generated by the presence of claim for the encounter.

Certifications - Certification-level Medicaid eligible recipients qualified for New Hampshire (NH) Medicaid who may receive services within the scope of coverage when designation of Certification and Medically Necessary requirements are met.

Certification Begin Date – Date the Member was evaluated by the CMHC and deemed eligible for Certification. This date must be updated if Member changes Certification level during the course of treatment.

Certification End Date – Date the Member is no longer in **Active Treatment** or is not deemed to meet DHHS’ Certification requirements.

Certification Span – Span of time from the **Certification Begin Date** to the **Certification End Date**.

Certification File – Pipe-delimited text file including the data fields and record lengths as reflected in Appendix B and as prescribed by DHHS.

Member – a Medicaid eligible individual under the NH Medicaid Care Management program* covered by NH Healthy Families as of the first day of the month. [**See CMHC contract for products included in the capitation agreement as this may change from time to time.*]

3 TRANSMISSION STANDARDS

3.1 GENERAL INFORMATION

Certification files shall include all **Active Behavioral Health Certifications**. CMHCs are required to prepare the files before submitting to NH Healthy Families following the processes and formatting outlined in this Guide. Any changes or corrections necessary after submission are required to be reflected in the following month’s submission.

3.2 TRANSMISSION SCHEDULE

Transmitted monthly to NH Healthy Families’ secure file transfer site (as defined in Appendix C) by end of day on the fifth (5th) calendar day of each month or the next business day if falling on a weekend or holiday.

3.3 FILE NAMING CONVENTION

See Appendix A for chart of filename combinations for MCO's and CMHC's and Appendix B for File Layout. Note that file extension should be “.dat”.

3.4 FILE STRUCTURE

Fixed Field Length, pipe-delimited flat file. All rows should have CRLF (Carriage Return with Line Feed) delimiter at the end of each line, with an additional carriage return at the end of the file. Files not conforming to the defined structure will be returned

3.5 BEHAVIORAL HEALTH CERTIFICATION LEVELS

The State rules governing Community Mental Health Centers are outlined in Chapter He-M 400. Part He-M 401 delineates the eligibility determination requirements. These rules give guidance for determining the member's eligibility category and the length of time until the next redetermination is required. Certification levels may begin or end on any day during the month.

http://gencourt.state.nh.us/rules/state_agencies/he-m400.html

U1 – Severe and Persistent Mental Illness (SPMI)

U2 – Severe Mental Illness (SMI)

U5 – Low Utilizer (LU)

U6 – Serious Emotionally Disturbed Child (SED)

U7 – Serious Emotionally Disturbed Child/Interagency (SED-I)

3.6 QUALITY

DHHS requires MCOs to audit Behavioral Health (BH) certification levels for quality. Measures of quality include:

1. Claims submitted by a CMHC should fall within the dates of the behavioral health certification level from that CMHC.
2. The level of acuity submitted on claims should match the behavioral health certification level submitted by that CMHC.
3. Certified member's claim must have a matching U level on the claim or it will be denied.

Note: Claims failing these requirements may be denied by NH Healthy Families.

4 PROCESSING SPECIFICATIONS

4.1 ACCEPTABLE RECORDS

Records submitted that adhere to the specifications set forth in this document will be accepted and processed for determination of capitation eligibility.

4.2 ERROR HANDLING

Errors discovered during the processing of the **Certification Files** may result in the rejection of said records by NH Healthy Families. CMHC error corrections will be processed in the following month's **Certification File**.

4.3 EXPECTATIONS

CMHCs must internally monitor and correct records prior to submission to NH Healthy Families. **CMHCs are responsible to ensure the integrity of the data is complete and accurate.** Records that may result in error during processing are as follows:

- Invalid Data Type
 - Definition:
 - Any field on any record that does not conform to the standards set in Appendix B

- Examples:
 - Medicaid ID submitted is 12 characters
 - Date of Birth not a real date (3/32/2020)
- Duplicate Record
 - Definition:
 - Two or more records submitted with identical fields in one certification file
- Illogical Date
 - Definition:
 - Date field submitted for any record that is not logical
 - Examples:
 - Certification begin date is before than the date of birth
 - Certification end date is before the certification begin date
- Inconsistent Member Data
 - Definition:
 - Member data fields are inconsistent with prior submissions
 - Examples:
 - Medicaid ID submitted does not match NH Healthy Families records
 - Date of birth submitted does not match NH Healthy Families records
- Overlapping **Certification Span**
 - Definition:
 - Certification start or end date overlaps previously submitted certification spans.
 - All certification spans should be contiguous
 - Examples:
 - Certification start date is before the previously submitted certification end dates
 - Certification end date is before the previously submitted certification end dates
- Invalid Certification Level
 - Definition:
 - Certification level field submitted is not a valid certification level as defined in section 3.5 of this document
 - Examples:
 - Certification level = XX
 - Certification level = U0
- Duplicate Medicaid ID
 - Definition:

- Two or more identical Medicaid IDs within the same certification file. Member data is not identical
- Examples:
 - Medicaid ID = 12345678900; First Name = John; Last Name = Doe
 - Medicaid ID = 12345678900; First Name = Jane; Last Name = Doe
- Member submitted on two different Certification Files
 - Definition:
 - Member is submitted on a certification file from 2 or more different CMHCs for a particular month
 - Examples:
 - Medicaid ID = 12345678900; CMHC ID = 3071234
 - Medicaid ID = 12345678900; CMHC ID = 3074321
 - MCO will communicate error to all appropriate parties and allow 24 hours for remediation.
 - CMHCs are responsible for indicating where the member is actively treated.
 - Lack of response results in the MCOs discretion

5 APPENIDX A

File Naming Standard

| CMHC Name | NH Healthy Families |
|--|---|
| Community Partners | NH_CMHC_BHCERT_M3076685_NH100847_YYYYMMDD.dat |
| Lakes Region Behavioral Health | NH_CMHC_BHCERT_M3076838_NH100847_YYYYMMDD.dat |
| Greater Nashua Mental Health Center | NH_CMHC_BHCERT_M3079007_NH100847_YYYYMMDD.dat |
| Riverbend Community Mental Health Center | NH_CMHC_BHCERT_M3074846_NH100847_YYYYMMDD.dat |
| Center for Life Management | NH_CMHC_BHCERT_M3077845_NH100847_YYYYMMDD.dat |
| Mental Health Center of Greater Manchester | NH_CMHC_BHCERT_M3075437_NH100847_YYYYMMDD.dat |
| Monadnock Family Services | NH_CMHC_BHCERT_M3078851_NH100847_YYYYMMDD.dat |
| Northern Human Services | NH_CMHC_BHCERT_M3076811_NH100847_YYYYMMDD.dat |
| West Central Behavioral Health | NH_CMHC_BHCERT_M3077550_NH100847_YYYYMMDD.dat |
| Seacoast Mental Health Center | NH_CMHC_BHCERT_M3078870_NH100847_YYYYMMDD.dat |



6 APPENIDX B

File Layout

| Field Name | Max Length | Type [Accepted Characters] | Notes |
|--|------------|----------------------------|---|
| Member Medicaid ID | 11 | Char [A-z, 0-9] | Member ID |
| First Name | 50 | Char [A-z] | Member First Name |
| Last Name | 50 | Char [A-z] | Member Last Name |
| Date of Birth | 10 | Date [MM/DD/YYYY] | Individual's Date of Birth |
| Sex | 1 | Char [M][F] | Individual's Sex |
| Certification Level | 2 | Char [U][1,2,5,6,7] | The member's certification level as defined under the Behavioral Health Certification Levels section of this Guide. |
| Begin Date | 10 | Date [MM/DD/YYYY] | The certification level begin date |
| End Date | 10 | Date [MM/DD/YYYY] | The certification level end date - |
| Community Mental Health Facility Medicaid ID | 15 | Integer [0-9] | Community Mental Health Facility's Medicaid ID |
| CMHC Member ID | 15 | Char [A-z, 0-9] | CMHC Unique ID for this member (OPTIONAL) |

Example

| | | | | | | | | | | |
|----|-------------|---------|----------|------------|---|----|------------|------------|----------|------------|
| 1 | 11071099002 | PETER | PAN | 7/4/2004 | M | U1 | 11/15/2013 | 12/31/9999 | Mxxxxxxx | 12345678 |
| 2 | 11146350917 | WENDY | PAN | 9/11/2001 | F | U2 | 1/15/2014 | 1/15/2015 | Mxxxxxxx | A425849 |
| 3 | 5036995303 | TINKER | BELL | 4/1/2000 | F | U5 | 4/1/2000 | 12/31/9999 | Mxxxxxxx | 2468013579 |
| 4 | 6044000703 | CAPTAIN | HOOK | 6/21/1948 | M | U7 | 11/1/2000 | 12/31/9999 | Mxxxxxxx | C987654 |
| 5 | 17085971001 | HUNGER | ALAGATER | 1/1/2010 | M | U0 | 11/30/2013 | 6/30/2014 | Mxxxxxxx | |
| 6 | 91134128337 | CREW | MEMBER | 12/31/1980 | M | U8 | 1/12/2007 | 6/6/2106 | Mxxxxxxx | 0000492854 |
| 7 | 000028790A0 | Mister | Sneed | 11/11/1984 | M | U1 | 6/21/2013 | 6/21/2014 | Mxxxxxxx | 111111 |
| 8 | 10066169401 | First | Mate | 3/15/1993 | M | U2 | 3/1/2013 | 3/1/2014 | Mxxxxxxx | 654321 |
| 9 | 81074065087 | Tootles | Lostboy | 8/1/2005 | M | U1 | 8/24/2013 | 8/24/2015 | Mxxxxxxx | |
| 10 | 81141968317 | Skinny | Pirate | 4/2/1987 | F | U2 | 5/3/2013 | 5/3/2014 | Mxxxxxxx | |
| 11 | 10063039005 | Curley | Lostboy | 9/1/2003 | M | HE | 9/25/2013 | 9/25/2014 | Mxxxxxxx | J8674848 |

7 APPENIDX C

Secure FTP Instructions

| | | |
|------------------|--|---|
| Contact | | IT Enterprise Scheduling |
| | Email | IT_Enterprise_Scheduling@CENTENE.COM |
| | Phone | (716) 564-6268 or (314) 519-0427 |
| SFTP Site | The Centene SFTP site supports both SFTP (SSH) and FTP/SSL (FTPS) connections. The account name and password are determined during the setup process. Please fill in the fields and save this file for your records. | |
| | Host Address/Name | ftp.centene.com |
| | Port | 22 |
| | Internet Portal | https://sftp.centene.com |
| | User Name | **** |
| | User Password | **** |
| | Production Upload Directory | Prod\NH\Inbound |
| | Test Upload Directory | Test\NH\Inbound |
| | Note: Please abide by the file naming convention if one has been put in place. Only files placed in the “Inbound” folder will be processed. Files placed in the “home, Test, or Prod” folders will be removed without comment. | |
| | Email Notifications | IT Enterprise Scheduling does not need notifications for successful delivery or receipt of files. Please send failure and/or error notices to: IT_Enterprise_Scheduling@CENTENE.COM . |

