



**nh healthy families™**

**NH Healthy Families & Ambetter  
from NH Healthy Families**

*New Provider Orientation*

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3/6/2019



# Presentation Outline

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





# Overview

# NH Healthy Families & Centene



NH Healthy Families launched with the Medicaid Care Management Program in NH in Dec. 2013.

NH Healthy Families is a Managed Care Organization (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 also provides many services and programs through specialty companies and the corporate office.

NH Healthy Families serves the medical and behavioral health needs of our NH members from our Bedford, NH headquarters.



IN BUSINESS SINCE

1984

COVERS

4.9

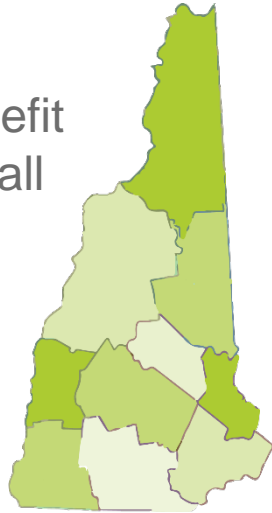
MILLION MEMBERS



# 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 200**

employees located in NH

Currently serving  
**Medicaid, Granite  
Advantage and  
Exchange Program**  
populations

Membership Exceeds  
**93,000**



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**82,000**

**11,000**

(As of 2/18/19)



# Specialty Companies

# Specialty Companies

Specialty Company	Services Provided	Contact Information
<b>National Imaging Associates (NIA)</b>	High Tech Radiology  Therapy management post service review for PT, OT, ST services (effective with dates of service on or after 3/1/2018)	<a href="http://www.radmd.com">www.radmd.com</a> – 1-800-635-2873  <b>April J. Sabino, RN BSN</b> <i>Provider Relations</i> 410-953-1078 <a href="mailto:ajsabino@magellanhealth.com">ajsabino@magellanhealth.com</a>
<b>Engolve Vision</b>	Vision Services	<a href="http://www.opticare.com">www.opticare.com</a> - Providers that are interested in participating in Engolve Vision can contact the Engolve Vision Network Management team at <a href="mailto:networkmanagement@opticare.net">networkmanagement@opticare.net</a> or at 1-800-334-3937.
<b>CTS</b>	Non-Emergent Transportation	Call NH Healthy Families at 1-866-769-3085 for information

# Pharmacy Management

- **Involve 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 Involve 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 Involve Pharmacy Solutions at 1-866-769-3085 for general information and 1-866-399-0928 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](http://www.CoverMyMeds.com) or by using the Epocrates app on a mobile device: [www.Epocrates.com](http://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/>**







# Provider Relations Services



# Provider Servicing Model

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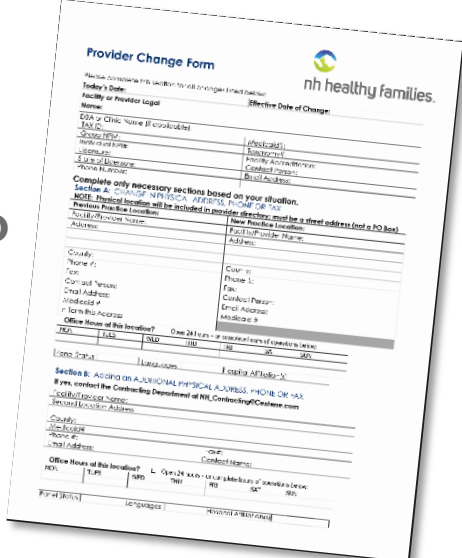
- Serves as the primary liaison between NH Healthy Families and our provider network
- Coordinate and conduct ongoing provider education, updates and training
- Facilitate inquiries related to administrative policies, procedures, and operational issues
- Facilitate meetings on performance patterns and quality initiatives
- Review payment and clinical policies
- Review network adequacy, including appointment access and availability
- Patient Panel questions
- Assist in Provider Portal registration and Payspan

The Network Operations team is available to process the following requests:

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

Use Provider Change Form under “Provider Resources” on website and follow instructions for sending change to NH Healthy Families

- To inquire on the credentialing status of a provider, email: [providerupdatesnh@centene.com](mailto:providerupdatesnh@centene.com)



The image shows a 'Provider Change Form' from 'nh healthy families'. The form is titled 'Provider Change Form' and includes the 'nh healthy families' logo. It contains several sections for data entry, including 'Today's Date', 'Health or Provider Legal Name', 'Effective Date of Change', 'DOB or Child Name if Co-located', 'State NPI', 'Professional Title', 'License', 'Medical Specialty', 'Phone Number', 'Fax Number', 'Email Address', 'Mailing Address', 'Office Hours of this location?', 'County', 'Phone #', 'Fax', 'Contract Person', 'Mailing Address', 'Office Hours of this location?', 'Language', and 'Additional Comments'. There are also checkboxes for 'I speak English' and 'I speak Spanish'. The form is tilted slightly to the right.

## **LexisNexis Partnership for Provider Demographic Data:**

A critical component of quality care is understanding where to find the right provider. That is why we've partnered with LexisNexis to validate the accuracy of our provider demographic data.

- Data will be validated on a quarterly basis.
- You will receive a joint email from LexisNexis and the American Medical Association (AMA) requesting your attestation that your data is current.
- If your demographic data has changed, please be sure to update it at that time.
- Attestations are due within two weeks of receipt of the request.
- Please continue to respond to CAQH when they contact you as that is still required to complete credentialing and re-credentialing effort.

*By updating your demographic information in the AMA Verify Health Portal you can ensure that NH Healthy Families will implement your edits and your data will be correct. Additionally, these updates are covered in your Participating Provider Agreement.*

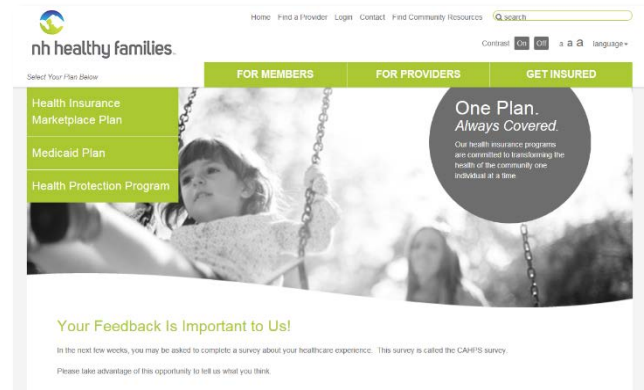


# Website and Secure Portal Tools

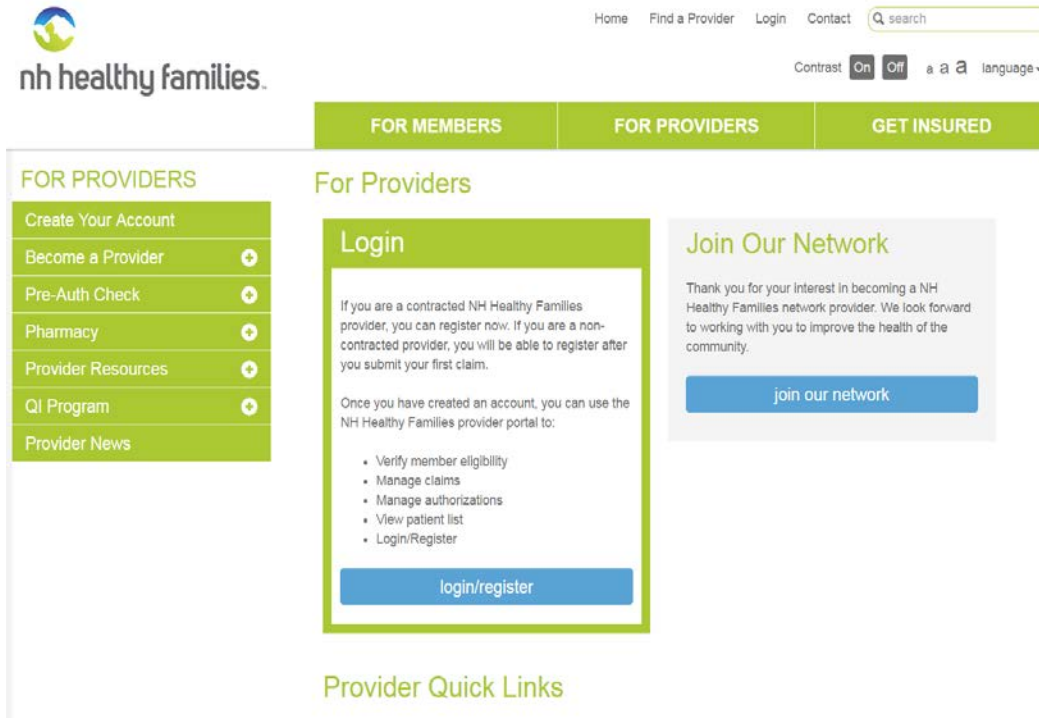
# Web-Based Tools

## Web-Based Tools

- Public site at [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com) & [ambetter.nhhealthyfamilies.com](http://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 Secure Portal



The screenshot shows the Provider Secure Portal interface. At the top, there is a navigation bar with links for Home, Find a Provider, Login, and Contact, along with a search bar. Below the navigation bar, there are three main sections: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is highlighted and contains a sidebar with links for Create Your Account, Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, QI Program, and Provider News. The main content area for providers is titled 'For Providers' and includes a 'Login' section with instructions on how to register and a 'Join Our Network' section with a 'join our network' button. A 'Provider Quick Links' section is also visible at the bottom of the main content area.

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
- Detailed patient & population level reporting

**Registering is easy!**

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




# Member Eligibility



# Member ID Card

## Standard Medicaid

## Ambetter



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

**Member Name:** John Doe  
**Member ID:** 123456789  
**DOB:**

**Plan Type:** Medicaid

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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](http://www.NHhealthyfamilies.com)

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**IN NETWORK COVERAGE ONLY**  
**INSURED PAP**


**Subscriber:** [Jane Doe]  
**Member:** [ John Doe]  
**Policy #:** [XXXXXXXXXX] **Effective Date of Coverage:** [01/01/2016]  
**Member ID #:** [XXXXXXXXXX] **Rx BIN#:** 008019  
**Plan:** [Ambetter Balanced Care 1]

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**Copays**  
**PCP:** [\$0] **Coinsurance (Med/Rx):** [0%/0%]  
**Specialist:** [\$0] **Deductible (Med/Rx):** [\$0/\$0 ]  
**ER:** [\$0] **Rx (Generic/Brand):** [\$0/\$0]

AMB7-NH-C-00036-1

## Health Protection Program



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

**Member Name:** John Doe  
**Member ID:** 123456789  
**DOB:**

**Plan Type:** Health Protection Program

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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](http://www.NHhealthyfamilies.com)

FROM | nh healthy families.

**IN NETWORK COVERAGE ONLY** | **INSURED**  
Under the Jurisdiction of the New Hampshire Insurance Commissioner

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

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**COPAYS** **PCP:** \$5 coin. after ded. **Deductible (Med/Rx):** [\$500/\$250]  
**Specialist:** \$10 coin. after ded. **Coinsurance (Med/Rx):** [50%/30%]  
**Rx (Generic/Brand):** \$5/\$25 after Rx ded.  
**Urgent Care:** 20% coin. after ded.  
**ER:** \$250 copay after ded.

AMB7-NH-C-00036

## Ambetter - FFM

# 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.**

- **Secure Portal** - Verify eligibility at [www.nhhealthyfamilies.com](http://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**
- **NH MMIS Health Enterprise portal** – Verify eligibility for Medicaid and Premium Assistance Program (PAP) members at: [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov)



# Access & Availability



# NH Healthy Families Provider Access

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

Appointment Type	Primary Care Provider	Specialty Care Provider
Urgent Care	Within forty-eight (48) hours of the Member's request	Within forty-eight (48) hours of the Member's request
Non-Urgent Symptomatic Care	Within ten (10) calendar days of the Member's request	Within ten (10) calendar days of the Member's request
Non-Symptomatic Care	Within forty-five (45) calendar days of the Member's request	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.**



# Independent Urgent Care Centers

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We know providing the best care for your patients is your top priority, but appointment schedules can book up quickly and sometimes after hours referrals are needed. NH Healthy Families wants to offer alternative solutions to meet your patients' needs when an appointment at your office is not available.

NH Healthy Families partners with two Independent Urgent Care Centers to help serve the needs of your patients, our members. ClearChoiceMD and ConvenientMD, two Independent Urgent Care Centers in the NH Healthy Families network, have several locations throughout the state of NH and the bordering states.

- ✓ ClearChoice MD - <https://ccmdcenters.com/>
- ✓ ConvenientMD - <https://convenientmd.com/>



# Medical Management



# Care Management Programs

- **Integrated 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.
- **Community Health Services Representatives (formally Member Connections)** : We connect Members to community and social service programs that can assist members who are in need of food, housing, and clothing. Reasons to contact Member Connections: No show or frequent canceled appointments, transportation, pharmacy abuse, emergency room abuse, member education, member needs free cell phone!
- **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.
- **Disease Management**: Provides programs at no cost to our Members, focused 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, Back Pain Management, Tobacco Cessation, Depression & Substance Use Disorders

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

**1-866-769-3085**



# Start Smart for Your Baby

- Prenatal NH 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



# Cent Account / My Health Pays



The CentAccount® (Medicaid) & My Health Pays Programs (Ambetter) promotes appropriate utilization of preventative services by rewarding NH Healthy Families' & Ambetter members for practicing healthy behavior. Rewards can be used at the following locations: CVS, Family Dollar, Dollar General, Rite Aid & Walmart on baby care, healthy groceries, over the counter meds, personal care items

CENTACCOUNT BEHAVIOR	REWARD AMOUNT	REWARD DETAILS (Medicaid)
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"> <li>• HbA1c Tests</li> <li>• Eye Exam</li> <li>• LDL- C Screening</li> <li>• Nephropathy Screening</li> </ul>	\$20	One reward for completing all four activities within a calendar year <ul style="list-style-type: none"> <li>• HbA1c Tests</li> <li>• Eye Exam</li> <li>• LDL- C Screening</li> <li>• Nephropathy Screening</li> </ul>
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 BEHAVIOR	REWARD AMOUNT	REWARD DETAILS (Ambetter)
Get Started	\$25	Login to My Health Pays Portal
Wellbeing Survey	\$90	Must be completed during the first 90 days of enrollment
Annual Wellness Visit	\$50	1 reward per calendar year
Get On. Target	\$50	Complete one of five personalized plans: eating, exercise, weight, stress or smoking



# Prior Authorization



# Prior Authorization Submission Requirements

Type of Service	Authorization Requirement
Elective or scheduled admissions	Notification 5 days prior to admission
Urgent or emergent admission	Notification within 1 business day following the admission
Requests for services at a tertiary facility or with a tertiary provider	Authorization required when such services are available in the community setting
Outpatient services including outpatient rehab services (PT, OT, ST)	Authorization required over 80 units
Services rendered in the home	Authorization required
Hospice Care	Authorization required
Some Specialist Services	Verify authorization requirements using the Pre-Screening Tool
High-Tech Imaging	Verify authorization requirements using the Pre-Screening Tool – Managed by NIA, request authorization at: <a href="http://www.radmd.com">www.radmd.com</a>
All out-of-network services	Authorization required

Please refer to the NH Healthy Families Pre-Screening Tool accessible via the Provider Resources page at [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com) & [www.ambetter.nhhealthyfamilies.com](http://www.ambetter.nhhealthyfamilies.com)



# Prior Authorization Submission Requirements

## NH Healthy Families Prior Authorization can be requested the following ways:

1. Via the NH Healthy Families secure portal
  - NH Healthy Families: [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)
  - Ambetter: [ambetter.nhhealthyfamilies.com](http://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 on the Provider Resource Page at [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com) & [www.ambetter.nhhealthyfamilies.com](http://www.ambetter.nhhealthyfamilies.com)

PA Type	Processing Time
Urgent/Expedited	72 hours
Standard PA	14 calendar days

Important Reminders
NH Healthy Families utilizes InterQual® Criteria
Written or electronic notification of the authorization request will be sent to the provider
Be sure to request Authorizations using the NPI number that will be billed on the claim
Complete information regarding the services or procedures being requested
Failure to obtain authorization may result in an administrative denial, and Providers are prohibited from holding a Member financially responsible.



# Claims

# Timely Filing - Claims

Product	First Time Claims	Reconsiderations	Disputes
NH Healthy Families	Claims will not be accepted over <b>90 calendar days</b> from the date of service	<b>180 calendar days</b> from the date of the Explanation of Payment (EOP) and cannot <i>exceed 15 months from the date of service.</i>	<b>180 calendar days</b> from the date of the Explanation of Payment (EOP) and cannot <i>exceed 15 months from the date of service.</i>
Ambetter	Claims will not be accepted over <b>180 calendar days</b> from the date of service	<b>180 calendar days</b> from the date of the Explanation of Payment (EOP)	<b>180 calendar days</b> of the date from the Explanation of Payment (EOP)

# Claims Submission



Claims may be submitted in 3 ways:

Submission Type	NH Healthy Families	Ambetter
Secure Web Portal	<a href="http://www.nhhealthyfamilies.com">www.nhhealthyfamilies.com</a>	<a href="http://www.ambetter.nhhealthyfamilies.com">www.ambetter.nhhealthyfamilies.com</a>
Electronic Clearinghouse	Medical – 68069 Behavioral Health -68068	Medical & Behavioral Health - 68069
Original Paper & Corrected Claims	NH Healthy Families Attn: Claims Department P.O. BOX 4060 Farmington, Missouri 63640-3831	Claims Department PO Box 5010 Farmington, MO 63640-5010

EDI Contact: 800-225-2573 ext. 25525 - E-mail: [EDIBA@centene.com](mailto:EDIBA@centene.com)  
NH Healthy Families accepts both electronic (EDI) and (red) paper claims



# PaySpan Health EFT/ERA

- 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](http://www.payspanhealth.com) or contact [PCSC@payspan.com](mailto:PCSC@payspan.com)
- Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

# Billing the Member

## **NH Healthy Families:**

- Member may not be balance billed
- No Show
  - Contact Community Health Services Representative (formerly 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.



# Ambetter Plan Details

# Ambetter Plan Overview



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

NH Healthy Families also provides a 94% and 100% actuarial value (AV) plans for eligible enrollees in the Premium Assistance Program (PAP).

NH Healthy Families is the ONLY MCO on the exchange who has experience servicing the NH Health Protection Program (NHHPP) members. NHHPP members are familiar with NH Healthy Families and we understand this membership's needs.

- In 2016 & 2017 Ambetter membership consisted primarily of Premium Assistance Program (PAP) members
- In 2018 our Ambetter Federally Facilitated Marketplace (FFM) membership increased dramatically to approximately 4,800 members across the state

## **Out of Network Benefits (Both PAP and FFM)**

- All plans are exclusive Provider Organization (EPO). Except for Emergency Services there is no Out of Network benefit. Members may use In-Network providers in other states where Ambetter is offered.

# Payment Process - FFM

Days/Months Delinquent	Termination Procedure
3 Days Delinquent Premiums	<ul style="list-style-type: none"> <li>• Delinquent Term Notice is sent to Exchange &amp; subscriber</li> <li>• Notice clarifies the NEXT STEP is pending claims</li> </ul>
1 Month Delinquent Premiums	<ul style="list-style-type: none"> <li>• Notice is issued to subscriber and Exchange</li> <li>• Claims PEND for non-payment</li> </ul>
2 Months Delinquent Premiums	Notification of possible termination is sent to subscriber and Exchange
3 Months Delinquent Premiums	<ul style="list-style-type: none"> <li>• Subscriber and associated members are terminated</li> <li>• Notice of termination is sent to Exchange</li> <li>• All pending claims will be denied.</li> </ul>

## Termination Procedures (Policyholders not receiving Advanced Premium Tax Credit)

Days/Months Delinquent	Termination Procedure
3 Days Delinquent Premiums	<ul style="list-style-type: none"> <li>• Delinquent/Term notice is sent to Exchange and subscriber</li> <li>• Notice clarifies that claims are currently pending.</li> </ul>
1 Month Delinquent Premiums	<ul style="list-style-type: none"> <li>• Subscriber and associated members are termed for non-payment.</li> <li>• Notification is sent to member and Exchange.</li> <li>• All pending claims will be denied.</li> </ul>

# Verification of Cost Share

Viewing Professor Fee: 261922150 Find Doctor

Back to **Jane Member**

Overview

**Cost Sharing**

Assessments

Health Record

Care Plan


Authorizations

Coordination of Benefits

Claims

Summary of Benefits

Pharmacy PDL

 This patient is eligible as of today, Jun 17, 2013.

Medical **Drugs** Dental Vision

**Medical Deductible and Out-of-Pocket Limits**

Item	Total Amount	Met Year to Date*	Remaining**
Deductible Individual (2013)	\$1,300	\$590	\$1,300
Deductible Family (2013)	\$2,600	\$1,180	\$2,250
Out-of-Pocket Limit Individual (2013)	\$6,300	\$0	\$6,300
Out-of-Pocket Limit Family (2013)	\$12,600	\$0	\$6,400

**Out-of-Pocket Limit includes medical and drug deductible, coinsurance, & copays**

\*Based on fully adjudicated claim data  
 \*\*Collect the lesser of Individual Remaining or Family Remaining Amounts

Co-Insurance	
Patient	ambetter
80%	70%

Co-Pay	
Visit Type	Amount
Primary Care	\$20
Specialist	\$50
Emergency Room	\$150

Free Primary Care Visits\* (2013)    Total Available: 3    Used Year to Date: 2    Remaining: 1

Physical Therapy Visits (2013)    Total Available: 15    Used Year to Date: 5    Remaining: 10

\*After All includes any the visit code provided by your Primary Care Provider. Any lab, radiology (x-ray), minor surgeries, or other services provided during the All will be subject to deductibles and co-insurance. Please note that preventative care visits, such as an annual well-visit/annual, are not included as part of the Free Visits. Preventative care visits are covered, separately, at 100% by ambetter.



# Member Grievances, Appeals, & State Fair Hearing

- **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.
- **Grievance:** An expression of dissatisfaction about any matter other than an Action.
- **Appeal:** A request for review of any Action taken by the MCO.
- **State Fair Hearing:** A request for State review of internal MCO appeal outcome. Must be submitted within 120 calendar days of the date on the Plan's notice of resolution of the appeal.





## Grievances Resolution & Communication Timeframes

Submitting a Grievance	NH Healthy Families	Ambetter
<p><b>Grievances</b> can be filed orally over the phone, in writing via mail or fax, or in person at the NH Healthy Families office.</p>	<ul style="list-style-type: none"><li>• Written Acknowledgement: 10 business days from receipt</li><li>• Resolution:</li><li>• Standard: 45 calendar days from receipt</li><li>• Clinically urgent: 72 hours from receipt</li><li>• Written Notification:</li><li>• Standard: 2 business days from resolution</li><li>• Clinically urgent: immediately upon resolution</li></ul>	<ul style="list-style-type: none"><li>• Grievances for Ambetter members must be filed within 180 days of the date the dissatisfaction occurred.</li><li>• Written Acknowledgement: 5 business days from receipt</li><li>• Resolution:</li><li>• Standard: 30 calendar days from receipt</li><li>• Clinically urgent: 72 hours from receipt</li><li>• Written Notification:</li><li>• Standard: 2 business days from resolution</li><li>• Clinically urgent: immediately upon resolution</li></ul>



# Appeals Resolution & Communication Timeframes

Submitting an Appeal	NH Healthy Families	Ambetter
<p><b>Appeals</b> can be filed orally or in writing by the Member or by the Member’s authorized appeal representative (who may be the provider). A Member must complete and sign the Authorized Representative Form designating their Appeal Representative.</p>	<ul style="list-style-type: none"> <li>• Appeals: Appeals must be filed at least 60 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.</li> <li>• Written Acknowledgement: 10 business days of the receipt</li> </ul> <p>Resolution:</p> <ul style="list-style-type: none"> <li>• Standard: 30 calendar days from initial Appeal request.</li> <li>• Expedited: 72 hours after receipt of Appeal request.</li> </ul> <p>Written Notification:</p> <ul style="list-style-type: none"> <li>• Standard: 30 calendar days from the day the Plan received the initial Appeal request.</li> <li>• Expedited: immediately upon determination</li> </ul> <p>Note: Providers can’t request the continuance of benefits for members even if they have member consent.</p>	<ul style="list-style-type: none"> <li>• Appeals must be filed at least 180 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.</li> <li>• Written Acknowledgement: 5 business days of the receipt</li> </ul> <p>Resolution:</p> <ul style="list-style-type: none"> <li>• Standard: 30 calendar days from initial Appeal request.</li> <li>• Expedited: 72 hours from receipt of Appeal request.</li> </ul> <p>Non-Formulary Medication Appeals:</p> <ul style="list-style-type: none"> <li>• Standard: 72 hours from receipt of Appeal request</li> <li>• Expedited: 24 hours from receipt of Appeal request</li> </ul> <p>Written Notification:</p> <ul style="list-style-type: none"> <li>• Standard: 30 calendar days from the day the Plan received the initial Appeal request.</li> <li>• Expedited: immediately upon determination</li> </ul>



# Provider Complaints & Appeals



# Provider Complaints & Appeals

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**Complaint** is a verbal or written expression by a provider which indicates dissatisfaction or dispute with NH Healthy Families' policy, procedure, claims, or any aspect of NH Healthy Families functions. NH Healthy Families logs and tracks all complaints whether received verbally or in writing. A provider has 30 days from the date of the incident, such as the original remit date, to file a complaint. After the complete review of the complaint, NH Healthy Families shall provide a written notice to the provider within 30 calendar days from the received date of the Plan's decision.

**Appeal** is the mechanism which allows providers the right to appeal actions of NH Healthy Families such as a claim denial, or if the provider is aggrieved by any rule, policy or procedure or decision made by NH Healthy Families.



# Cultural Competency

# Cultural Competency Plan

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- Enables NH Healthy Families 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.
- NH Healthy Families 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.
- NH Healthy Families also works with the DHHS Office of Health Equity and the NH Medical Society to address cultural considerations.

# Section 1557

- Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals participating in:
  - Any health program or activity any part of which received funding from HHS
  - Any health program or activity that HHS itself administers
  - Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.
- For more information please visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

# Disability Sensitivity

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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



# Questions?



nh healthy families™



- **NH Healthy Families Website:** [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)
- **Ambetter Website:** [ambetter.nhhealthyfamilies.com](http://ambetter.nhhealthyfamilies.com)
  
- **Specialty Companies:**
  - National Imaging Associates (NIA) Website: [www.radmd.com](http://www.radmd.com), Email: [ajsabino@magellanhealth.com](mailto:ajsabino@magellanhealth.com), Phone: 1-800-635-2873, **April J. Sabino, RN BSN**, *Provider Relations*, 410-953-1078
  - Envolve Vision Website: [www.opticare.com](http://www.opticare.com), Email: [networkmanagement@opticare.net](mailto:networkmanagement@opticare.net), Phone: 1-800-334-3937
  - CTS (Non-Emergent Transportation) Phone: 1-866-769-3085
  
- **Pharmacy Management:**
  - Envolve Pharmacy Solutions Website: <https://pharmacy.envolvehealth.com/>, Phone: 1-866-769-3085 for general information and 1-866-399-0928 for Prior Authorizations
  - Detailed information on the NH Healthy Families Preferred Drug List (PDL) can be found at: <http://www.NHHealthyFamilies.com> or through [www.CoverMyMeds.com](http://www.CoverMyMeds.com) or by using the Epocrates app on a mobile device: [www.Epocrates.com](http://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/>
  
- **Credentialing & Demographic Updates:**
  - To inquire on the credentialing status of a provider, email: [providerupdatesnh@centene.com](mailto:providerupdatesnh@centene.com)
  
- **Independent Urgent Care Centers**
  - ClearChoice MD: <https://ccmdcenters.com/>, ConvenientMD: <https://convenientmd.com/>

- **Care Management Programs**
  - Medical Management hours: Monday thru Friday (8:00 am – 5:00 pm excluding holidays) 1-866-769-3085
- **Claims Submission**
  - EDI Contact: 800-225-2573 ext. 25525 - E-mail: [EDIBA@centene.com](mailto:EDIBA@centene.com)
  - NH Healthy Families accepts both electronic (EDI) and (red) paper claims
- **PaySpan Health EFT/ERA**
  - For more information please contact PaySpanHealth at 800-733-0908, [www.payspanhealth.com](http://www.payspanhealth.com) or contact [PCSC@payspan.com](mailto:PCSC@payspan.com)
  - Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)
- **Section 1557**
  - For more information please visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>