



**nh healthy families™**

Mental Health  
New Provider Orientation

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# Presentation Outline

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- Overview
- Pharmacy Management
- Provider Relations & Provider Network Operations
- Website and Secure Portal Tools
- Member Eligibility
- Access & Availability
- Medical Management
- Benefit Overview
- Claims
- Documentation Requirements
- Member Grievances, Appeals & State Fair Hearing
- Provider Complaints & Appeals
- Cultural Competency
- Resources



# 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.

Centene also provides many services and programs through specialty companies and the corporate office.



NH Healthy Families is also a wholly owned subsidiary of Centene Corporation, a national Medicaid coverage provider in 24 states.

IN BUSINESS SINCE

1984

COVERS 8.5  
MILLION  
MEMBERS

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



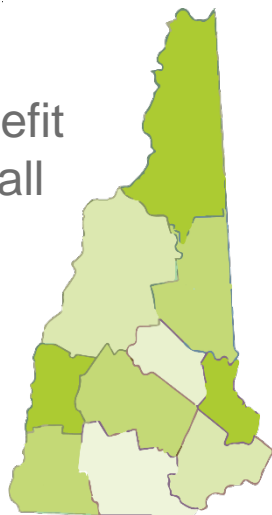
# NH Healthy Families Current Snapshot



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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 **215**

employees located in NH

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

Membership Exceeds  
**90,000**



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**81,000**



ambetter™

FROM



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**9,400**

(As of 2/18/19)



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- A green pill icon, tilted diagonally, with a white horizontal line across its center.

[illegible]

- Please contact NH Healthy Families at 1-866-769-3085 for general information or Envolve Pharmacy Solutions at 1-866-399-0928 for Prior Authorizations: <https://pharmacy.envolvehealth.com/>.
- Detailed information on the NH Healthy Families Preferred Drug List (PDL) can be found at: <http://www.NHHealthyFamilies.com>, 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).

# Provider Relations & Provider Network Operations

# Provider Relations

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

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

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

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# Demographic Updates



## **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

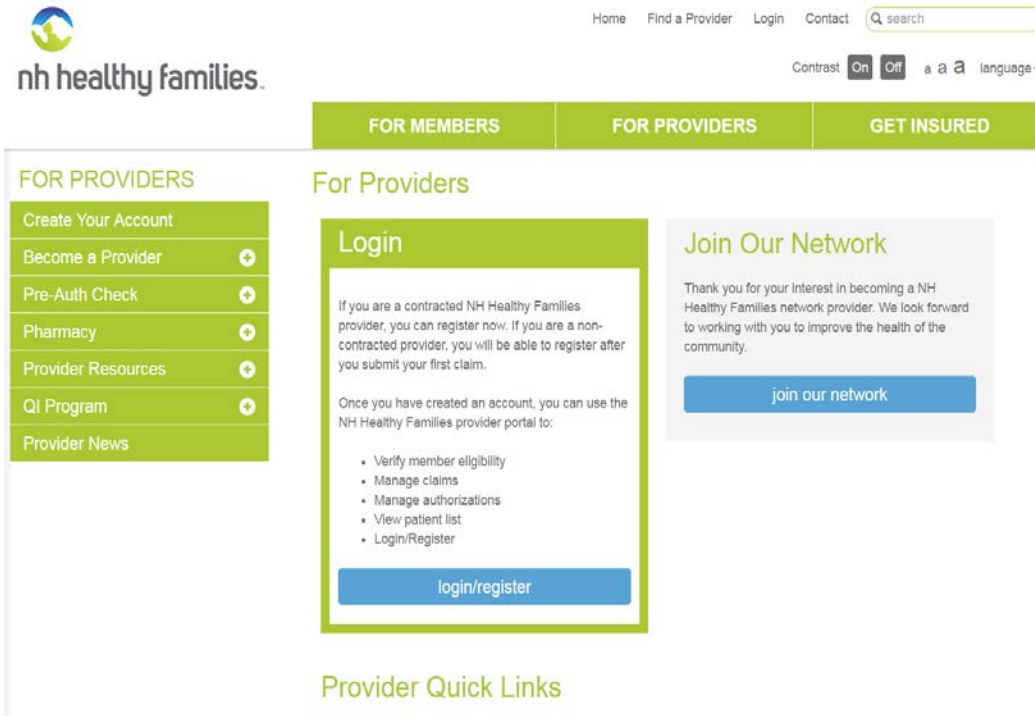
## Web-Based Tools

- Public site at [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)
- 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 NH Healthy Families Provider Secure Portal. At the top, there is a navigation bar with links: Home, Find a Provider, Login, and Contact. A search bar is also present. Below the navigation bar, there are three main tabs: FOR MEMBERS, FOR PROVIDERS (which is highlighted), and GET INSURED. On the left side, under the FOR PROVIDERS tab, there is a sidebar with a list of links: Create Your Account, Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, QI Program, and Provider News. The main content area is titled 'For Providers' and contains two sections. The first section is 'Login', which explains that contracted providers can register now, while non-contracted providers can register after submitting their first claim. It lists several features: Verify member eligibility, Manage claims, Manage authorizations, View patient list, and Login/Register. A 'login/register' button is at the bottom of this section. The second section is 'Join Our Network', which thanks the user for their interest and provides a 'join our network' button.

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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
- Detailed patient & population level reporting

## Registering is easy!

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



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# Member Eligibility

# Verification of Eligibility

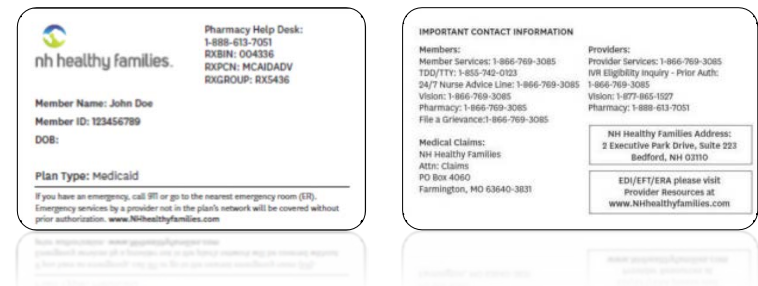


Verify Eligibility by checking one of the systems below at the time of each visit, as well as, daily during an inpatient hospital and/or residential stay.

- **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**

- **NH MMIS Health Enterprise portal** – Verify eligibility for Medicaid Care Management members at:  
[www.nhmmis.nh.gov](http://www.nhmmis.nh.gov)

## Member ID Card





# Access & Availability



# NH Healthy Families Provider Access

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

Appointment Type	Specialty Care Provider
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
Behavioral Health and Substance Use Disorder Services Post Hospital Discharge	Aftercare appointments within seven (7) calendar days after hospital discharge
Transitional Health Care for clinical assessment and care planning	Within two (2) business days of discharge from inpatient or institutional care for behavioral health or SUD program
Transitional Home Care	Within two (2) calendar days of discharge from inpatient or institutional care for mental health

NH Healthy Families surveys providers on an annual basis. Please take a few minutes to complete the electronic survey by visiting: ***NHhealthyfamilies.com – For Providers – Provider Resources. Click on the applicable survey (Specialist/Behavioral Health or PCP) under the Appointment Availability Survey header.***

# Post Discharge Follow Up Visits

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- As an NCQA accredited organization, NH Healthy Families adheres to HEDIS 7 day follow up measures when a member has been discharged from an inpatient setting.
- Our expectation is that a member will have a follow up appointment scheduled with a licensed MH professional within 7 days at the time of discharge. NH Healthy Families Care Management staff are able to assist as needed with scheduling this appointment.
- Additionally, NH Healthy Families Care Management staff will follow up with members after discharge to assist with removing any barriers to treatment compliance with this appointment.
- NH Healthy Families Care Management staff will follow up after the scheduled appointment to find out if the member attended; if not the Care Manager will outreach to the member to address the missed appointment and work with the provider to obtain an appointment within 30 days.



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# Medical Management

# Care Management Programs



**Integrated Care Management:** We help our Members address medical and mental health situations and needs through coordination with disease management programs, wellness initiatives, and a full range of Care Management activities.

**Social Determinants of Health and Resource Needs:** We assist and educate Members on available community resources, state/local social programs (WIC, housing, transportation) and pharmacy resources.

**Program Coordinators:** Are specialized staff who can help members with the following needs: MH, SUD, Housing, I/DD, Special Needs, and Long Term and Support Services (Medicaid only)

**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 needs, inappropriate emergency room use, member health education, or a member in need of reliable communication device (free cell phone) (Medicaid only)

**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, COPD, Heart Failure, Hyperlipidemia, Pediatric Obesity (Medicaid only), Weight Management, Tobacco Cessation, Perinatal and Post Partum Depression

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

**1-866-769-3085**

# Start Smart for Your Baby®

- Prenatal and Post Partum 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
- Offers Addiction in Pregnancy program
- Works in conjunction with established healthcare delivery systems, provider community care coordinators, and community resources





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# My Health Pays™ -Medicaid

My Health Pays™ Programs promotes appropriate utilization of preventative services by rewarding NH Healthy Families' members for practicing healthy behavior. Rewards can be used at Walmart to help pay for things like utility bills, childcare services and rent, as well as everyday items you buy at Walmart.

MY HEALTH PAYS BEHAVIOR	REWARD AMOUNT	REWARD DETAILS (Medicaid)
Completing a Health Needs Assessment	\$30	Complete in the first 30 days. Call us at 1-866-769-3085 (TDD/TTY 1-855-742-0123) to complete the screening.
Notice of Pregnancy (NOP)	\$15	Complete in 31-90 days. Call us at 1-866-769-3085 (TDD/TTY 1-855-742-0123) to complete the screening.
Annual Flu Vaccine	\$20	September---April; ages 6 months and up. One per flu season.
Annual Well Care Visit	\$20	Ages 2 and up.
Completing 6 Health Coaching Sessions for Smoking Cessation	\$20	Ages 18 and up.
Annual Comprehensive Diabetes Care	\$30	Ages 18-75. Must complete all of the following once in the calendar year. <ul style="list-style-type: none"> <li>• HbA1c test</li> <li>• Retinopathy screening (dilated eye exam)</li> </ul>
Annual Breast Cancer Screening	\$30	Ages 40-74. One per calendar year.
Notification of Pregnancy Form	\$50	Completed within first trimester.
Notification of Pregnancy Form	\$25	Completed within second trimester.
Prenatal & Postpartum Care	Up to \$80	Prenatal care for every 3 visits receive \$20 and Postpartum visit within 4-6 weeks after delivery receive \$20. *To be eligible for this reward, you must notify us you are pregnant prior to having your baby by calling us or submitting a completed Notification of Pregnancy (NOP) form.
Annual Prostate Exam	\$20	Ages 50 and up. One per calendar year.
6 Infant Well Care Visits	\$20	Up to 15 months old.
ADHD Follow-up Visit	\$30	Complete a follow-up visit within 30 days of receiving an ADHD medication
Ready for My Recovery	Up to \$85	Complete the Ready for My Recovery form and maintain recovery every 6 months



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# Benefit Overview

# Mental Health Benefit Overview



## **Mental Health Services may include:**

- Inpatient hospital services for mental health
- Outpatient services for mental health
- Psychiatric physician services
- Community behavioral health services
- Specialized therapeutic foster care
- Comprehensive behavioral health assessment
- Behavioral Health overlay services in child welfare settings
- Psychological testing
- Applied Behavioral Analysis (ABA) services for individuals with diagnosis of autism spectrum disorder

Please refer to the NH Healthy Families Pre-Auth Check Tool accessible via the Provider Resources page at [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com) to verify coverage requirements. Please note that ALL inpatient admissions require authorization.



# Provider Clinical Training

- NH Healthy Families offers a variety of clinical training opportunities to network providers that support their ability to provide quality services to members. The Clinical Training program for providers is committed to achieving the following goals:
  - Promote provider competence and opportunities for skill-enhancement;
  - Promote Recovery and Resiliency;
  - To sustain and expand the use of Evidence Based practices (e.g. Illness Management and Recovery, Assertive Community Treatment, Dialectical Behavioral Therapy, Suicide Prevention, etc.)
- Clinical trainings for providers will be offered at various times throughout the year and network providers can also contact NH Healthy Families to request additional clinical trainings or topics specific to your organization.

**Kimberly Bindas, LICSW**  
Clinical Provider Trainer  
Mobile: 781-392-9154  
[Kbindas@centene.com](mailto:Kbindas@centene.com)


**Megan Melanson, MA, LCMHC, LMHC**  
Manager, Behavioral Health  
Office: 603-263-7297  
Mobile: 603-867-8047  
[Megan.S.Melanson@Centene.com](mailto:Megan.S.Melanson@Centene.com)

# Provider Clinical Training

Trainings are provided at no cost to providers and can be scheduled on site or via webinar. Trainings run from 1.5-3 hours with the exception of Motivational Interviewing. CE clock hours may be available.

Please contact [Kbindas@centene.com](mailto:Kbindas@centene.com) for more information or to schedule a training.

Access our provider training and education offerings at: [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com) / For Providers / Provider Training



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### Provider Training and Education

Did you know that we offer free training for providers?

**Current offerings:**

<ul style="list-style-type: none"><li>• Abuse and Neglect</li><li>• ADHD</li><li>• ASAM Overview</li><li>• Co-Occurring Disorders</li><li>• Cultural Competence</li><li>• De-Escalation Techniques</li><li>• DSM-5 Overview of Changes</li><li>• Eating Disorders</li><li>• HIV / AIDS</li><li>• Integrated Care for Healthcare Providers</li><li>• Intellectual Developmental Disorders</li><li>• Intimate Partner Violence</li><li>• Motivational Interviewing</li><li>• Non-Suicidal Self Injury</li><li>• Positive Psychology</li></ul>	<ul style="list-style-type: none"><li>• Opioid Focused Prevention, Intervention, Treatment and Recovery</li><li>• Poverty Competence</li><li>• SMART Goals</li><li>• Strengths Based Treatment</li><li>• Suicide Risk Module 1: Overview</li><li>• Substance Related and Addictive Disorders Module 1: DSM -5 Criteria and Diagnostic Information</li><li>• Behavioral Health 101</li><li>• <i>*No CE hours available for this training</i></li><li>• Mental Health First Aid – Youth</li><li>• <i>*No CE hours available for this training</i></li><li>• Mental Health First Aid- Adult</li><li>• <i>*No CE hours available for this training</i></li></ul>
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You can choose one of our current offerings and we will come to you and provide a no cost training for your staff. Please contact [kbindas@centene.com](mailto:kbindas@centene.com) to obtain more information or to schedule a training.

Training is also available by webinar. Continuing education may be available.

# Claims

# Claims Submission

## Claims may be submitted in 3 ways:

Submission Type	NH Healthy Families
Secure Web Portal	<a href="http://www.nhhealthyfamilies.com">www.nhhealthyfamilies.com</a>
Electronic Clearinghouse	Mental Health/SUD -68068
Original Paper & Corrected Claims	NH Healthy Families Attn: Claims Department P.O. BOX 7500 Farmington, Missouri 63640-3830

## Timely Filing

First Time Claims	Appeals	State Fair Hearing
Claims will not be accepted over <b>120 calendar days</b> from the date of service cannot <b>exceed 15 months from the date of service.</b>	<b>30 calendar days</b> from the date of the Explanation of Payment (EOP) cannot <b>exceed 15 months from the date of service.</b>	Provider may request State Fair Hearing if appeal is upheld. Must be requested within 30 days of final adverse determination notice.

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

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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](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)

payspan.®

# Billing the Member

## NH Healthy Families Members:

- May not be balance billed
- May not be billed for missed appointments
  - 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 (please find sample verbiage in the NH Healthy Families Billing Manual).



# Documentation Requirements for Mental Health Providers


# Documentation Req's

## **The recipient's individual record shall include at a minimum:**

1. The recipient's name, date of birth, address, and phone number; and

## **Supporting documentation shall include:**

1. A complete record of all physical examinations, laboratory tests, and treatments including drug and counseling therapies, whether provided directly or by referral;
2. Progress note for each treatment session, including:
  - a. The treatment modality and duration;
  - b. The signature of the primary therapist for each entry;
  - c. The primary therapist's professional discipline; and
  - d. The date of each treatment session



Consistent, current and complete documentation in the treatment record is an essential component of quality patient care.

# Additional Documentation Req's

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**The recipient's individual record shall include at a minimum:**

1. The therapeutic services provided;
2. The objective(s) in the Individual Service Plan (ISP) for which the service was provided;
3. The consumer's response to the service including progress towards objectives;
4. The date the service was provided;
5. The start and stop time of the service provided;
6. The setting where the service was provided; and
7. The signature, credentials, and title of the person providing services.

- NH Healthy Families uses InterQual® medical necessity criteria for mental health for both adult and pediatric guidelines. InterQual® is a nationally recognized instrument that provides a consistent, evidence-based platform for care decisions and promotes appropriate use of services and improved health outcomes. Additionally, NH Healthy Families has adopted the NH State Medicaid Manual service descriptions and medical necessity guidelines for all community based services.
- InterQual® medical necessity criteria sets are proprietary and cannot be distributed in full; however, a copy of the specific criteria relevant to any individual need for authorization is available upon request. Community-Based Services criteria can be found on the NH Healthy Families website.

## **Recordkeeping best practices include the following:**

- Document date goals were initiated
- Measurable goals that are adjustable over time to show incremental progress / regression
- Documentation shows it's benefiting the client by meeting Medical Necessity Criteria
- Use S.M.A.R.T. Goals
- Discuss plans/ interventions for on-going sessions
- Progress notes must be tied to specific objectives and interventions

The UM department shall ensure that Community Mental Health Services are in accordance with the Medicaid State Plan and He-M 401.02, He-M 403.02 and He-M 426 by:

- Ensuring that the full range of Community Mental Health Services are appropriately provided to eligible Members
- Eligible Members shall receive an individualized service plan created and updated regularly, consistent with State and federal requirements, including but not limited to He-M 401.
- Eligible Members shall be offered the provisions of supports for illness self-management and Recovery
- Eligible Members shall be provided with coordinated care when entering and leaving a designated receiving facility.

# Chart Audit Requirements (Con't.)



- MH Provider Chart Audits are designed to improve health outcomes for Members and ensure that the delivery of services are provided at the appropriate intensity and duration.
- CMH Programs/CMH Providers should support and sustain evidenced-based practices that have a profound impact on Providers and Member outcomes such as Evidenced Based Supportive Employment, Assertive Community Treatment, Illness Management and Recovery, Dialectical Behavioral Therapy and Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problem.
- Community Mental Health Services are delivered in the least restrictive community based environment possible and based on a person-centered approach where the Member and his or her family's personal goals and needs are considered central in the development of the individualized service plans.
- Initial and updated care plans are based on a Comprehensive Assessment conducted using an evidenced-based assessment tool, such as the NH version of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA).
- If a CMH Program/Provider elects to use an alternative evidenced based tool other than CANS/ANSA, notification will be provided for approval of the specific tool.
- Clinicians conducting or contributing to a Comprehensive Assessment are certified in the use of NH's CANS and ANSA, or an alternative evidenced based assessment tool approved by DHHS within one hundred and twenty (120) calendar days of implementation by DHHS of a web based training and certification system.
- Certified clinicians use the CANS, ANSA, or an alternative evidenced-based assessment tool approved by DHHS for any newly evaluated Member and for an existing Member no later than at the Member's first eligibility renewal following certification.



# Member Grievances, Appeals, & State Fair Hearing

# Terminology

Term	Definition
<b>Action</b>	An Action by an MCO is classified as one of the following: <ul style="list-style-type: none"><li>– The reduction, suspension, or termination of a previously authorized service;</li><li>– The denial, in whole or in part, of payment for a service;</li><li>– The failure of the health plan to provide services in a timely manner as defined in the appointment standards described herein; or</li><li>– The failure of the health plan to act within timeframes for the health plan's prior authorization review process.</li></ul>
<b>Appeal</b>	A request for review of any Action taken by the MCO
<b>Grievance</b>	An expression of dissatisfaction about any matter other than an Action.
<b>State Fair Hearing</b>	A request for State review of internal; MCO appeal outcome. Must be submitted within 30 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
<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:<ul style="list-style-type: none"><li>• Standard: Written Notification within 45 calendar days from receipt</li><li>• Clinically urgent: Written Notification within 72 hours from receipt</li></ul></li></ul>
Submitting an Appeal	NH Healthy Families
<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. This is not needed if the appeal request qualifies as expedited.</p>	<ul style="list-style-type: none"><li>• Appeals: Appeals must be filed within 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><li>Resolution:<ul style="list-style-type: none"><li>• Standard: Written Notification within 30 calendar days of initial Appeal request.</li><li>• Expedited: Verbal Notification immediately upon determination. Written Notification within 72 hours of initial Appeal request.</li></ul></li></ul> <p><i>Note: Providers can't request the continuance of benefits for members even if they have member consent.</i></p>



# Provider Complaints & Appeals

# Provider Complaints & Appeals

Term	Definition
<b>Complaint</b>	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 90 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 45 calendar days from the received date of the Plan's decision.
<b>Appeal</b>	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.
<b>State Fair Hearing</b>	A request for State review of the internal MCO appeal outcome. Must be submitted within 30 calendar days of the date on the Plan's notice of appeal resolution.



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# 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.

# 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

# NHHF's Emergency Response Plan

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- NH Healthy Families will notify our provider network of our need to enact our business continuity plan
- Notification will occur using one or more of the following communication methods:
  - Web portal
  - IVR via an automated message
  - Fax blast
- The notification will contain the following elements:
  - Issue
  - Expected resolution and timeline
  - Interim solution or continue being implemented
  - Who to contact for additional questions

# Questions?



- **Member Benefits & Services Overview**

- NH Healthy Families <https://www.nhhealthyfamilies.com/members/medicaid/benefits-services/benefits-overview.html>
- CTS (Non-Emergent Transportation)
  - Reimbursement Form:  
<https://www.nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/NHHF-Friends-and-Family-Reimbursement-Form.pdf>
  - Phone: 1-866-769-3085
- Interpreter Services
  - If you need an interpreter for your medical appointment, contact NH Healthy Families 48 hours before your appointment. We will arrange for one to be at your appointment.
- Ambetter <https://ambetter.nhhealthyfamilies.com/resources.html>

- **Provider Resources**

- NH Healthy Families <https://www.nhhealthyfamilies.com/providers/resources.html>
  - Newsletters & Fax Blasts
  - Manuals, Forms and Resources
- Ambetter <https://ambetter.nhhealthyfamilies.com/provider-resources/manuals-and-forms.html>
  - Manuals, Forms and Resources

# Resources

- **Provider Training** <https://www.nhhealthyfamilies.com/providers/resources/provider-training.html>
  - Full version of this presentation (NH Healthy Families SUD Provider Training)
  - Provider training and education offerings  
<https://www.nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/NHMF-Medicaid-Training-Flyer-P-Flyer-Approved.pdf>
- **Pharmacy Management:**
  - Envolve Pharmacy Solutions Website: <https://pharmacy.envolvehealth.com/>, 1-866-399-0928
  - Detailed information on the NH Healthy Families Preferred Drug List (PDL) can be found at:
    - <http://www.NHHealthyFamilies.com>, 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).
- **Credentialing & Demographic Updates:**
  - To inquire on the credentialing status of a provider, email: [providerupdatesnh@centene.com](mailto:providerupdatesnh@centene.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**

- 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>

# Referrals to Physical Health Services

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## ***Referral Process for connecting a Member to Physical Health Services:***

- Once you have assessed the Member's service and/or care needs, offer the member brief education on their opportunities to receive additional care.
- With the Member, review their service and/or care options (feel free to use the links below to help).
- Obtain Releases Of Information (ROI) from the Member for appropriate information sharing.
- Communicate with the Member their information that will be shared as it relates to their preference for next steps with their care.
- Provide the Member with the referral information and/or assist the Member with completing outreach to connect to the service resource and/or health care provider.
- Call: 1-866-769-3085 or Email: [NHHFCareManagement@centene.com](mailto:NHHFCareManagement@centene.com) to connect any Member to NH healthy Families Care Management program.
- Provide member's clinical information to other practitioners/providers treating the member, as necessary to ensure proper coordination and treatment of members who express suicidal or homicidal ideation or intent, consistent with State law
- Find a Provider: <https://providersearch.nhhealthyfamilies.com/>
- Link to Social Service Resources: <https://nhhealthyfamilies.auntbertha.com/>



## Resources: Access to Care Expectations

### **NH Medicaid contract requirements for providers in network with NH Healthy Families to provide SUD services:**

- If the type of service identified in the ASAM Level of Care Assessment is not available from the provider that conducted the initial assessment within 48 hours this provider is required to provide interim substance use disorder counselors services until such a time that the clients starts receiving the identified level of care. If the type of service is not provided by this agency they are then responsible for making an active referral to a provider of that type of service (for the identified level of care) within fourteen (14) days from initial contact and to provide interim substance use disorder counselors services until such a time that the member is accepted and starts receiving services by the receiving agency.
- Agencies under contract with MCOs to provide SUD services shall respond to inquiries for SUD services from members or referring agencies as soon as possible and no later than two (2) business days following the day the call was first received. The SUD provider is required to conduct an initial eligibility screening for services as soon as possible, ideally at the time of first contact (face to face communication by meeting in person or electronically or by telephone conversation) with the member or referring agency, but not later than two (2) business days following the date of first contact.
- Members who have screened positive for SUD services shall receive an ASAM Level of Care Assessment within two (2) business days of the initial eligibility screening and a clinical evaluation (as identified in the He-W 513 administrative rules) as soon as possible following the ASAM Level of Care Assessment and no later than (3) days after admission.
- Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date ASAM Level of Care Assessment was completed. Members identified for Partial Hospitalization (PH) or Rehabilitative Residential (RR) Services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed until such a time that the member is accepted and starts receiving services by the receiving agency. (Continued)



## Resources: Access to Care Expectations

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### **NH Medicaid contract requirements for providers in network with NH Healthy Families to provide SUD services:**

- Pregnant women shall be admitted to the identified level of care within 24 hours of the ASAM Level of Care Assessment. If the contractor is unable to admit a pregnant woman for the needed level of care within 24 hours, the contractor shall:
  - Assist the pregnant woman with identifying alternative providers and with accessing services with these providers. This assistance must include actively reaching out to identify providers on the behalf of the client; and
  - Provide interim services until the appropriate level of care becomes available at either the contractor agency or an alternative provider. Interim services shall include:
    - a. At least one 60 minute individual or group outpatient session per week;
    - b. Recovery support services as needed by the client; and
    - c. Daily calls to the client to assess and respond to any emergent needs.
- If the type of service identified in the ASAM Level of Care Assessment will not be available from the provider that conducted the initial assessment within the fourteen (14) business day period, or if the type of service is not provided by the agency that conducts the ASAM Level of Care Assessment, this agency is responsible for making an active referral to a provider of that type of services (for the identified level of care) within fourteen (14) business days from the date the ASAM Level of Care Assessment was completed until such a time that the member is accepted and starts receiving services by the receiving agency

*(Please note this can also be found in the SUD Provider Manual)*