

# Behavioral Health and Substance Use Disorder Provider Manual



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Improving Lives is more than our tagline. It's our commitment to the members and providers we serve. We are behavioral health experts that deliver quality results and improve outcomes.

### **Welcome to NH Healthy Families®**

Welcome to the NH Healthy Families Provider Network. We look forward to a long and mutually rewarding partnership as we work together in the delivery of behavioral health, substance use disorder services, and specialty therapy & rehabilitative services to our members in the state of New Hampshire. Member care is a collaborative effort that draws on the expertise and professionalism of all involved. An experienced provider network is essential to provide consistent, superior services to our members. We collaborate with providers to ensure that our members are receiving services in alignment with evidence-based practices which result in the most effective clinical treatment. To achieve our goal, NH Healthy Families builds strong, long-term relationships with our provider network.

We view our relationships with our provider network as a partnership. Our role in that partnership includes providing tools, training and technical assistance to ensure successful outcomes, not only for our members, but also our providers with regard to timely and accurate claims payment.

This Manual provides a description of NH Healthy Families's treatment philosophy and the policies and procedures administered in support of this philosophy. It also describes the requirements Network Providers/Practitioners (Providers) must adhere to in the delivery of services and administrative processes, which were developed in collaboration with our clients, industry standards and our accreditation body; NCQA. It has been developed to answer your questions about NH Healthy Families's program and to explain how we manage the delivery of behavioral health, substance use disorder services, and specialty therapy & rehabilitative services to the members we serve. This Manual will also provide you with specific and detailed information about the NH Healthy Families service delivery system within the state of New Hampshire.

NH Healthy Families will provide bulletins, as needed; to incorporate any needed changes to this Manual online at [www.NHHealthyFamilies.com/providers](http://www.NHHealthyFamilies.com/providers). We offer a wealth of resources for our providers on our website including this Manual, provider forms, etc.

## NH Healthy Families Managed Care Philosophy

NH Healthy Families is strongly committed to the philosophy of providing appropriate treatment at the least intensive level of care that meets the member's needs. We believe that individualized consideration and evaluation of each member's treatment needs are required for optimal medical necessity determinations. Unless inpatient treatment is strongly indicated and meets Medical Necessity Criteria, outpatient treatment is generally considered the first choice treatment approach. Many factors support this position:

- Outpatient treatment allows the member to maximize existing social strengths and supports, while receiving treatment in the setting least disruptive to normal everyday life.
- Outpatient treatment maximizes the potential of influences that may contribute to treatment motivation, including family, social, and occupational networks.
- Allowing a member to continue in occupational, scholastic, and/or social activities increases the potential for confidentiality of treatment and its privacy. Friends and associates need not know of the member's treatment unless the member chooses to tell them.
- Outpatient treatment encourages the member to work on current individual, family, and job-related issues while treatment is ongoing. Problems can be examined as they occur and immediate feedback can be provided. Successes can strengthen the member's confidence so that incremental changes can occur in treatment.

At NH Healthy Families, we take privacy and confidentiality seriously. We have processes, policies and procedures to comply with applicable federal and state regulatory requirements.

{ We appreciate your partnership with NH Healthy Families in maintaining the  
highest quality and most appropriate level of care for our }



## Our Core Beliefs

NH Healthy Families' core beliefs drive every decision we make as we work to improve the lives of our members.

We continuously monitor all aspects of our business, including utilization and case management trends and projections, provider network composition and adequacy, quality and performance improvement, and overall member population behavior and outcomes.

{ We offer a complete picture of the systems of care for our members, turning data into actionable information to support continuous improvement. }





NH Healthy Families works to assure quality behavioral health, substance use disorder services, and specialty therapy & rehabilitative services are provided to all members. This effort includes participation in Quality Improvement committees as well as planned focus studies conducted jointly for physical and behavioral healthcare services.

In addition, NH Healthy Families works to educate and assist physical health and behavioral health providers in the appropriate exchange of medical information. Behavioral health utilization reporting is prepared on a monthly basis, and is shared with the NH Healthy Families QI committee quarterly. Benchmarks for performance are measured, and non-compliance with the required performance standards prompts a corrective action plan to address and/or resolve any identified deficiency.

NH Healthy Families manages and reimburses claims for the covered behavioral health and substance use disorder services for consumers eligible for coverage and enrolled with Granite State Health Plan's NHA Healthy Families statewide.

### Eligibility

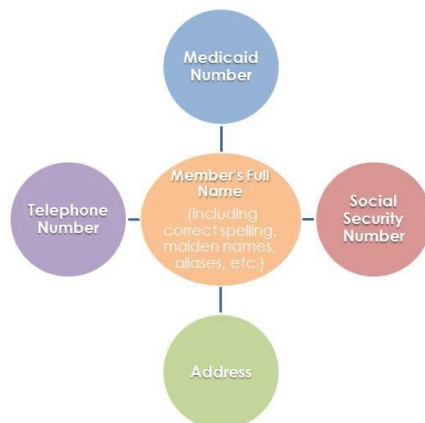
The New Hampshire Department of Health and Human Services (DHHS) is responsible for determining eligibility of persons applying for the NH Healthy Families Program. Persons interested in applying for the NH Healthy Families Program can be referred to the New Hampshire Electronic Application System (NH EASY).

Member eligibility in NH Healthy Families is effective on the first calendar day of a month, and may be confirmed by any of the Eligibility Verification systems described below.

### Verifying Member Enrollment

Providers are responsible for verifying eligibility every time a member schedules an appointment and when they arrive for services. NH Healthy Families Customer Service will assist you with determining member eligibility. Customer Service Representatives, available during regular business hours have access to current member eligibility information. Providers should use any provided options to verify member enrollment.

When you call to check eligibility, please have available as much of the following information as possible:





Until the actual date of enrollment with New Hampshire Healthy Families, NH Healthy Families is not financially responsible for services the prospective member receives. In addition, NH Healthy Families is not financially responsible for services members receive after their coverage has been terminated, however, NH Healthy Families is responsible for those individuals who are NH Healthy Families members at the time of a hospital inpatient admission and change health plans during that confinement.

NH Healthy Families has the capability to receive ANSI X12N 270 eligibility inquiries and generate ANSI X12N 271 health plan eligibility response transaction through New Hampshire Healthy Families. For more information on conducting these transactions electronically, please contact our EDI department.



## PROVIDER QUICK REFERENCE GUIDE



nh healthy families™



2 Executive Park  
Bedford, NH 03110

Phone: 866.769.3085  
TDD/TYY: 800.735.2964

[www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)

State Fiscal Agent (EDS)

Website: [www.nheasy.nh.gov](http://www.nheasy.nh.gov)

## Important Numbers

Department	Phone	Fax
Prior Authorization / Utilization Management	866-769-3085	
Network Development / Provider Relations	866-769-3085	
Appeals	866-769-3085	866-270-9943
Grievances / Complaints	866-769-3085	866-270-9943
Quality Management / Incident Reports	866-769-3085	
Credentialing	866-769-3085	
Claim Support	866-769-3085	
24/7 Nurse Advise Line	866-769-3085	
Specialty Therapy & Rehabilitative Services (STRS)	866-769-3085	866-270-9943

## MEMBER ID CARDS

 <b>nh healthy families.</b>  <b>Member Name:</b> John Doe <b>Member ID:</b> 123456789 <b>DOB:</b>  <b>Plan Type:</b> Medicaid  <small>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. <a href="http://www.NHhealthyfamilies.com">www.NHhealthyfamilies.com</a></small>	<b>Pharmacy Help Desk:</b> 1-888-613-7051 <b>RXBIN:</b> 004336 <b>RXPCN:</b> MCAIDADV <b>RXGROUP:</b> RX5436  <b>IMPORTANT CONTACT INFORMATION</b>  <b>Members:</b> Member Services: 1-866-769-3085 TDD/TTY: 1-855-742-0123 24/7 Nurse Advice Line: 1-866-769-3085 Vision: 1-866-769-3085 Pharmacy: 1-866-769-3085 File a Grievance: 1-866-769-3085  <b>Medical Claims:</b> NH Healthy Families Attn: Claims PO Box 4060 Farmington, MO 63640-3831  <b>Providers:</b> Provider Services: 1-866-769-3085 IVR Eligibility Inquiry - Prior Auth: 1-866-769-3085 Vision: 1-877-865-1527 Pharmacy: 1-888-613-7051  <div><b>NH Healthy Families Address:</b> 2 Executive Park Drive, Suite 223 Bedford, NH 03110</div> <div><b>EDI/EFT/ERA please visit Provider Resources at</b> <a href="http://www.NHhealthyfamilies.com">www.NHhealthyfamilies.com</a></div>
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## PROVIDER NETWORK PARTICIPATION

NH Healthy Families Contracts with behavioral health and Substance Use Disorder providers that consistently meet or exceed NH Healthy Families clinical quality standards.

The NH Healthy Families provider network may consist of the following types of providers:

***NH Healthy Families contracts its provider network to support and meet the linguistic, cultural and other unique needs of every individual member, including the capacity to communicate with members in languages other than English and communicate with those members who are deaf or hearing impaired.***

## Behavioral Health/Substance Abuse Agencies

FQHCs & RHCs

Counselors & Social  
Workers

Psychologists

Psychiatrists

Hospitals & Social  
Workers

Nurses

MLADCs

Outpatient SUD  
Programs

Comprehensive SUD  
Programs

Community Mental  
Health Centers (CMHC)

## Contracting with NH Healthy Families

NH Healthy Families consistently monitors network adequacy. Network Providers are selected on the following standards:

- ✓ Clinical expertise
- ✓ Ability to accept new patients
- ✓ Potential for high volume referrals
- ✓ Specialties that best meet our members' needs
- ✓ Geographic location considering distance, travel time, means of transportation and access for members with physical disabilities

NH Healthy Families does not require providers to sign exclusive agreements as a condition of contracting. Additionally, we have not stipulations in our agreements requiring providers to participate in multiple product lines. If you have questions or need additional clarification regarding this policy, please contact your Network Manager.

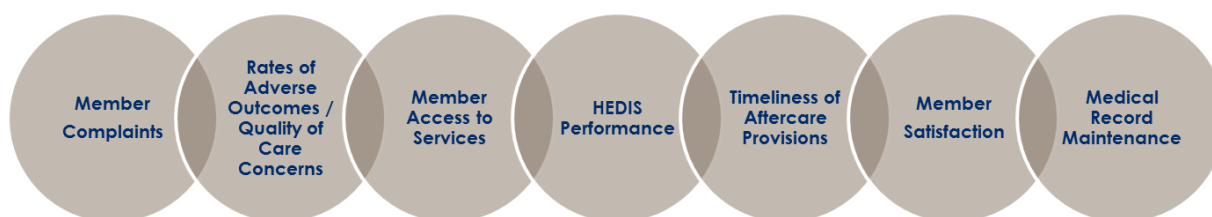
New providers interested in joining the NH Healthy Families network should go to the following link to initiate the process:

[www.nhhealthyfamilies.com/providers/become-a-provider.html](http://www.nhhealthyfamilies.com/providers/become-a-provider.html)

It is the policy of NH Healthy Families not to use incentives to encourage barriers to care and services. NH Healthy Families will not make decision regarding hiring, promoting, or terminating its providers or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. NH Healthy Families employees, the medical director, and clinical consultants who conduct utilization management (UM) activities are compensated through hourly fees or salaried positions. NH Healthy Families does not permit or provide compensation, bonuses, or incentives to employees or agents based on Per Member Per Month (PMPM) date, the amount of volume of adverse determinations, reductions or limitations on inpatient days or lengths of stay, benefits, services, or frequency of contacts with health care providers or patients. UM decision making is based on the appropriateness of care and service and existence of coverage.

## Providers Performance

NH Healthy Families monitors provider performance to ensure quality care is provided to NH Healthy Families members. NH Healthy Families's Quality Improvement Team evaluates provider performance on the following indicators:



If at any time a provider demonstrates negative trends in member complaints, adverse outcomes/quality of care concerns, and/or member access rates, NH Healthy Families's Quality Improvement team brings the provider to the NH Healthy Families Peer Review committee for review. Upon recommendation from the committee, NH Healthy Families may issue a corrective action plan (CAP) for any provider not meeting performance standards. The CAP is monitored by the Quality Improvement team and evaluated by the Peer Review committee. NH Healthy Families adopts a collaborative approach to the development and maintenance of provider CAPs and provides technical assistance to providers. Failure to comply with the CAP and demonstrate adherence to CAP action items could result in further compliance action, up to and including termination from the NH Healthy Families network.

## PROVIDER ACCESS & DENSITY STANDARDS

NH Healthy Families must ensure that provider accessibility is maintained so that there is a standard of coverage for members throughout the state. The provided standards have been established by NH Healthy Families for the State of New Hampshire.

New Hampshire Healthy Families members may access behavioral health, substance use disorder services, and specialty therapy & rehabilitative services through several mechanisms. Members do not need a referral from their Primary Care Physician (PCP) to access covered behavioral health, substance use disorder services, and specialty therapy & rehabilitative services. Caregivers or medical consenters may self-refer members for behavioral health services. If assessment is required, NH Healthy Families must approve the assessment.

45

Transport time shall not exceed forty-five (45) minutes from member to provider

NH Healthy Families adheres to National Commission for Quality Assurance (NCQA) and State accessibility standards for member appointments. Provider shall meet and maintain compliance with the State's waiting times for appointments with Medicaid Covered Persons as set forth herein, or as otherwise amended by the State. Providers must make every effort to assist NH Healthy Families in providing appointments within the provided timeframes.

Network Providers shall ensure that services provided are available on a basis of twenty-four (24) hours a day, seven (7) days a week, as the nature of the member's behavioral health condition dictates.

Network Providers will offer hours of operation that are no less than the hours of operation offered to commercial insurance enrollees and shall ensure members with disabilities are afforded access to care by ensuring physical and communication barriers do not inhibit members from



accessing services.

Network Providers should call the NH Healthy Families Provider Relations department at 1-866-769-3085 if they are unable to meet these access standards on a regular basis. Please note that the repeated inability to accept new members or meet the access standards can result in suspension and/or termination from the network. All changes in a Network Provider's status will be considered in the re-credentialing process.

## PROVIDER DATA MANAGEMENT

Providers are required to be registered on the Council for Affordable Quality Healthcare (CAQH) portal in order to be considered for participation in the NH Healthy Families Network. All provider information should be current and in an active status. Providers must allow NH Healthy Families access to their information and must also attest/update their information regularly. Please include your Certificate of Insurance and W-9 on CAQH. If a provider's information is not current, NH Healthy Families will not proceed with the Credentialing process. If you are not registered, please complete the registration process online at [www.caqh.org](http://www.caqh.org).

To initiate the credentialing process, please visit [www.NHHealthyFamilies.com](http://www.NHHealthyFamilies.com) and go to "Join Our Network."

### Credentialing

Providers must submit at a minimum the following information when applying for participation with NH Healthy Families:

- Current and active CAQH (Council for Affordable Quality HealthCare) registration
- Signed attestation of the correctness and completeness of the application, history of loss of license and/or clinical privileges, disciplinary actions, and/or felony convictions; lack of current illegal substance registration and/or alcohol abuse; mental and physical competence, and ability to perform the essential functions of the position, with or without accommodation
- Copy of current malpractice insurance policy face sheet that includes expiration dates, amounts of coverage and provider's name, or evidence of compliance with state regulations regarding malpractice coverage
- Copy of current Drug Enforcement Administration (DEA) registration certificate, if applicable
- Copy of W-9
- Copy of Educational Commission for Foreign Medical Graduates (ECFMG) certificate, if applicable
- Copy of current unrestricted License to practice in the state of New Hampshire
- Current copy of specialty/board certification certificate, if applicable
- Curriculum vitae listing, at a minimum, a five-year work history
- Signed and dated Release of Information form
- Proof of highest level of education – copy of certificate or letter certifying formal post-graduate training
- Copy of Clinical Laboratory Improvement Amendments (CLIA), if applicable
- Copy of enumeration letter issued by National Plan and Provider Enumeration System (NPI)
- Completed NH Healthy Families Provider Specialty Profile
- Centers for Medicare & Medicaid Services (CMS) Disclosure form, if applicable



**Facilities** must submit at a minimum the following information when applying for participation with NH Healthy Families:

- List of current professional Mental Health/Chemical Dependency staff privileged to admit and/or treat patients in your facility, (include license type, address, telephone numbers, and social security numbers) that you would recommend that we contact for membership on NH Healthy Families's Individual Provider Panel
- Copy of The Joint Commission/CARF/COA/AOA accreditation letter with dates of accreditation
- Copy of the state or local license(s) and/or certificate(s) under which your facility operates
- Copy of Clinical Laboratory Improvement Amendments (CLIA), if applicable
- Copy of current Drug Enforcement Administration (DEA) registration certificate, if applicable
- Copy of professional and general liability insurance policy with the limits of coverage per occurrence and in aggregate, name of liability carrier, and insurance effective date and expiration date (Month/Day/Year)
- Listing of satellite locations and services offered at each location (include copies of accreditation, license, insurance, CLIA, and DEA certificate, if applicable)
- Copy of Credentialing Procedures
- Copy of NDMS agreement, if applicable
- Centers for Medicare & Medicaid Services (CMS) Disclosure form, if applicable
- Facilities contracted under a NH Healthy Families Facility Agreement that list a rendering NPI in box 24-J of the claim form that is different than the Facility's billing NPI (box 33-A), must submit an electronic (Excel) roster of clinicians rendering covered services with their credentialing materials.

**Non-Accredited Facilities** must include the following in addition to the items above:

- Copy of state or local Fire/Health Certificate
- Copy of Quality Assurance Plan
- Description of Aftercare or Follow-up Program
- Organizational Charts including staff to patient ratio

### **Council for Affordable Quality HealthCare (CAQH)**

NH Healthy Families utilizes CAQH to streamline the Credentialing/Re-credentialing process.

If you are not registered, please complete the registration process online at [www.caqh.org](http://www.caqh.org).



[www.CAQH.org](http://www.CAQH.org)

888.599.1717

### **Provider Rosters**

NH Healthy Families requires a listing of rendering employed professional Mental Health/Chemical Dependency staff privileged to admit and/or treat patients. This list should include license type, address, telephone numbers, and social security numbers. NH Healthy Families will require quarterly updates to this listing to ensure accuracy. Please note that the information provided may be accessed by NH Healthy Families for network accessibility and member referral services.

## Re-Credentialing

Providers will be re-credentialed every 36 months from the initial credentialing date in accordance with the current NCQA standard CR4 unless otherwise dictated by state law. Providers will receive notice that they are due to be re-credentialed well in advance of their expiration date and, as such, must have a current CAQH registration on file. .. Failure to do so could result in suspension and/or termination from the network.

Quality indicators including but not limited to, complaints, appointment availability, critical incidents, and compliance with discharge appointment reporting will be taken into consideration during the re-credentialing process.

NH Healthy Families will verify the following information submitted for Credentialing and/or Re-Credentialing:

- License through appropriate licensing agency
- Board certification, or residency training, or medical education
- National Practitioner Data Bank (NPDB) and HIPDB claims
- Five years of work history
- Federal sanction activity including Medicare/Medicaid services (OIG-Office of Inspector General and EPLS – Excluded Parties Listing)

It is the provider's responsibility to notify NH Healthy Families of any of the following within ten (10) days of the occurrence:

- ❖ Any lawsuits related to professional role
- ❖ Licensing board actions
- ❖ Changes to NPI and TIN
- ❖ Malpractice claims or arbitration
- ❖ Disciplinary actions before a State agency and Medicaid/Medicare sanctions
- ❖ Cancellation or material modification of professional liability insurance
- ❖ Member complaints against practitioner
- ❖ Changes in fiscal address and/or billing address
- ❖ Any situation that would impact a Provider's ability to carry out the provisions of their Formal Written Agreement with NH Healthy Families ("Agreement") with NH Healthy Families, including the inability to meet member accessibility standards Changes or revocation with DEA certifications, hospital staff changes or NPDB or Medicare sanctions

## Site Visits

Any entity executing a Facility Agreement will require an accreditation from The Joint Commission /CARF/COA/AOA. In the event such entity is not accredited, a site visit will be required as a component of the credentialing process. Failure to pass the site visit will result in the facility being ineligible to participate in the NH Healthy Families network, in which case the provider will be notified.

Additionally, providers may also have a site visit conducted by a NH Healthy Families representative as part of the credentialing/re-credentialing process. Failure to pass the site visit may result in a Corrective Action Plan (CAP) that must be satisfied before being considered for admission to the network. Providers are subject to an on-site visit at any time with or without cause.

NH Healthy Families reserves the right to conduct provider site visit audits. Site visits may be conducted as a result of member dissatisfaction or as part of a chart audit. The site visit auditor reviews the quality of the location where care is provided and will evaluate the accessibility and adequacy of the treatment and waiting areas.

### **Provider Verification**

Provider's state identification information, license, TIN, legal entity name, doing business as (D.B.A) and other pertinent information must be valid and verified with the New Hampshire Department of Community Health. Any discrepancies between the provider information and the State file must be validated by the provider and the State.

### **National Provider Identifier (NPI)**

A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI has replaced the unique provider identification number (UPIN) as the required identifier for Medicare services, and is used by other payers, including commercial healthcare insurers. The transition to the NPI was mandated as part of the Administrative Simplifications portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).



The NPI number can be obtained online through the National Plan and Provider Enumeration System (NPPES) pages on CMS's website. Turnaround time for obtaining a number is from 1 to 20 days.

### **Medicaid Number**

Providers are required to obtain a Medicaid Number in order to provide covered services for a Medicaid product. This Medicaid number can be obtained thru the state Medicaid office. Please note that NH Healthy Families will verify this information. All provider information on file with New Hampshire Department of Community Health will be utilized for authorization of covered services and claims payment.

### **Medicare Number**

Providers are required to obtain a Medicare number in order to provide covered services for Medicare. Please reference CMS and Medicare Provider Enrollment for additional information. All provider information on file with CMS will be utilized for authorization of covered services and claims payment. Please note that NH Healthy Families will verify this information via CMS.

### **Right to Review and Correct Information**

All providers participating with the NH Healthy Families Network have the right to review their information obtained by NH Healthy Families to evaluate their credentialing/re-credentialing application. This includes information obtained from any outside primary sources such as the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank, malpractice insurance carriers and the Composite State Board of Medical Examiners and other state board agencies. This does not allow a provider to review references, personal recommendations, or other information that is peer review protected.

Should a provider believe any of the information used in the credentialing/re-credentialing process to be erroneous, or should any information gathered as part of the primary source verification process differ from that submitted by a provider, they have the right to correct any erroneous information submitted by another party. To request release of such information, a written request must be submitted to the NH Healthy Families Credentialing Department. Upon receipt of this information, the provider will have fourteen (14) days to provide a written explanation detailing the error of the difference in information. The NH Healthy Families Credentialing Committee will then include this information as part of the credentialing/re-credentialing process.

### Status Change Notification

Providers must notify NH Healthy Families immediately of any change in licensure and/or certifications that are required under federal, state, or local laws for the provision of covered behavioral health services to members, if there is a change in provider's hospital privileges, or if there is a change in panel status (open/closed panel). All changes in a provider's status will be considered in the re-credentialing process. Notifications can be made by faxing 844-678-5766, emailing [providerupdatesnh@centene.com](mailto:providerupdatesnh@centene.com) or mailing them to NH Healthy Families Provider Data Management Department, 2 Executive Park Drive, Bedford NH, 03110.

### Provider Demographic/Information Updates

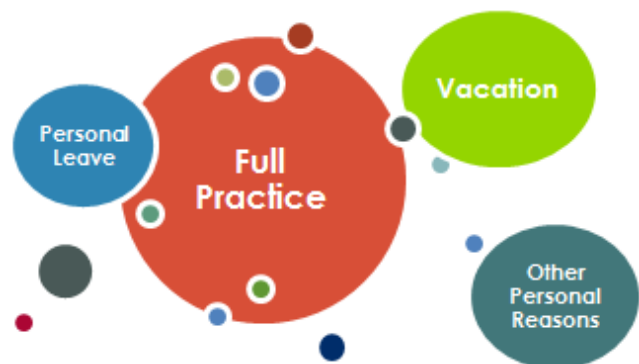
Providers should advise NH Healthy Families with as much advance notice as possible, any demographic/information updates. Provider information such as address, phone and office hours is used in our Provider Directory, and having the most current information accurately reflects our Provider Network. Please use the NH Healthy Families Provider Information Update Form to notify us of any changes.

Please notify NH Healthy Families immediately of any updates to your Tax Identification Number, service site address, phone/fax number, and ability to accept new referrals in a timely manner so that our systems are current and accurately reflect your practice. In addition, we ask that you please respond to any questionnaires or surveys submitted regarding your referral demographics, which may be requested from time to time.

### Referral Periods

Providers are required to notify NH Healthy Families when they are not available for appointments. Providers may place themselves in a "no referral" hold status for a set period of time without jeopardizing their overall network status. Providers must call or write to the NH Healthy Families Provider Relations department to set up a "no referral" period. Providers must have a start date and an end date indicating when they will be available again for referrals. A "no referral" period will end automatically on the set end date. "No referral" is set up for providers for the following listed reasons.

- Vacation
- Full practice
- Personal leave



The NH Healthy Families Provider Relations Department can be reached at 1-866-769-3085.

## **Reporting and Metric Requirements**

Providers may be required to submit timely to NH Healthy Families reports or performance metrics as required by New Hampshire Healthy Families contract with the New Hampshire Department of Health and Human Services, and/or NH Healthy Families's requirements for NCQA accreditation. Such metrics shall include, but are not limited to: provider rosters by service location; compliance rates with timely ambulatory follow-up after a hospitalization; average number of days to receive an emergent appointment; average number of days to receive a routine appointment; network adequacy and similar measures. NH Healthy Families and Providers shall work together to find solutions when performance standards are not met.

## **Network Suspension and Termination**

New applicants who are declined participation in the NH Healthy Families Network have the right to request a reconsideration of the decision in writing within fourteen (14) days of formal notice of denial. All written requests should include additional supporting documentation in favor of the applicant's reconsideration for participation. Reconsiderations will be reviewed by the Credentialing Committee at the next regularly scheduled meeting, but in no case later than 60 days from the receipt of the additional documentation. The applicant will be sent a written response to his/her request within two (2) weeks of the final decision. If a Network Provider has been suspended or terminated by NH Healthy Families, he/she may contact the NH Healthy Families Provider Relations department at 1-866-769-3085 to request further information or discuss how to appeal the decision.

For a formal appeal of the suspension or termination of contract privileges, the provider should send a written request. Please note that the written request should describe the reason(s) for requesting and include any supporting documents. This request must be postmarked within thirty (30) days from the receipt of the suspension or termination letter to comply with the appeal process. NH Healthy Families will use the Provider Dispute Policy to govern its actions. Details of the Provider Dispute Policy will be provided to the provider with the notification of suspension/termination or you may request a copy by calling 1-866-769-3085.

Each provider will be provided with a copy of their fully executed Agreement with NH Healthy Families. The Agreement will indicate the provider's effective date in the network and the initial Term and Renewal Term provisions in NH Healthy Families's provider network. The Agreement will also indicate the cancellation/termination policies. There is no "right to appeal" when either part chooses not to renew the Agreement.

## **Provider Request to Terminate**

Providers requesting to terminate from the network must adhere to the Termination provisions set forth in their Agreement with NH Healthy Families. This notice can be mailed or faxed to the Provider Relations Department. The notification will be acknowledged by NH Healthy Families in writing and the Provider will be advised on procedures for transitioning members if indicated.

NH Healthy Families fully recognizes that a change in a Provider's participation status in NH Healthy Families's provider network is difficult for members. NH Healthy Families will work closely with the terminating Provider to address the member's needs and ensure a smooth transition as necessary. A Provider who terminates his/her contract with NH Healthy Families must notify all NH Healthy Families members who are currently in care at the time and who have been in care with that Provider during the previous six (6) months.

Treatment with these members must be completed or transferred to another NH Healthy Families Provider within three (3) months of the notice of termination, unless otherwise mandated by State law. The Provider needs to work with the NH Healthy Families Care Management Department to determine which members might be transferred, and, which members meet Continuity of Care Guidelines to remain in treatment.

### **NH Healthy Families's Right to Terminate**

Please refer to your Agreement with NH Healthy Families for a full disclosure of causes for termination. As stated in your Agreement, NH Healthy Families shall have the right to terminate the Agreement by giving written notice to the Provider upon the occurrence of any of the following events:

- Termination of NH Healthy Families's obligation to provide or arrange mental health/substance use disorder services for members;
- Restriction, qualification, suspension or revocation of provider's license, certification or membership on the active medical staff of a hospital or NH Healthy Families participating provider group;
- Provider's loss of liability insurance required under the Agreement with NH Healthy Families
- Provider's exclusion from participation in NH Healthy Families programs;
- Provider's exclusion from participation in the Medicare or Medicaid program;
- Provider's insolvency or bankruptcy or provider's assignment for the benefit of creditors;
- Provider's conviction, guilty plea, or plea of nolo contendere to any felony or crime involving moral turpitude;
- Provider's ability to provide services has become impaired, as determined by NH Healthy Families, at its sole discretion;
- Provider's submission of false or misleading billing information;
- Provider's failure or inability to meet and maintain full credentialing status with NH Healthy Families;
- Provider's breach of any term or obligations of the Agreement;
- Any occurrence of serious misconduct which brings NH Healthy Families to the reasonable interpretation that a provider may be delivering clinically inappropriate care; or
- Provider's breach of NH Healthy Families Policies and Procedures.

### **Discontinuation**

A provider may be discontinued if required elements and prime source verification cannot be obtained by NH Healthy Families. An application may be discontinued if it meets the following criteria:

1. Provider non-responsive to three (3) PDM outreach attempts for missing or incomplete items
2. The application has been aging thirty (30) days from receipt of initial documentation

Prior to discontinuing any provider application, NH Healthy Families will notify Provider/Practitioner of its intent to discontinue. The Provider/Practitioner will then have five (5) business days to respond with the required items for provider application completion. If the application has been discontinued, the applicant is notified in writing that their application will not be processed. This written notification includes the reason for the determination. Following notification, the applications and documentation submitted to NH Healthy Families will be destroyed in accordance with NCAQ standards.



## PROVIDER EDUCATION & TRAINING

NH Healthy Families makes outreach to new providers, groups, and facilities to offer an initial orientation within thirty (30) calendar days of being placed on active status. Additional trainings are provided, upon request, to all providers and their staff regarding the requirements of their contract and special needs of the enrollees. NH Healthy Families shall also conduct ongoing trainings, as deemed necessary by New Hampshire Healthy Families or the New Hampshire Department of Community Health, in order to ensure compliance with program standards and their contract.

NH Healthy Families will post information, updates, bulletins, and other pertinent information on its website.

### Clinical Training

NH Healthy Families will offer a variety of clinical training opportunities to providers that support their ability to provide quality services to members. The Clinical Training program is committed to achieving the following goals:

- Promote provider competence and opportunities for skill-enhancement
- Promote Recovery & Resiliency
- To sustain and expand the use of Evidence Based practices (e.g. Illness Management, and Recovery, Assertive Community Treatment, Dialectical Behavioral Therapy, etc.)
- To assist in providing at least two (2) hours annually to all CMHC staff related to suicide risk assessment, prevention and post-vention strategies

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. Clinical trainings may be offered live or webinar format.

## ELECTRONIC TRANSACTIONS & FUNCTIONALITY

Our provider website allows providers and office staff access to key information at their convenience, 24 hours a day / 7 days a week. Providers may register to gain access to secure functionality which includes; member eligibility verification, electronic Professional and Institutional claims submission and status checks, authorization requests and status inquiries, access to training information, claim adjustments, online EOPs, email, downloadable forms and important links.



NH Healthy Families distributes its Member Rights and Responsibilities to members and providers upon enrollment and annually thereafter. They can also be found on our website.

### Electronic Claims Submission

In the best interests of our providers, state clients, and our own internal operations, NH Healthy Families's preferred mechanism for claim submission is through Electronic Data Interchange (EDI). An electronically filed claim leads to a faster, more accurate process; allows the use of the information sooner in care of our members; and is better for our environment. Our experiential



data shows that when providers prepare and submit claims electronically, the time from service to submission to NH Healthy Families is abbreviated by more than **half** the time compared to claims submitted on paper.

This means that we obtain the data earlier, can process the claim faster, our Case Managers can utilize the information sooner in the care of our members, and we can display the information sooner to our providers. Our technology allows us to validate much of the data submitted at the earliest possible stage in the process, which results in more accurate and complete data received.

We do recognize that provider capabilities related to submitting electronic claims vary based on a provider's technological support and expertise. We also recognize smaller providers face unique challenges. This is why we support a growing variety of online, EDI, and Electronic Funds Transfer (EFT) for claim payment options so each provider can select the best approach for their practice.

### **Direct Data Entry (DDE) Claim Form**

Our website allows for the HIPAA compliant entry of individual *professional* and *institutional* claims via *form templates* directly through our Provider Portal. When claims are submitted utilizing this interactive template on our portal, the data goes through the same rigor for data and field validation as do HIPAA 837 transaction.

When a provider submits a **professional** claim via our online Direct Data Entry (DDE) form, we will receive and process the claim within **two (2) business days** of receipt, providing a status of paid, denied, or pended along with the corresponding reason codes and descriptions. Payments and denials will be received on the next check run and pends will be routed appropriately and finalized within required timelines. This method of claims filing (along with any other electronic form of claims submission) reduces paper and improves the timeliness of claims data, as well as providing the obvious direct benefit to the submitting provider. This service level is made possible through the integration of our Provider Portal, EDIFICS, and AMISYS Advance, our core claims processing system.

### **Claim Adjustments and Additional Claim Information**

Providers can submit claim adjustments and additional information electronically on our provider website, such as an Explanation of Benefit (EOB) from another insurance carrier further ensuring that claim submission are complete. The ability to submit this information electronically enables faster overall turnaround time (TAT) in claim adjudication and payment.

### **HIPAA 837 Batch Claims**

NH Healthy Families supports the online submission of HIPAA 837 batch claims directly through our provider website. Supporting this feature is our EDICECS Ramp Manager tool which facilitates the process for EDI on-boarding. EDICECS Ramp Manager is an interactive tool that allows providers to test their EDI transactions directly with us and, once approved, certify them for direct submission of HIPAA 5010 claim transactions to us. EDIFICS Transaction Manager, another component of our EDIFICS system, will allow NH Healthy Families to continuously monitor provider EDI submission patterns which help to ensure consistent levels of EDI service. Beyond claim and remit transactions, providers connecting directly via EDI will receive direct assistance from our EDI Help Desk to implement the broader HIPAA transaction set, including 270/271 Eligibility Inquiry and Response; the 276-277 Claim Status Inquiry and Response; the 278 Service Authorization Request and Response; and (for providers sufficiently equipped) HL7 based transactions, such as the Continuity of Care Document (CCD) and Scheduling Interface Unsolicited (SIU) for collaborative scheduling.

### **HIPAA 837 Professional & Institutional EDI Claims**

NH Healthy Families supports over 60 *trading partners* across 13 states who file HIPAA 837 EDI claims on behalf of our providers. In fact, we will accept claims from any clearinghouse that meets our performance and service quality standards and can implement our HIPAA companion guides.

## Electronic Funds Transfer (EFT)

Like EDI claims submission, Electronic Funds Transfer (EFT) via the Automated Clearinghouse (ACH) affords both our providers and HSHP administrative and financial efficiencies, and we actively encourage our providers to sign up for PaySpan Health, the EFT option we offer. To initiate EFT directly with NH Healthy Families, complete a NH Healthy Families EFT Agreement. Upon acceptance, NH Healthy Families will deposit payment for claims directly into the assigned bank account.



## CUSTOMER SERVICE & STANDARDS OF CARE

NH Healthy Families operates a toll free emergency and routine Behavioral Health Services Hotline, answered by a live voice and staffed by trained personnel, Monday through Friday 8:00 AM – 5:00 PM EST. After hours services are available during evenings, weekends and holidays.

The NH Healthy Families Customer Service department strives to support the mission statement in providing quality, cost-effective behavioral health services to our customers. We strive for customer satisfaction on every call by doing the right thing the first time and we show our integrity by being honest, reliable and fair.

The Customer Service department's primary focus is to facilitate the authorization of covered services for members for treatment with a specific clinician or clinicians. The Customer Service Department provides the member with information about Providers and assists the

Member in selecting a Provider who can meet their specific needs. Licensed clinicians on staff in the Clinical department are available to provide referrals for and assessment of the level of urgency of a caller presenting special needs.

In addition to working with members, the NH Healthy Families Customer Service department assists Providers with the following:



Providers may freely communicate with patients about their treatment, regardless of benefit coverage limitations.



### **After Hours Coverage – 24 Hour Nurse Advice Line**

NH Healthy Families offers a 24 Hour Nurse Advice Line where callers can reach both customer service representatives and bilingual nursing staff. The nurse advice line provides nurse referrals and assessment and after-hours phone coverage seven (7) days per week including holidays for NH Healthy Families members.

The referral service provides Members and Providers with the following:

- Provide referrals after hours
- Verify member eligibility
- Crisis Interventions
- Emergency assessment for acute care services
- After hours emergency refills
- Documentation and notification of inpatient admissions that occur after hours
- Assistance with determining the appropriate level of care in accordance with clinical criteria, as applicable.

### **Interpretation/Translation Services**

NH Healthy Families is committed to ensuring that staff are educated about, remain aware of, and are sensitive to the linguistic needs and cultural differences of its Members. In order to meet this need, NH Healthy Families provides or coordinates the following:

- Customer Service is staffed with Spanish and English bilingual personnel.
- Trained professional language interpreters, including American Sign Language, can be made available face-to-face at your office if necessary, or telephonic, to assist Practitioners/Providers with discussing technical, medical, or treatment information with Members as needed.

Key Information: To access interpreter services for NH Healthy Families members, contact Customer Service at 1-866-769-3085.

## Federal and State Laws Governing the Release of Information

The release of certain information is governed by a myriad of Federal and/or State laws. These laws often place restrictions on how specific types of information may be disclosed, including, but not limited to, mental health, alcohol /substance use disorder treatment and communicable disease records. For example, the federal Health Insurance Portability and Accountability Act (HIPAA) requires that covered entities, such as health plans and providers, release protected health information only when permitted under the law, such as for treatment, payment and operations activities, including care management and coordination.

However, a different set of federal rules place more stringent restrictions on the use and disclosure of alcohol and substance abuse treatment records (42 CFR Part 2 or "Part 2").

These records generally may not be released without consent from the individual whose information is subject to the release.



Still other laws at the State level place further restrictions on the release of certain information, such as mental health, communicable disease, etc.

Contracted providers within the NH Healthy Families network are independently obligated to know, understand and comply with these laws. NH Healthy Families takes privacy and confidentiality seriously. We have established processes, policies and procedures to comply with HIPAA and other applicable federal and/or State confidentiality and privacy laws.

Please contact the NH Healthy Families Privacy Officer by phone or in writing with any questions about our privacy practices. Please instruct any member to contact Member Services with any questions they may have about our privacy practices.

### No Show Appointments/Hold Harmless

A "no show" is defined as a failure to appear for a scheduled appointment without notification to the provider with at least twenty-four (24) hours advance notice. No show appointments must be recorded in the member record. A "no show" appointment may never be applied against a member's benefit maximum. New Hampshire Healthy Families members may not be charged a fee for a "no show" appointment.

## Member Treatment Requirements

Providers are required to:

- Refer members with known or suspected physical health problems or disorders to the member's PCP for examination and treatment;
- Only provide physical health services if such services are within the scope of the clinical licensure;
- Providers (facilities and community mental health centers) must ensure Members that are discharging from an inpatient psychiatric or crisis stabilization unit (CSU) acute care, are scheduled for outpatient follow-up and/or continuing treatment prior to discharge. The outpatient appointment must be set before discharge and must occur within (7) seven days of member discharge from an inpatient psychiatric setting or crisis stabilization until;
- Contact members who have missed appointments within twenty-four (24) hours to reschedule;
- Ensure all members receive effective, understandable and respectful treatment provided in a manner compatible with their cultural health beliefs and practices and preferred language;
- Make referrals or admissions of members for covered behavioral health services only to other Participating Healthcare Practitioners/Providers (those that participate in New Hampshire Healthy Families or NH Healthy Families Provider Network), except as the need for Emergency Care may require, or where NH Healthy Families specifically authorizes the referral, or as otherwise required by law;
- Comply with all State and federal requirements governing emergency, screening and post-stabilization services; and
- 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

## Provider Standards of Practice

Providers are requested to:

- Submit all documentation in a timely fashion;
- Comply with NH Healthy Families's Utilization Management Programs;
- Cooperate with NH Healthy Families's QI Program (e.g., allow review of or submit requested charts, receive feedback);
- Support NH Healthy Families access standards;
- Use the concept of Medical Necessity and evidence-based Best Practices when formulating a treatment plan and requesting ongoing care;
- Coordinate care with other clinicians as appropriate, including consistent communication with the PCP as indicated in the NH Healthy Families QI Program;
- Assist members in identifying and utilizing community support groups and resources;
- Maintain confidentiality of records and treatment and obtain appropriate written consents from members when communicating with others regarding member treatment;
- Notify NH Healthy Families of any critical incidents;
- Notify NH Healthy Families of any changes in licensure, any malpractice allegations and any actions by your licensing board (including, but not limited to, probation, reprimand, suspension or revocation of license);
- Notify NH Healthy Families of any changes in malpractice insurance coverage;
- Complete credentialing and re-credentialing materials as requested by NH Healthy Families; and
- Maintain an office that meets all standards of professional practice.

## Provider Office Standards

NH Healthy Families requires the following;

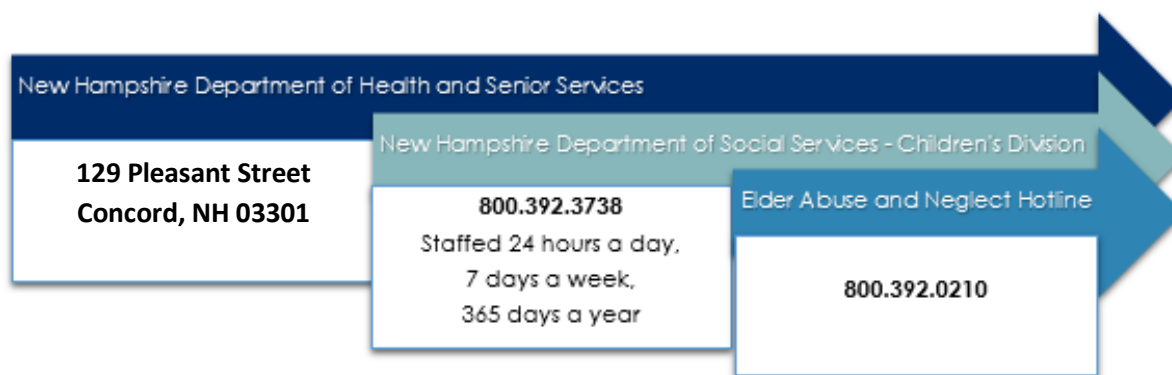
- Office must be professional and secular.
- Signs identifying office must be visible.
- Office must be clean, and free of clutter with unobstructed passageways.
- Office must have a separate waiting area.
- Waiting area must have adequate seating to support the current member volume.
- Clean restrooms must be available.
- Office environment must be physically safe.
- Providers must have a professional and fully-confidential telephone line and twenty-four (24) Hour availability.
- Member records and other confidential information must be locked up and out of sight during the work day.
- Medication prescription pads and sample medications must be locked up and inaccessible to members.

The Provider's office must have evidence of the following:

- Child Abuse and HIPAA Privacy posters are posted in the Provider's waiting room/reception area;
- The Provider has a complete copy of the Patient's Bill of Rights and Responsibilities, available upon request by a member, at each office location; and
- The Provider's waiting room/reception area has a consumer assistance notice prominently displayed in the reception area.

## Abuse and Neglect Reporting

Providers are required to report all incidents that may include abuse and neglect consistent with the Department of Human Services Act, the Adults with Disabilities Domestic Abuse Intervention Act and the Abused and Neglect Child Reporting Act. Reports regarding elderly Enrollees who are over the age of 60 will be reported to the State Department of Aging by using the Elder Abuse Hotline number. NH Healthy Families will offer training to providers about the signs of abuse or neglect.





## Advance Directives



NH Healthy Families is committed to ensuring that its members know of, and are able to avail themselves of their rights to execute Advance Directives. NH Healthy Families is equally committed to ensuring that its Providers and office staff are aware of, and comply with their responsibilities under federal and state law regarding Advance Directives.

Providers must ensure that adult members or member representatives over the age of eighteen (18) years receive information on Advance Directives and are informed of their right to execute Advance Directives. Providers must document such information in the permanent member medical record. NH Healthy Families recommends:

- The first point of contact in the Provider office should ask if the member has executed an Advance Directive. The member's response should be documented in the medical record.
- If the member has executed an Advance Directive, the first point of contact should ask the member to bring a copy of the Directive to the Provider's office and document this request.
- An Advance Directive should be included as a part of the member's medical record, including mental health Directives.
- If a Behavioral Health Advance Directive exists, the Provider should discuss potential emergencies with the member and/or family members (if named in the Advance Directive and if available) and with the referring physician, if applicable. Discussion should be documented in the medical record.
- If an Advance Directive has not been executed, the first point of contact within the office should ask the member if they desire more information about Advance Directives.
- If the member requests further information, member Advance Directive education/information should be provided.



An Advance Directive form can be found on the American Academy of Family Physicians'® website at:

<http://www.aafp.org/aafp/1999/0201/aafp19990201p617.pdf>

## INTEGRATED CARE

NH Healthy Families and New Hampshire Healthy Families encourage and support collaborative efforts among primary care physicians and other medical/surgical healthcare providers and mental health providers. We support whole-person health care because physical conditions and mental illness are not independent phenomena and the treatment of both must be coordinated.

Physical health conditions can and often do exacerbate mental health conditions or can trigger mental health issues, such as depression following a cardiac event. Mental health conditions can and often do impact physical health conditions. For example, a person with depression may lack the motivation or energy to follow the physical therapists recommendations for rehab after a surgery.

The treatment and medication regimens for physical and mental health conditions can interact negatively. For example, many psychotropic medications can cause weight gain, which can exacerbate metabolic syndrome or diabetes.

Even differential diagnosis can be complicated if the assessment fails to consider potential physical causes for apparent mental conditions, such as psychosis-like symptoms triggered by high liver enzymes in members with liver disease.

### **Communication with the Primary Care Physician**

New Hampshire Healthy Families encourages primary care physicians (PCPs) to consult with their members' mental health providers. In many cases the PCP has extensive knowledge about the member's medical condition, mental status, psychosocial functioning, and family situation. Communication of this information at the point of referral or during the course of treatment is encouraged with member consent, when required.

Providers can identify the name and number for a member's PCP on the front-side of the Member ID Card. Practitioners/Providers should refer members with known or suspected untreated physical health problems or disorders to the PCP for examination and treatment.

Providers should communicate not only with the member's PCP whenever there is a behavioral health problem or treatment plan that can affect the member's medical condition or the treatment being rendered by the PCP, but also with other behavioral health clinicians who may also be providing service to the member. Examples of some of the items to be communicated include:

- Prescription medication, especially when the medication has potential side effects, such as weight gain, that could complicate medical conditions, such as diabetes;
- The member is known to abuse over-the-counter, prescription or illegal substances in a manner that can adversely affect medical or behavioral health treatment;
- The member has lab work indicating need for PCP review and consult;
- The member is receiving treatment for a behavioral health diagnosis that can be misdiagnosed as a physical disorder (panic symptoms can be confused with heart attack symptoms); and
- The member's progress toward meeting the goals established in their treatment plan.

NH Healthy Families provides a form for your convenience in communicating with PCP and other providers, which is available on the NH Healthy Families website. NH Healthy Families recommends that you use all available communications means to coordinate treatment for members in your care. All communication attempts and coordination activities must be clearly documented in the member's medical record.

NH Healthy Families requires that Providers report specific clinical information to the member's PCP in order to preserve the continuity of the treatment process. With appropriate written consent from the member, it is the Providers responsibility to keep the member's PCP abreast of the member's treatment status and progress in a consistent and reliable manner. Such consent shall meet the requirements set forth in 42 CFR 2.00 et seq., when applicable. If the member requests this information not be given to their PCP, the Provider must document this refusal in the member's treatment record, and if possible, the reason why.

The following information should be included in the report to the PCP;

- A copy or summary of the intake assessment;
- Written notification of member's noncompliance with treatment plan (if applicable);
- Member's completion of treatment;

- The results of an initial psychiatric evaluation, and initiation of and major changes in psychotropic medication(s) within fourteen (14) days of the visit or medication order; and
- The results of functional assessments.

Caution must be exercised in conveying information regarding substance use disorders, which is protected under separate federal law. NH Healthy Families monitors communication with the PCP and other caregivers through audits. Failure to adhere to these requirements can be cause for termination from the network.

### **Preventative Behavioral Health Programs**

NH Healthy Families offers preventative behavioral health programs for our members. A brief description of the programs including who is eligible to participate is listed below. NH Healthy Families encourages you to refer your members to the programs directly when you see an unmet need. If you would like more information about the programs or if you have suggestions as to how we can improve our preventative behavioral health programs please contact the Quality Improvement department at 1-866-769-3085.

The Perinatal Depression Screening Program offers screening to members who are pregnant or have delivered to identify those who would benefit for treatment for depression. We send a copy of the Edinburgh Depression screening instrument to all pregnant women. Each member who completes the survey and returns it to NH Healthy Families receives a letter from NH Healthy Families informing them of their screening results and how to access help if appropriate. If a member screens positive for depression while pregnant or after delivery, our staff attempts outreach to assist the member in finding resources. NH Healthy Families outreaches to the medical provider as well to assure the member has the care needed.

## BENEFITS, COVERED SERVICES & AUTHORIZATIONS

### Covered Services

NH Healthy Families shall provide a full range of medically necessary services authorized under the State Plan and specified in the New Hampshire Medicaid Mental Health Targeted Case Management Coverage and Limitations Handbook and the New Hampshire Medicaid Community Behavioral Health Services Coverage and Limitations Handbook. Covered services include:

- Inpatient hospital services for behavioral health and substance use disorder conditions
- Outpatient hospital services for behavioral health and substance use disorder conditions
- Psychiatric physician services for behavioral health conditions
- Community behavioral health services for mental health conditions
- Community behavioral health services for substance use disorder conditions
- Mental Health Targeted Case Management
- Mental Health Intensive Targeted Case Management
- Specialized therapeutic foster care
- Comprehensive behavioral health assessment
- Behavioral Health overlay services in child welfare settings
- Residential Care
- Statewide Inpatient Psychiatric Program (SIPP) services for individuals under age eighteen (18)
- Substance use disorder services
- Psychological testing
- ABA services for individuals with diagnosis of autism

For a listing of service codes, limitations, and authorization requirements, please refer to the appropriate State Provider Manual or Administrative Rules and [www.NH Healthy Families.com](http://www.NHHealthyFamilies.com). Providers should refer to their Agreement with NH Healthy Families to identify which services they are contracted and eligible to provide. All services performed must be medically necessary.

## Location Codes

The list below contains commonly billed location codes. Please refer to the appropriate State of New Hampshire Provider Manual to identify required/accepted location codes for each covered service.

Code	Description	Code	Description
01	Pharmacy	33	Custodial Care Facility
03	School	34	Hospice
04	Homeless Shelter	41	Ambulance – Land
05	Indian Health Service Free Standing Facility	42	Ambulance – Air or Water
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638 Free-Standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison-Correctional Facility	52	Psychiatric Facility Partial Hospitalization
11	Provider's Office	53	Community Mental Health Center
12	Home	54	Intermediate Care Facility/Mentally Retarded
13	Assisted Living Facility	55	Residential Substance Abuse Treatment Facility
14	Group Home	56	Psychiatric Residential Treatment Center
15	Mobile Unit	57	Non-Residential Substance Abuse Treatment Facility
20	Urgent Care Facility	60	Mass Immunization Center
21	Inpatient Hospital	61	Comprehensive Inpatient Rehab Facility
22	Outpatient Hospital	62	Comprehensive Outpatient Rehab Facility
23	Emergency Room – Hospital	65	End Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	71	State or Local Public Health Clinic
25	Birthing Center	72	Rural Health Clinic
26	Military Treatment Facility	81	Independent Laboratory
31	Skilled Nursing Facility	99	Other Place of Service
32	Nursing Facility	XX	Invalid/Missing Place of Service on Claim Form

## MEDICAL RECORDS

NH Healthy Families requires treatment records to be maintained in a manner that is current, detailed and organized and which permits effective and confidential patient care and quality review. Treatment record standards are adopted that are consistent with the National Committee for Quality Assurance. The adopted standards facilitate communication, coordination and continuity of care and promote efficient, confidential and effective treatment. Medical records must be prepared in accordance with all applicable State and Federal rules and regulations and signed by the medical professional rendering the services. NH Healthy Families requires the confidentiality of medical records in accordance with 42 CFR, Part 431, And Subpart F. This includes confidentiality of a minor's consultation, examination, and treatment for a sexually transmissible disease in accordance with s. 384.30(2), F.S.

## Medical Record Guidelines

NH Healthy Families requires compliance with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA). NH Healthy Families's minimum standards for practitioners/provider medical record keeping practices include medical record content, medical record organization, ease of retrieving medical records, and maintaining confidentiality of patient information. The following 13 elements reflect a set of commonly accepted standards for behavioral health treatment record documentation.

1. Each page in the treatment record contains the patient's name or ID number.
2. Each record includes the patient's address, employer or school, home and work telephone numbers including emergency contacts, marital or legal status, appropriate consent forms and guardianship information, if relevant.
3. All entries in the treatment record are dated and include the responsible clinician's name, professional degree and relevant identification number, if applicable.
4. The record is legible to someone other than the writer.
5. Medication allergies, adverse reactions and relevant medical conditions are clearly documented and dated. If the patient has no known allergies, history of adverse reactions or relevant medical conditions, this is prominently noted.
6. Presenting problems, along with relevant psychological and social conditions affecting the patient's medical and psychiatric status and the results of a mental status exam, are documented.
7. Special status situations, when present, such as imminent risk of harm, suicidal ideation or elopement potential, are prominently noted, documented and revised in compliance with written protocols.
8. Each record indicates what medications have been prescribed, the dosages of each and the dates of initial prescription or refills.
9. A medical and psychiatric history is documented, including previous treatment dates, provider identification, therapeutic interventions and responses, sources of clinical data and relevant family information. For children and adolescents, past medical and psychiatric history includes prenatal and perinatal events, along with a complete developmental history (physical, psychological, social, intellectual and academic). For patients 12 and older, documentation includes past and present use of cigarettes and alcohol, as well as illicit, prescribed and over-the-counter drugs.
10. A DSM- diagnosis is documented, consistent with the presenting problems, history, mental status examination and/or other assessment data.
11. Treatment plans are consistent with diagnoses, have both objective, measurable goals and estimated timeframes for goal attainment or problem resolution, and include a preliminary discharge plan, if applicable. Continuity and coordination of care activities between the primary clinician, consultants, ancillary providers and health care institutions are included, as appropriate.
12. Informed consent for medication and the patient's understanding of the treatment plan are documented.
13. Progress notes describe patient strengths and limitations in achieving treatment plan goals and objectives and reflect treatment interventions that are consistent with those goals and objectives. Documented interventions include continuity and coordination of care activities, as appropriate. Dates of follow-up appointments or, as applicable, discharge plans are noted.

## **Records and Documentation**

- Providers need to retain all books, records and documentation related to services rendered to members as required by law and in a manner that facilitates audits for regulatory and contractual reviews.
- The provider will provide NH Healthy Families, New Hampshire Healthy Families, and other regulatory agencies access to these documents to assure financial solvency and healthcare delivery capability and to investigate complaints and grievances, subject to regulations concerning confidentiality of such information. Access to documentation must be provided upon reasonable notice for all inpatient care. This provision shall survive the termination and or non-renewal of an Agreement with NH Healthy Families.

## **Record Keeping and Retention**

The clinical record is an important element in the delivery of quality treatment because it documents the information to provide assessment and treatment services. You may access sample forms that Providers are encouraged to use for members on the NH Healthy Families website.

As part of our ongoing quality improvement program, clinical records may be audited to assure the quality and consistency of Provider documentation, as well as the appropriateness of treatment. Before charts can be reviewed or shared with others, the member must sign an authorization for release. You may access this form on the NH Healthy Families website. Chart Audits of member records will be evaluated in accordance with these criteria. Clinical records require documentation of all contacts concerning the member, relevant financial and legal information, consents for release/disclosure of information, release of information to the member's PCP, documentation of member receipt of the Statement of Member's Rights and Responsibilities, the prescribed medications with refill dates and quantities, including clear evidence of the informed consent, and any other information from other professionals and agencies. If the Provider is able to dispense medication, the Provider must conform to drug dispensing guidelines set forth in New Hampshire Healthy Families drug formulary.

Providers shall retain clinical records for members for as long as is required by applicable law. These records shall be maintained in a secure manner, but must be retrievable upon request.



## CONFIDENTIALITY & PRIVACY

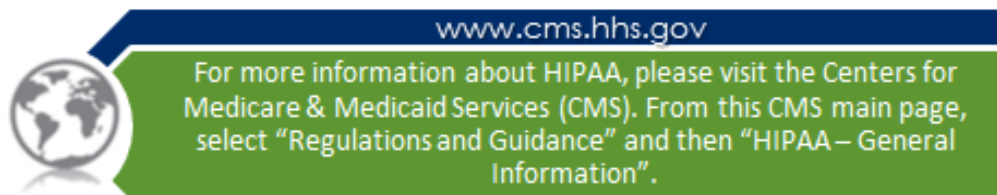
NH Healthy Families abides by applicable federal and State laws which govern the use and disclosure of mental health information and alcohol/substance use disorder treatment records.

Similarly, NH Healthy Families contracted providers are independently obligated to comply with applicable laws and shall hold confidential all member records and agree to release them only when permitted by law, including but not limited to 42 CFR 2.00 et seq., when applicable.

### **Health Insurance and Accountability Act (HIPAA)**

The administrative simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA), which was signed into law in 1996, require the implementation of measures to standardize electronic transactions in the healthcare industry while protecting the security and privacy of health information used or disclosed in any medium, including oral communications.

As covered entities under these regulations, network providers are obligated to comply with them and any other applicable federal/state laws governing the use and disclosure of mental health information.



NH Healthy Families takes privacy and confidentiality seriously. We have established processes, policies and procedures to comply with HIPAA and other applicable confidentiality/privacy laws.

Please contact the NH Healthy Families Privacy Officer by phone or in writing with any questions about our privacy practices. Please instruct any member to contact Member Services with any questions they may have about our privacy practices.

## QUALITY IMPROVEMENT



We are dedicated to providing quality services and programs improve the lives of our members. The NH Healthy Families Quality Improvement (QI) program utilizes the principles of Continuous Performance Improvement (CPI). This approach allows us to implement focused, rapid improvement interventions that are data driven and member focused.

Our QI Program is highly integrated with clinical services, access issues pertaining to Providers and services, credentialing, utilization, member satisfaction, Provider satisfaction, PCP communications, and administrative office operations, as well as New Hampshire Healthy Families Quality Improvement Program. Each key task and core process is monitored for identification and resolution of problems and opportunities for improvement and intervention.

We embrace a culture of quality across the organization. The systematic approach to the use of industry standard quality metrics allows for creative, targeted initiatives designed to continually drive performance and improve member outcomes. We are committed to providing quality care and clinically appropriate services for our members. In order to meet our objectives, Providers must participate and adhere to our programs and guidelines.

Our website contains a wealth of information and we encourage you to visit [www.NHHealthyFamilies.com/providers](http://www.NHHealthyFamilies.com/providers), where you will find information about NH Healthy Families's Quality Program. This includes descriptions of NH Healthy Families's clinical and service quality initiatives and an evaluation of our performance.

### Civil Rights

NH Healthy Families provides covered services to all eligible members regardless of Age, Race Religion, Color, Disability, Sex, Sexual Orientation, National Origin, Marital Status, Arrest or Conviction, or Military Participation.

All medically necessary covered services are available to all members. All services are provided in the same manner to all members. All persons or organizations connected with NH Healthy Families who refer or recommend members for services shall do so in the same manner for all members.

### Monitoring Clinical Quality

Each year, and at various intervals throughout the year, NH Healthy Families audits and measures the following:

- Access standards for care;
- Adherence to Clinical Practice Guidelines;
- Treatment record compliance;
- Communication with PCPs and other behavioral health practitioners;
- Critical Incidents;
- Member safety;
- Member confidentiality;
- High-risk member identification, management and tracking;
- Discharge appointment timeliness and reporting;
- Re-admissions;
- Grievance procedures;
- Potential over- and under-utilization;
- Provider satisfaction;
- Member satisfaction; and
- Completion of Functional Assessments

### **How NH Healthy Families Monitors Quality**

NH Healthy Families conducts surveys and conducts initiatives that monitor quality. These activities may include any of the following:

- Provider satisfaction surveys;
- Medical treatment record reviews;
- Grievance investigation and trending;
- Review of potential over- and under-utilization;
- Member Satisfaction Surveys;
- Outcome tracking of treatment evaluations;
  
- Access to care reviews;
- Appointment availability;
- Discharge follow-up after inpatient or partial hospitalization reporting;
- Crisis Response;
- Monitoring appropriate care and service;
- Provider quality profiling; and
- Outcome of functional assessments.

Findings are communicated to individual Providers and Practitioner groups for further discussion and analysis to reinforce the goal of continually improving the appropriateness and quality of care rendered. NH Healthy Families may request action plans from the Provider. Findings are considered during the re-credentialing process.

### **Provider Participation in the QI Process**

NH Healthy Families Providers are expected to monitor and evaluate their own compliance with performance requirements to assure the quality of care and service provided. Providers are expected to meet NH Healthy Families's performance requirements and ensure member treatment is efficient and effective by:

- Cooperating with medical record reviews and reviews of telephone and appointment accessibility;
- Cooperating with NH Healthy Families's complaint review process;
- Participating in Provider satisfaction surveys; and
- Cooperating with reviews of quality of care issues and critical incident reporting.

In addition, Providers are invited to participate in NH Healthy Families's QI Committees and in local focus groups.

### **Member Concerns about Providers**

Members who have concerns about NH Healthy Families Providers should contact NH Healthy Families to register their concern. All concerns are investigated, and feedback is provided on a timely basis. It is the Provider's responsibility to provide supporting documentation to NH Healthy Families if requested. Any validated concern will be taken into consideration when re-credentialing occurs, and can be cause for termination from NH Healthy Families's Provider Network.

### **Monitoring Satisfaction**

Satisfaction surveys are conducted periodically by NH Healthy Families. These surveys enable NH Healthy Families to gather useful information to identify areas for improvement. Providers may be requested to participate in the annual survey process. The survey includes a variety of questions designed to address multiple facets of the providers experience with our delivery system should call the NH Healthy Families Provider Relations department at 1-866-769-3085 to address concerns as they arise. Feedback from Providers enables NH Healthy Families to continuously improve systems, policies and procedures.

## Critical Incident Reporting

A Critical Incident is defined as any occurrence which is not consistent with the routine operation of a Mental Health/Substance Use Disorder Provider. It includes, but is not limited to; injuries to members or member advocates, suicide/homicide attempt by a member while in treatment, death due to suicide/homicide, sexual battery, medication errors, member escape or elopement, altercations involving medical interventions, or any other unusual incident that has high risk management implications.

Providers will follow the DHHS process and requirements for submission of all critical incidents. Upon receipt and notification of critical incident review requests from DHSS, NH Healthy Families will require providers to participate in the NH Healthy Families quality review process.

## CULTURAL COMPETENCY

Cultural Competency within the NH Healthy Families Network is defined as, “a set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance and respect for cultural differences and similarities within, among and between groups and the sensitivity to know how these differences influence relationships with members.”

NH Healthy Families is committed to the development, strengthening, and sustaining of healthy provider/ member relationships. Members are entitled to dignified, appropriate and quality care. When healthcare services are delivered without regard for cultural differences, members are at risk for sub-optimal care. Members may be unable or unwilling to communicate their healthcare needs in an insensitive environment, reducing effectiveness of the entire healthcare process.

The NH Healthy Families vision for culturally competent care is:

- Care is given with the understanding of, and respect for, the member's health related beliefs and cultural values
- NH Healthy Families staff respect health related beliefs, interpersonal communication styles and attitude of the members, families and communities they serve
- Each functional unit within the organization applies a trained, tailored approach to culturally sensitive care in all member communications and interactions.
- All NH Healthy Families providers and practitioners support and implement culturally sensitive care models to NH Healthy Families members.
- The NH Healthy Families goal for culturally sensitive care is:
- To support the creation of a culturally sensitive behavioral health system of care that embraces and supports individual differences to achieve the best possible outcomes for individuals receiving services.



Providers must ensure the following:

- Members understand that they have access to medical interpreters, signers, and TTY services to facilitate communication without cost to them.
- Care is provided with consideration of the members' race/ ethnicity and language and its impact/ influence on the members' health or illness.
- Office staffs that routinely come in contact with members have access to and participate in cultural competency training and development.
- The office staff responsible for data collection makes reasonable attempts to collect race and language specific member information.
- Treatment plans are developed and clinical guidelines are followed with consideration of the member's race, country of origin, native language, social class, religion, mental or physical abilities, heritage, acculturation, age, gender, sexual orientation and other characteristics that may result in a different perspective or decision-making process.
- Office sites have posted and printed materials in English, Spanish, or other prevailing languages within the region.

### **Health Disparity Facts**

- Government-funded insurance consumers face many barriers to receiving timely care.
- Households headed by Hispanics are more likely to report difficulty in obtaining care.
- Consumers are more likely to experience long wait times to see healthcare providers.
- African American Medicaid consumers experience longer waits in emergency departments and are more likely to leave without being seen.
- Consumers are less likely to receive timely prenatal care, more likely to have low birth weight babies and have higher infant and maternal mortality.
- Consumers that are children are less likely to receive childhood immunizations.
- Patient race, ethnicity, and socioeconomic status are important indicators of the effectiveness of healthcare.
- Health disparities come at a personal and societal price.

### **Understanding the Need for Culturally Competent Services**

Research indicates that a person has better health outcomes when they experience culturally appropriate interactions with providers. The path to developing cultural competency begins with self-awareness and ends with the realization and acceptance that the goal of cultural competency is an ongoing process. Providers should note that the experience of a member begins at the front door. Failure to use culturally competent and linguistically competent practices could result in the following:

- Member's feelings of being insulted or treated rudely;
- Member's reluctance and fear of making future contact with the Provider's office;
- Member's confusion and misunderstanding;
- Non-compliance by the member;
- Member's feelings of being uncared for, looked down upon and devalued;
- Parents' hesitance to seek help for their children;
- Unfilled prescriptions;
- Missed appointments;
- Provider's misdiagnosis due to lack of information sharing;
- Wasted time for the member and Provider; and/or
- Increased grievances or complaints.

The road to developing a culturally competent practice begins with the recognition and acceptance of the value of meeting the needs of your patients. NH Healthy Families is committed to helping you reach this goal.

Take the following into consideration when you provide services to members:

- What are your own cultural values and identity?
- How do/can cultural differences impact your relationship with your patients?
- How much do you know about your patient's culture and language?
- Does your understanding of culture take into consideration values, communication styles, spirituality, language ability, literacy, and family definitions?

## COORDINATION OF CARE

NH Healthy Families's coordination of care process is designed to ensure the coordination and continuity of care during the movement between providers and settings. During transitions, patients with complex medical needs are at risk for poorer outcomes due to medication errors and other errors of communication among the involved providers and between providers and patients/caregivers.

Continuity of health care means different things to different types of caregivers, and can be of several types:

- Continuity of information. It includes that information on prior events is used to give care that is appropriate to the patient's current circumstance.
- Continuity of personal relationships, recognizing that an ongoing relationship between patients and providers is the foundation that connects care over time and bridges discontinuous events.
- Continuity of clinical management.

### Inpatient Notification Process

Inpatient providers (including Crisis Stabilization Units) are required to notify NH Healthy Families of emergent and urgent admissions (Emergency Behavioral Health Care) no later than the next business day following the admission. Authorization is required to track inpatient utilization, enable care coordination, initiate discharge planning and ensure timely claim(s) payment.

Emergency Behavioral Healthcare requests indicate a condition in clinical practice that requires immediate intervention to prevent death or serious harm (to the member or others) or acute deterioration of the member's clinical state, such that gross impairment of functioning exists and is likely to result in compromise of the member's safety. An emergency is characterized by sudden onset, rapid deterioration of cognition, judgment or behavioral and is time limited in intensity and duration (usually occurs in seconds or minutes, rarely hours, rather than days or weeks). Thus, elements of both time and severity are inherent in the definition of an emergency.

***All inpatient admissions require authorization.*** The number of initial days authorized is dependent on Medical Necessity and continued stay is approved or denied based on the findings in concurrent reviews.



Members meeting criteria for inpatient treatment must be admitted to a contracted hospital or crisis stabilization unit. Members in need of emergency and/or after hours care should be referred to the nearest participating provider for evaluation and treatment, if necessary.

The following information must be readily available for the NH Healthy Families Utilization Manager when requesting initial authorization for inpatient care:

- Name, age, health plan and identification number of the member
- Diagnosis, indicators, and nature of the immediate crisis
- Alternative treatment provided or considered
- Treatment goals, estimated length of stay, and discharge plans
- Family or social support system
- Current mental status

### **Outpatient Notification Process**

Providers must adhere to the Covered Professional Services & Authorization Guidelines set forth in this Manual, when rendering services. NH Healthy Families does not retroactively authorize treatment.

### **Outpatient Treatment Request (OTR)/ Requesting Additional Sessions**

For those outpatient services that require authorization, the Provider must complete an Outpatient Treatment Request (OTR) form and submit online or fax the completed form to NH Healthy Families for clinical review. Please refer to [www.NHHealthyFamilies.com/providers](http://www.NHHealthyFamilies.com/providers) to obtain the OTR form or to submit electronically. Providers may call the Customer Service department to check status of an OTR. Providers should allow up to fifteen (15) business days to process non-urgent requests.

#### **IMPORTANT:**

- The OTR must be completed in its entirety. The ICD 10 diagnoses as well as all other clinical information must be evident. Failure to complete an OTR in its entirety can result in authorization delay and/or denials.
- NH Healthy Families will not retroactively certify routine sessions. The dates of the authorization request must correspond to the dates of expected sessions. Treatment must occur within the dates of the authorization.
- Failure to submit a completed OTR can result in delayed authorization and may negatively impact your ability to meet the timely filing deadlines which will result in payment denial.

NH Healthy Families's utilization management decisions are based on Medical Necessity and established Clinical Practice Guidelines. NH Healthy Families does not reimburse for unauthorized services and each Agreement with NH Healthy Families precludes Providers from balance billing (billing a member directly) for covered services with the exception of copayment and/or deductible collection, if applicable. NH Healthy Families's authorization of covered services is an indication of Medical Necessity, not a confirmation of member eligibility, and not a guarantee of payment.

## Guidelines for Psychological Testing

Psychological testing must be prior-authorized for either inpatient or outpatient services. Testing, with prior-authorization, may be used to clarify questions about a diagnosis as it directly relates to treatment.

It is important to note that:

- Testing will not be authorized by NH Healthy Families for ruling out a medical condition.
- Testing is not used to confirm previous results that are not expected to change.
- A comprehensive initial assessment (90801 and 90802) should be conducted by the requesting Psychologist prior to requesting authorization for testing. No authorization is required for this assessment if the practitioner is contracted and credentialed with NH Healthy Families.
- Providers should submit a request for Psychological Testing that includes the specific tests to be performed. Providers may access FAQs for how to request a Psychological testing authorization as well as NH Healthy Families's Psychological Testing Authorization Request Form on the NH Healthy Families website, [www.NHHealthyFamilies.com/providers](http://www.NHHealthyFamilies.com/providers).

## NH Healthy Families's Utilization Management Program

The NH Healthy Families Utilization Management department's hours of operation are Monday through Friday (excluding holidays) from 8:00 a.m. to 5:00 p.m. Eastern Standard Time (EST). Additionally, clinical staff is available after hours if needed to discuss urgent UM issues. UM staff can be reached via our toll-free number 1-866-769-3085. The NH Healthy Families Utilization Management team is comprised of qualified behavioral health professionals whose education, training and experience are commensurate with the Utilization Management reviews they conduct.

NH Healthy Families is committed to compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and the Interim Final Rule and subsequent Final Ruling.

NH Healthy Families will ensure compliance with MHPAEA requiring parity of both quantitative limits (QTLs) applied to MH/SUD benefits and non-quantitative limits (NQTLs). NH Healthy Families administers benefits for Substance Use Disorder (SUD) and/or services for mental health conditions as designated and approved by the contract and Plan benefits. MHPAE does not preempt State law, unless law limits application of the act. We support access to care for individuals seeking treatment for Mental Health conditions as well as Substance Use Disorders and believe in a "no wrong door" approach. Our strategies, evidentiary standards and processes for reviewing treatment services are no more stringent than those in use for medical/surgical benefits in the same classification when determining to what extent a benefit is subject to NQTLs.

The NH Healthy Families Utilization Management Program strives to ensure that:

- Member care meets NH Healthy Families Medical Necessity Criteria;
- Treatment is specific to the member's condition, is effective and is provided at the least restrictive, most clinically appropriate level of care;
- Services provided comply with NH Healthy Families quality improvement requirements; and, utilization management policies and procedures are systematically and consistently applied; and
- Focus for members and their families' centers on promoting resiliency and hope.

NH Healthy Families's utilization review decisions are made in accordance with currently accepted behavioral healthcare practices, taking into account special circumstances of each case that may require deviation from the norm stated in the screening criteria. NH Healthy Families's Medical Necessity Criteria are used for the approval of medical necessity; plans of care that do not meet Medical Necessity guidelines are referred to a licensed physician advisor or psychologist for review and peer to peer discussion.

NH Healthy Families conducts utilization management in a timely manner to minimize any disruption in the provision of behavioral healthcare services. The timeliness of decisions adheres to specific and standardized time frames yet remains sufficiently flexible to accommodate urgent situations. Utilization Management files include the date of receipt of information and the date and time of notification and resolution.

NH Healthy Families's Utilization Management Department is under the direction of our licensed Medical Director or physician designee(s). The Utilization Management Staff regularly confer with the Medical Director or physician designee on any cases where there are questions or concerns.

The Utilization Management's decision making process is based on appropriateness of care and service and existence of coverage. NH Healthy Families does not specifically reward practitioners or other individuals for issuing denials of coverage or services. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization.

### **Medical Necessity**

Member coverage is not an entitlement to utilization of all covered benefits, but indicates services that are available when Medical Necessity Criteria are satisfied. Member benefit limits apply for a calendar year regardless of the number of different behavioral health practitioners providing treatment for the member.

NH Healthy Families uses *Interqual* 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. NH Healthy Families utilizes the American Society of Addiction Medicine Patient Placement Criteria (ASAM) for substance abuse Medical Necessity Criteria. Additionally, NH Healthy Families has adopted the New Hampshire State Medicaid Manual service descriptions and medical necessity guidelines for all community based services.

ASAM and the *Interqual* 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.

ASAM, *Interqual* and our Community Based Services criteria are reviewed on an annual basis by the NH Healthy Families Provider Advisory Committee that is comprised of Network Providers as well as NH Healthy Families clinical staff.

NH Healthy Families is committed to the delivery of appropriate service and coverage, and offers no organizational incentives, including compensation, to any employed or contracted UM staff based on the quantity or type of utilization decisions rendered. Review decisions are based only on appropriateness of care and service criteria, and UM staff is encouraged to bring inappropriate care or service decisions to the attention of the Medical Director.

## **Concurrent Review**

NH Healthy Families's Utilization Management Department will concurrently review the treatment and status of all members in inpatient (including crisis stabilization units) and partial hospitalization through contact with the member's attending physician or the provider's Utilization and Discharge Planning departments. The frequency of review for all higher levels of care will be determined by the member's clinical condition and response to treatment. The review will include evaluation of the member's current status, proposed plan of care and discharge plans.

## **Retro Authorization**

By standard practice, NH Healthy Families does not provide retro authorization, however there are certain unique circumstances in which there may be an exception. If your claim was denied because you did not have an authorization number or if you failed to receive authorization for a service provided, please send a request in writing for a Retroactive Authorization, explaining in detail the reason for providing services without an authorization.

Retro Authorizations will only be granted in rare cases, such as eligibility issues. All requests for retro authorizations must be submitted within 180 days of the date of service and should include a cover letter explaining why authorization was not obtained. You should provide medical records that will be used to determine if medical necessity was met for the services provided.

Repeated requests for Retro authorizations will result in termination from the NH Healthy Families provider network due to inability to follow [policies and procedures.

## **Notice of Action (Adverse Determination)**

When NH Healthy Families determines that a specific service does not meet criteria and will therefore not be authorized, NH Healthy Families will submit a written notice of action (or, denial) notification to the treating network practitioner or provider rendering the service(s) and the member. The notification will include the following information/ instructions:

- The reason(s) for the proposed action in clearly understandable language.
- A reference to the criteria, guideline, benefit provision, or protocol used in the decision, communicated in an easy to understand summary.
- A statement that the criteria, guideline, benefit provision, or protocol will be provided upon request.
- Information on how the provider may contact the Peer Reviewer to discuss decisions and proposed actions. When a determination is made where no peer-to-peer conversation has occurred, the Peer Reviewer who made the determination (or another Peer Reviewer if the original Peer Reviewer is unavailable) will be available within one (1) business day of a request by the treating provider to discuss the determination.
- Instructions for requesting an appeal including the right to submit written comments or documents with the appeal request; the member's right to appoint a representative to assist them with the appeal, and the timeframe for making the appeal decision.
- For all urgent precertification and concurrent review clinical adverse decisions, instructions for requesting an expedited appeal.
- The right to have benefits continues pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the member may be required to pay the costs of these services.

## **Peer Clinical Review Process**

If the Utilization Manager is unable to certify the requested level of care based on the information provided, they will initiate the peer review process.

For both mental health and chemical dependency service continued stay requests, the physician or treating practitioner is notified about the opportunity for a telephonic peer-to-peer review with the Peer Reviewer to discuss the plan of treatment. The Peer Reviewer initiates at least three (3) telephone contact attempts within twenty-four (24) hours prior to issuing a clinical determination. All attempts to reach the requestor are documented in the Utilization Management Record. When a determination is made where no peer-to-peer conversation has occurred, a provider can request to speak with the Clinical Consultant who made the determination within one (1) business day.

The Peer Reviewer consults with qualified board certified sub-specialty psychiatrists when the Peer Reviewer determines the need, when a request is beyond his/ her scope, or when a healthcare practitioner provides good cause in writing.

As a result of the Peer Clinical Review process, NH Healthy Families makes a decision to approve or deny authorization for services. Treating practitioners may request a copy of the Medical Necessity Criteria used in any denial decision. Copies of the NH Healthy Families Medical Necessity Criteria are available on our website. If you would like a paper copy of the criteria, contact Customer Service.

The treating practitioner may request to speak with the Peer Reviewer who made the determination after any denial decision. If you would like to discuss a denial decision, contact NH Healthy Families.

## **Appeals Process**

For cases where authorization has been denied because the case does not meet the necessary criteria, the Appeals Process, described in your denial letter is the appropriate means of resolution. Appeals can be mailed to NH Healthy Families, 2 Executive Drive, Bedford NH 03110 or faxed to 866-270-9943.

## **Discharge Planning**

Follow-up after hospitalization is one of the most important markers monitored by NH Healthy Families in an effort to help members remain stable and to maintain treatment compliance after discharge. Follow-up after discharge is monitored closely by the National Committee for Quality Assurance (NCQA), which has developed and maintains the Health Plan Employer Data and Information Set (HEDIS). Even more importantly, increased compliance with this measure has been proven to decrease readmissions and helps minimize no-shows in outpatient treatment.

While a member is at an inpatient provider receiving acute care services, NH Healthy Families's Utilization Managers and Case Managers work with the provider's treatment team to make arrangements for continued care with outpatient Practitioners. Every effort is made to collaborate with the outpatient practitioner to assist with transition back to the community and a less restrictive environment as soon as the member is stable. Discharge planning should be initiated on admission.

Prior to discharge from an inpatient setting, an ambulatory follow-up appointment must be scheduled with a licensed behavioral health clinician to occur within (7) calendar days after discharge. NH Healthy Families's Care Coordination and Case Management staff follow-up with the member prior to this appointment to remind him/her of the appointment. If a member does not keep his/her outpatient appointment after discharge, NH Healthy Families asks that Practitioner's inform

NH Healthy Families as soon as possible. Upon notification of a no-show, NH Healthy Families's Care Coordination staff will follow up with the member and assist with rescheduling the appointment and provide resources as needed to ensure appointment compliance.

### **Psychotropic Medications**

NH Healthy Families will monitor psychotropic medication usage in partnership with New Hampshire Healthy Families to identify any medications for physical conditions prescribed by psychiatric practitioners as well as to review psychotropic medications prescribed by primary care physicians (PCP).

A comprehensive evaluation to include a thorough health history, psychosocial assessment, mental status exam, and physical exam should be performed before beginning treatment for a mental or behavioral disorder.

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as suicidal ideation, psychosis, self-injurious behavior, physical aggression that is acutely dangerous to others, or severe impulsivity endangering the member or others; or when there is marked disturbance of psycho-physiological functioning (such as profound sleep disturbance), marked anxiety, isolation, or withdrawal.

### **Continuity of Care**

When members are newly enrolled and have been previously receiving behavioral health services, NH Healthy Families will continue to authorize care as needed to minimize disruption and promote continuity of care. NH Healthy Families will work with non-participating practitioners/providers (those that are not contracted and credentialed in NH Healthy Families's Provider Network) to continue treatment or create a transition plan to facilitate transfer to a participating NH Healthy Families Provider.

In addition, if NH Healthy Families determines that a member is in need of services that are not covered benefits, the member will be referred to an appropriate provider and NH Healthy Families will continue to coordinate care including discharge planning.

NH Healthy Families will ensure appropriate post-discharge care when a member transitions from a State institution, and will ensure appropriate screening, assessment and crisis intervention services are available in support of members who are in the care and custody of the State.

NH Healthy Families network staff can also arrange a Single Case Agreement (SCA) when it becomes necessary to utilize out-of-network providers (providers not contracted with NH Healthy Families) to provide covered services. NH Healthy Families will utilize out-of-network providers, if necessary, to meet the member's clinical, accessibility or geographical needs when the network is inadequate for their specific situation. Before utilizing an out-of-network provider, NH Healthy Families makes every attempt to refer members to participating Providers who are contracted and credentialed with NH Healthy Families.

Single Case Agreements are required for the purposes of addressing the following:

- Insufficient network accessibility within the member's geographic area;
- Providers are not available with the appropriate clinical specialty, or are unable to meet special need(s) of the specific member;
- Providers do not have timely appointment availability;
- It is clinically indicated to maintain continuity of care; and



- Transition of care from an established out-of-network provider to a participating NH Healthy Families Provider.

### **Case Management (CM)**

The Case Management Department provides a unique function at NH Healthy Families. The essential function of the department is to increase community tenure, reduce recidivism, improve treatment compliance and facilitate positive treatment outcomes through the proactive identification of Members with complex or chronic behavioral health conditions that require coordination of services and periodic monitoring in order to achieve desirable outcomes. Our Case Management program is fully integrated with BH and medical management staff coordinating services to ensure appropriate response to member's medical, mental health and/or Substance Use disorder treatment needs.

NH Healthy Families Case Managers are licensed behavioral health professionals with at least 3 years' experience in the mental health field.

NH Healthy Families's ICM functions include:

- Early identification of Members who have special needs;
- Assessment of Member's risk factors and needs;
- Contact with high-risk members discharging from hospitals to ensure appropriate discharge appointments are arranged and members are compliant with treatment;
- Active coordination of care linking Members to behavioral health practitioners and as needed medical services; including linkage with a physical health Case Manager for Members with coexisting behavioral and physical health conditions; and residential, social and other support services where needed;
- Development of a case management plan of care;
- Referrals and assistance to community resources and/or behavioral health practitioners; and
- For members not hospitalized but in need of assistance with overcoming barriers to obtaining behavioral health services or compliance with treatment, NH Healthy Families offers Care Coordination.

NH Healthy Families's Care Coordinators are not licensed clinical staff and cannot make clinical decisions about what level of care is needed or assess members who are in crisis.

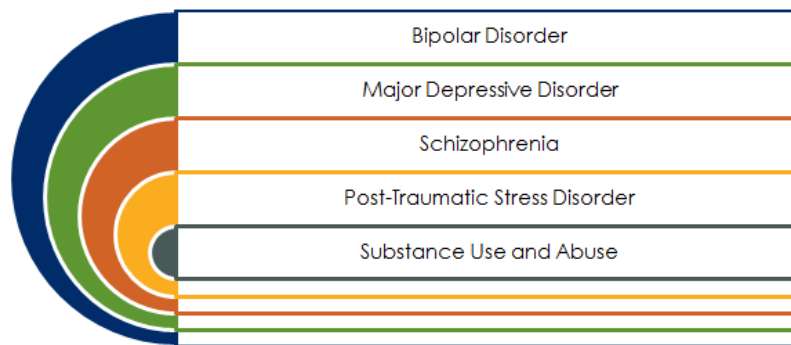
NH Healthy Families's Care Coordination functions include:

- Coordinate with New Hampshire Healthy Families, member advocates or Providers for members who may need behavioral health services;
- Assist members with locating a Provider;
- Serve as a resource to inpatient discharge planners needing services for members;
- Coordinate requests for out-of-network providers by determining need/access issues involved; and
- Facilitate all requests for inpatient psychiatric consults for members in a medical bed.

### **Clinical Practice Guidelines**

NH Healthy Families has adopted many of the clinical practice guidelines published by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry as well as evidence-based practices for a variety of services. Clinical practice guidelines adopted for adults include but are not limited to treatment of:





For children, NH Healthy Families has adopted guidelines for Depression in Children and Adolescents, Assessment and Treatment of Children and Adolescents with Anxiety Disorders and Attention Deficit/Hyperactivity Disorder. Clinical Practice Guidelines may be accessed through our website, or you may request a paper copy of the guidelines by contacting your Network Manager or by calling 1-866-769-3085. Copies of our evidence-based practices can be obtained in the same manner.

## CLAIMS

NH Healthy Families adjudicates claims for Covered Services for Covered Persons. Claims with a primary diagnosis not related to behavioral health or substance use disorders may be denied. If Providers receive such a denial, please evaluate the service performed.. Claims for medical conditions or services should be submitted to New Hampshire Healthy Families.

### **NH Healthy Families Claims Department Responsibilities**

NH Healthy Families's claims processing responsibilities are as follows:

- To reimburse Clean Claims (see Clean Claim section below) within the timeframes outlined by the New Hampshire Agency for Healthcare Administration; and
- To reimburse interest on claims in accordance with the guidelines outlined in the Prompt Pay Statute.

Claims eligible for payment must meet the following requirements:

- The member is effective (eligible for coverage through New Hampshire Healthy Families on the date of service;
- The service provided is a covered service (benefit of New Hampshire Healthy Families) on the date of service; and
- NH Healthy Families's prior-authorization processes were followed.

NH Healthy Families's reimbursement is based on clinical licensure, covered service billing codes and modifiers, and the compensation schedule set forth in the Provider's Agreement with NH Healthy Families. Reimbursement from NH Healthy Families will be accepted by the Provider as payment in full, not including any applicable copayments or deductibles.

### **Clean Claim**

Unless otherwise defined in the Agreement, a clean claim is a claim submitted on an approved or identified claim format (CMS-1500 or CMS-1450 ("UB-04") or their electronic equivalents or successors) that contains all data fields required by NH Healthy Families and the State, for final adjudication of the claim. The required data fields must be complete and accurate. A Clean Claim must also include NH Healthy Families's published requirements for adjudication, such as: NPI Number, Tax Identification Number, or medical records, as appropriate.

Claims lacking complete information are returned to the Provider for completion before processing or information may be requested from the provider on an Explanation of Payment (EOP) form. This will cause a delay in payment.

## Explanation of Payment (EOP)

An Explanation of Payment (EOP) is provided with each claim payment or denial. The EOP will detail each service being considered, the amount eligible for payment, copayments/deductibles deducted from eligible amounts, and the amount reimbursed. If you have questions you can contact NH Healthy Families Claims at 866-769-3085.

**NH Healthy Families**  
**P.O. Box 7500**  
**Farmington, MO 63640**

## Timely Filing

Please submit claims immediately after providing services. Claims must be received within one (1) year or 365 days, of the date the service(s) are rendered. Claims submitted after this period will be denied for payment.

Please submit a Clean Claim on a CMS-1500 Form or a CMS-1450 Form ("UB-04") or their electronic equivalents or successors. A Clean Claim is one in which every line item is completed in its entirety.

Please ensure the rendering practitioner's/provider's NPI number is listed in field 24J if you are billing with a CMS-1500 Form or field 56 if you are billing with a CMS-1450 ("UB-04") Form.

Providers must submit claims to the correct address for processing and reimbursement.

## Common Claims Processing Issues

It is the Provider's responsibility to obtain complete information from NH Healthy Families and the member and then to carefully review the CMS-1500, or its successor claim form and/or CMS-1450 ("UB-04"), or its electronic equivalents or successors claim form, prior to submitting claims to NH Healthy Families for payment. This prevents delays in processing and reimbursement.

Some common problem areas are:

- Failure to obtain prior-authorization
- Federal Tax ID number not included
- Rendering provider's NPI number not included in field 24J (CMS-1500) or field 56 (CMS-1450)
- Insufficient Member ID Number. Providers are encouraged to call NH Healthy Families to request the member's Medicaid ID prior to submitting a claim
- Visits or days provided exceed the number of visits or days authorized
- Date of service is prior to or after the authorized treatment period
- Provider is billing for unauthorized services, such as the using the wrong CPT Code
- Insufficient or unidentifiable description of service performed
- Member exceeded benefits
- Claim form not signed by provider
- Multiple dates of services billed on one professional claim form (CMS-1500, or electronic equivalents or successor claim form) are not listed separately
- Diagnosis code is incomplete or not specified to the highest level available.

Services that are not pre-certified and require prior-authorization may be denied. NH Healthy Families reserves the right to deny payment for services provided that were/are not medically necessary.

## Imaging Requirements for Paper Claims

NH Healthy Families uses an imaging process for claims retrieval. To ensure accurate and timely claims capture, please observe the following claims submission rules:

Effective January 01, 2015, NH Healthy Families no longer accepts handwritten claims. All claims filed must remain free of any handwritten verbiage.

Corrected Claims, for CMS-1500, should be submitted with the appropriate resubmission code in field 22 of the paper claim.

Corrected Claims, for UB-04, should be submitted with the appropriate resubmission code in the 3<sup>rd</sup> digit of the bill type, and the original claim number in field 64.

## Web Portal Claim Submission

NH Healthy Families also offers our contracted providers and their office staff the opportunity to register for our Secure Web Portal. You may register by visiting

[www.NHHealthyFamilies.com/providers](http://www.NHHealthyFamilies.com/providers) and creating a username and password. Once registered you may begin utilizing additional available services:

- Submit both Professional and Institutional claims
- Check claim status
- View and print member eligibility
- Request and view prior-authorizations
- Contact us securely and confidentially

## EDI CLEARINGHOUSES

Electronic Data Interchange (EDI) is a method for transferring data between different computer systems or computer networks. Providers may choose to submit their claims through a clearinghouse. NH Healthy Families accepts EDI transactions through the following vendors using:

**Payer ID 68068**

 Allscripts	 availability Patients. Not paperwork.	 emdeon	 Practice Insight	 RelayHealth	 SMARTDATA SOLUTIONS Your data. Our solutions.
Allscripts 800.845.6592	Availability 800.282.4548	Emdeon 800.845.6592	Practice Insight 713.333.6000	Relay Health 800.527.8133	Smart Data Solutions 855.650.6590

## BILLING POLICIES

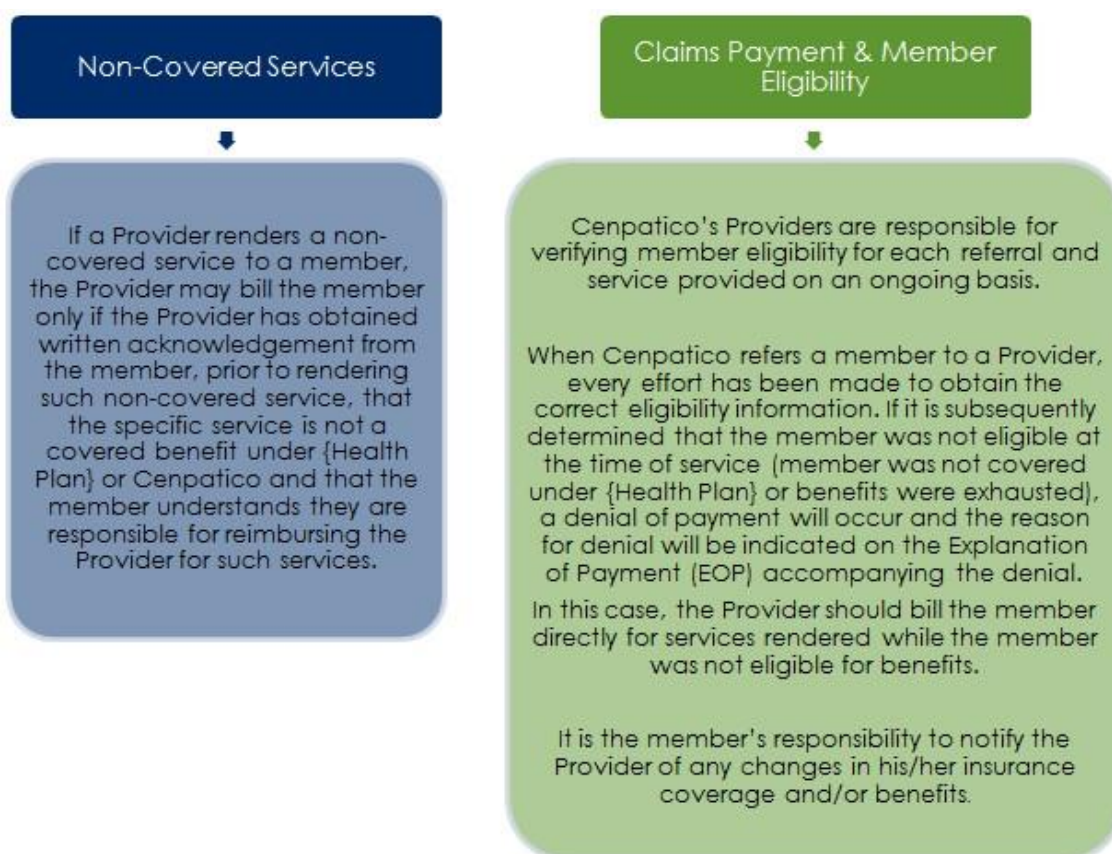
The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care providers and payers to use universal standards for electronic billing and administrative transactions (health care claims, remittance advice [RA], eligibility verification requests, referral authorizations and coordination of benefits).

## Member Hold Harmless

Under no circumstances is a member to be balance billed for covered services or supplies. If the Provider uses an automatic billing system, bills must clearly state that they have been filed with the insurer and that the participant is not liable for anything other than specified un-met deductible or co-payments (if any).

### Please Note:

- A Provider's failure to authorize the service(s) does not qualify/allow the Provider to bill the member for service(s).
- New Hampshire Healthy Families members may not be billed for missed sessions ("No-Show").
- Providers can bill a Member only if they provide proof that they attempted to obtain Member insurance identification information within one hundred and eighty (180) days of service.



## Claim Status

Please do not submit duplicate bills for authorized services. If your Clean Claim has not been adjudicated within forty-five (45) days, please call NH Healthy Families's Claims Customer Service department at 1-866-769-3085 to determine the status of the claim.

To expedite your call, please have the following information available when you contact NH Healthy Families's Claims Customer Service department:

- Member Name
- Member Date of Birth
- Member ID Number
- Date of Service
- Procedure Code Billed
- Amount Billed
- NH Healthy Families Authorization Number
- Provider's Name
- Provider's NPI Number
- Provider's Tax Identification Number

## Claim Reconsideration

If a claim discrepancy is discovered, in whole or in part, the following action may be taken:

Call the NH Healthy Families Claims Support Liaisons at 1-877-730-2117. The majority of issues regarding claims can be resolved through the Claims Department with the assistance of our Claims Support Liaisons.

When a provider has submitted a claim and received a denial due to incorrect or missing information, a corrected claim can be submitted electronically or on a paper claim form.

For issues **that do not require** a corrected resubmission the Adjustment Request Form can be utilized. The Claims Support Liaison can assist with determining when a corrected resubmission is necessary and when an Adjustment Request Form can be utilized.

If your claim was denied because you did not have an authorization, please send a request in writing for a retroactive authorization, explaining in detail the reason for providing services without an authorization to:

Retro authorizations will only be granted in rare cases. Repeated requests for retro authorizations will result in termination from the network due to inability to follow policies and procedures. If the authorization contains unused visits, but the end date has expired, please call the NH Healthy Families Service Center and ask the representative to extend the end date on your authorization.

If a Resubmission has been processed and you are still dissatisfied with NH Healthy Families's response, you may file a claims appeal of this decision by writing to the address listed below. Note: Appeals must be filed in writing. Place "APPEAL" within your request. In order for NH Healthy Families to consider the appeal it must be received within 90 days of the date on the EOP which contains the denial of payment that is being appealed unless otherwise stated in your contract. If you do not receive a response to a written appeal within 45 days for Medicaid specific patients, or are not

satisfied with the response you receive, you may appeal within 60 days of the HMO's final decision.

If you are unable to resolve a specific claims issue through these avenues then you may initiate the Payment Dispute Process. Please contact your NH Healthy Families Provider Relations representative about your specific issue. Please provide detailed information about your efforts to resolve your payment issue. Making note of which NH Healthy Families staff you have already spoken with will help us assist you. Steps 1-4 should be followed prior to initiating the Payment Dispute Process. After contacting Provider Relations at the address below, your dispute will be investigated.

If your claim was processed with an overpayment or has resulted in a request for recoupment, you may submit all payments to the following address:

**Post Office Address**

NH Healthy Families Behavioral Health  
LLC  
P.O. BOX 3656  
Carol Stream, IL 60132-3656

**Express Mail Address**

FIRST DATA – CHICAGO  
NH Healthy Families Behavioral Health LLC: LB>  
3656  
8430 W. BRYN MAWR AVE 3<sup>RD</sup> FLR  
Chicago, IL 60631

**New Hampshire Assigned Lockbox Number: 3656**

## COMPLAINTS, GRIEVANCES & APPEALS

If the time arises when a provider or member disagrees with any of NH Healthy Families's policies or services or would like to request a review of an unfavorable determination, they may file a complaint, grievance or appeal.

### **What is a Provider Complaint?**

A complaint is defined as any dissatisfaction, expressed by a Provider orally or in writing, regarding any aspect of NH Healthy Families's operations, including but not limited to, dissatisfaction with NH Healthy Families's administrative policies.

### **What is a Member Complaint?**

A Complaint is dissatisfaction about any matter other than an action. An action is defined as the denial or limited authorization of a requested service; the reduction, suspension or termination of a previously authorized service; or denial in whole or in part, of payment for a service. Possible subjects for complaints include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a practitioner or employee, or failure to respect the member's rights.

New Hampshire Healthy Families has established and maintains a Grievance system for the identification and prompt resolution that complies with applicable Federal and State laws and regulations which affords our Providers and members the opportunity to initiate a Complaint. A Complaint can be filed by a provider, member or any person acting on the member's behalf, including a non-participating or participating Provider with the member's signed consent. New Hampshire Healthy Families Member Services department is available to assist providers, members, or member representatives with initiating a Complaint. Complaints can be filed in writing or by calling 1-866-769-3085.

NH Healthy Families Providers and members have one (1) year from the date of the action to file a Complaint. New Hampshire Healthy Families has thirty (30) days to respond to and resolve the Complaint. It is one of New Hampshire Healthy Families goals to resolve all Complaints in a timely manner. When a decision is not wholly in the member's favor, the resolution letter must contain the



Notice of the Right to a State Fair Hearing and the information necessary to file for a State Fair Hearing. No punitive action will be taken against a Provider who files a Complaint on behalf of a member.

## WASTE, ABUSE & FRAUD

NH Healthy Families is committed to the ongoing detection, investigation, and prosecution of waste, abuse and fraud (WAF).

In February 2006, the Deficit Reduction Act (DRA) of 2005 was signed into law and created the Medicaid Integrity Program (MIP) under section 1936 of the Social Security Act (the Act). The MIP is the first comprehensive Federal strategy to prevent and reduce provider fraud, waste, and abuse in the Medicaid program.

### WASTE

Is the use of healthcare benefits or dollars without real need. For example, prescribing a medication for thirty (30) days with a refill when it is not known if the medication will be needed.

### ABUSE

Practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to the Health Plan program, including, but not limited to practices that result in unnecessary cost to the Health Plan program for services that are not Medically Necessary, or that fail to meet professionally recognized standards for healthcare. It also includes Enrollee practices that result in unnecessary cost to the Health Plan program.

### FRAUD

An intentional deception or misrepresentation made by a person or corporation with the knowledge that the deception could result in some unauthorized benefit under the Health Plan program to himself, the corporation, or some other person. It also includes any act that constitutes fraud under applicable Federal or State healthcare fraud laws. Examples of provider fraud include: lack of referrals by PCPs to specialists, improper coding, billing for services never rendered, inflating bills for services and/or goods provided, and practitioners/providers who engage in a pattern of providing and/or billing for medically unnecessary services. Examples of Enrollee fraud include improperly obtaining prescriptions for controlled substances and card sharing.

NH Healthy Families, in conjunction with its management company, Centene Corporation, operates a WAF unit. If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call our anonymous and confidential hotline at 866-685-8664. NH Healthy Families and Centene take reports of potential WAF seriously and investigate all reported issues.

## Authority and Responsibility

The President/CEO and Vice President, Compliance of NH Healthy Families share overall responsibility and authority for carrying out the provisions of the compliance program. NH Healthy Families, in conjunction with New Hampshire Healthy Families, is committed to identifying, investigating, sanctioning and prosecuting suspected WAF.

The NH Healthy Families Provider Network shall cooperate fully in making personnel and/or subcontractor personnel available in person for interviews, consultation, grand jury proceedings, pre-trial conferences, hearings, trials and in any other process, including investigations by New Hampshire Healthy Families, at the provider and/or subcontractor's own expense.

NH Healthy Families staff, its Provider Network and their personnel and/or subcontractor personnel, shall immediately refer any suspected WAF to the Medicaid Fraud Control Unit of {State} within the Office of the Attorney General at the following address:

Medicaid Fraud Control Unit  
Office of the Attorney General  
33 Capitol Street  
Concord, NH 03301

Phone: 603.271.1246

Fax: 603.223.6274

Email: [mfcuinfo@doj.nh.gov](mailto:mfcuinfo@doj.nh.gov)



**866.685.8664**

**Hotline Number** - A toll-free hotline number has been established to report potential WAF issues. The number is available for use by any person, including Cenpatco employees and subcontractors. It is against corporate policy to retaliate against anyone who makes a referral. All callers have the option to remain anonymous.