► Commitment [™] Communication

From your Provider Relations Team



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Preventing and Resolving Claim Denials Important Reminders

NH Healthy Families wants to remind providers of the health plan's filing limit requirements and the process to have claim payment concerns reviewed.

The NH Healthy Families' Provider Billing Manual describes general billing and claim submission guidelines. Please visit our website at <u>NHHealthyFamilies.com</u> for the complete Provider Billing Manual. The reconsideration process is now available to submit through our Provider Portal in a few simple steps.

Timely Filing Guidelines:

- NH Healthy Families providers must submit **first time claims** within **120 days of the date of service**.
- When NH Healthy Families is the **secondary payer**, the claims must be received **within 120 days from the date of disposition (final determination) of the primary payer**. Claims received outside of this timeframe will be denied for untimely submission.

Claim Appeals:

- All requests for claim appeals must be received within 30 calendar days of receiving the Explanation of Payment (EOP) which serves as a Notice of Adverse Action, and not to exceed 15 months from the date of service for all claims with a date of service on or after 9/1/2019.
- Requests received outside of this timeframe will not be considered and the original determination will be upheld.
- The Request for Claim Review Form must be submitted by mail. Please mail the "Request for Claim Review Form" and all other attachments to:

NH Healthy Families Attn: Claim Appeal PO Box 4060 Farmington, MO 63640-3831

If your submission does not meet the above timeline, NH Healthy Families will deny your request as not meeting timely filing guidelines.

Please refer to the NH Healthy Families' Provider Billing Manual for detailed information on submitting claim appeals or viewing claims in the secure provider portal as well as claim dispute options for DOS prior to 9/1/2019.

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