



**nh healthy families™**

**NH Healthy Families**

*New Provider Orientation*

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# Presentation Outline

- Overview
- Specialty Companies
- Provider Relations & Provider Network Operations
- Website and Secure Portal Tools
- Member Eligibility
- Access & Availability
- Medical Management
- Prior Authorization
- Claims
- Provider Complaints & Appeals
- Cultural Competency
- NH Healthy Families' Emergency Response Plan



# Overview



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# NH Healthy Families & Centene



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

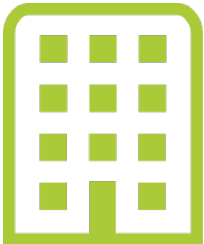
NH Healthy Families is a Managed Care Organization (MCO).



NH Healthy Families is underwritten by Granite State Health Plan Inc.



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



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

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



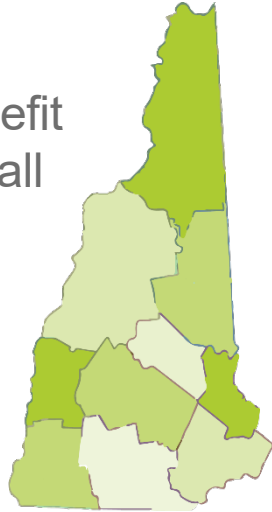
1984

COVERS 8.5 MILLION MEMBERS

# NH Healthy Families Current Snapshot

Providing  
Medicaid benefit  
coverage in all

**10**  
counties



Contracted for  
Medicaid services with  
every hospital, FQHC,  
RHC, and community  
mental health centers  
including thousands of  
providers in NH and  
over the borders



**200+**

employees located in NH

Currently serving  
**Medicaid, Granite  
Advantage,  
Marketplace and  
Medicare Program**  
populations

Total Membership  
**115,406**



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**87,123**



**3,270**



FROM | nh healthy families™

**25,013**

(As of 3/1/22)



# Specialty Companies

# Specialty Companies

Specialty Company	Services Provided	Contact Information
<b>National Imaging Associates (NIA)</b>	Prior Authorization for High Tech Radiology and Therapy Management (PT, OT, ST) Services (Medicaid only)	<u>Prior Authorization Requests (Medicaid only)</u> <a href="http://www.radmd.com">www.radmd.com</a> 866-769-3085  <u>Provider Service Line</u> 800-327-0641
<b>Envolve Vision</b>	Vision Services	<a href="https://visionbenefits.envolvehealth.com">https://visionbenefits.envolvehealth.com</a> 877-865-1527 <a href="mailto:EBONM@EnvolveHealth.com">EBONM@EnvolveHealth.com</a>
<b>MTM (Non-Emergent Transportation)</b>	Non-Emergency Transportation	Phone: 1-888-597-1192

# Pharmacy Management

- NH Healthy Families' pharmacy department oversees the pharmacy benefit, preferred drug list, and prior authorization process.
- Certain medications do require Prior Authorization (PA) by NH Healthy Families before being covered. These include:
  - Some preferred drugs designated as "PA" on the PDL
  - Medications not listed on the NH Healthy Families PDL
- Please contact NH Healthy Families at 866-769-3085 for general information and/or Pharmacy Services for prior authorizations at 866-399-0928 or visit [Pharmacy Services](#).
- The NH Healthy Families Preferred Drug List (PDL) can be found at: [NH Healthy Families PDL](#)
- AcariaHealth (Specialty Drugs) – Supplies Specialty Injectable medications. Acaria can be reached at 855-535-1815 or visit [NH Healthy Families Pharmacy Program](#)
- New Century Health (Oncology Drugs) – Requires PA for oncology-related medications and supportive agents. Call 888-999-7713, Option 1 or visit [New Century Health](#)





# Provider Relations & Provider Network Operations

# Provider Relations

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

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

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

- To inquire on the credentialing status of a provider, email:  
NH\_ProviderNetworkOperations@CENTENE.COM

5/19/2022

# Demographic Updates

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

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

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

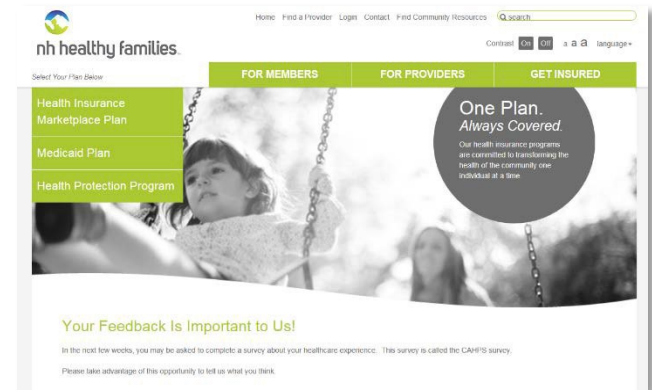
*By updating your demographic information in the AMA Verify Health Portal you can ensure that NH Healthy Families will implement your edits and your data will be correct. Additionally, these updates are covered in your Participating Provider Agreement.*

# Website and Secure Portal Tools

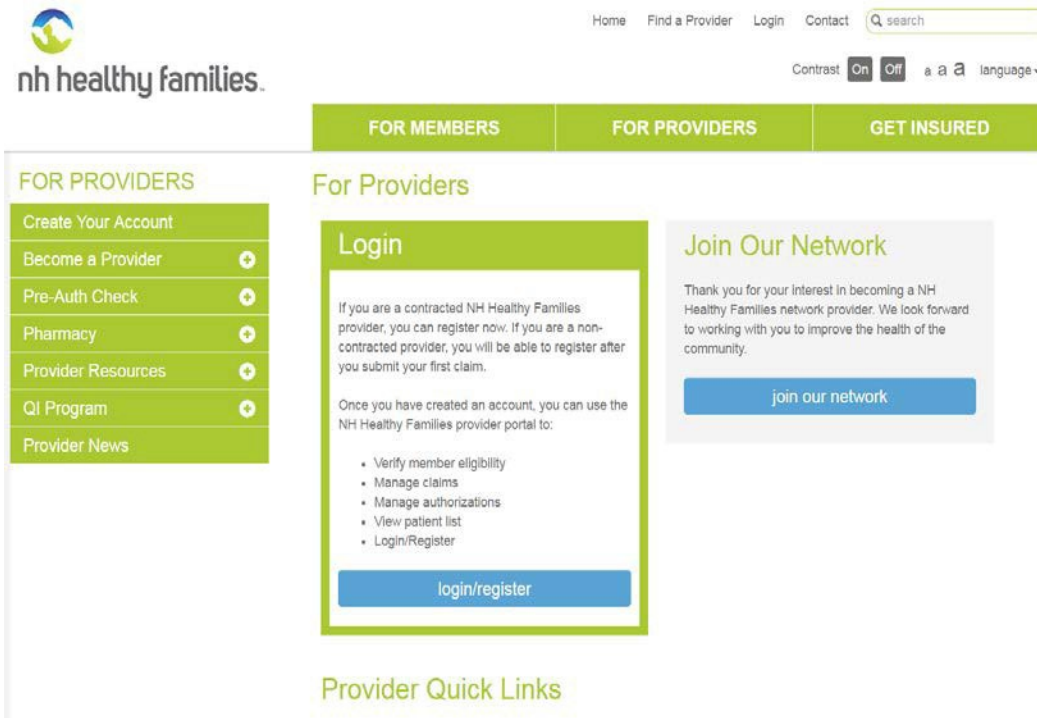
# Web-Based Tools

## Web-Based Tools

- Public site at [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)
  - Provider Manual and Billing Manual
  - Provider Information for Medical Services
  - Prior Authorization Code Checker
  - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms, etc...
  - Clinical Practice Guidelines
  - Provider Newsletters and Announcements
  - Plan News
  - Find a Provider
- NH Healthy Families is committed to enhancing our web based tools and technology!



# Provider Secure Portal



The screenshot shows the NH Healthy Families Provider Secure Portal. At the top, there is a navigation bar with links: Home, Find a Provider, Login, and Contact. A search bar is also present. Below the navigation bar, there are three main tabs: FOR MEMBERS, FOR PROVIDERS (which is highlighted), and GET INSURED. On the left side, under the FOR PROVIDERS tab, there is a sidebar with a list of links: Create Your Account, Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, QI Program, and Provider News. The main content area is divided into two sections. The first section is titled 'Login' and contains text explaining that contracted providers can register now, while non-contracted providers can register after submitting their first claim. It also lists several quick links: Verify member eligibility, Manage claims, Manage authorizations, View patient list, and Login/Register. The second section is titled 'Join Our Network' and contains text thanking the user for their interest in becoming a network provider. It also includes a 'join our network' button. At the bottom of the main content area, there is a 'Provider Quick Links' section.

Through the Secure Web Portal Providers can:

- Check Member Eligibility
- Submit Prior Authorization Requests
- View Patient Lists and Care Gaps
- Submit, view and adjust claims
- View Payment History
- Detailed patient & population level reporting

## Registering is easy!


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

# Member Eligibility



# Member ID Card

## Standard Medicaid



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


Member Name: John Doe  
Member ID: 123456789  
DOB:

Plan Type: Medicaid

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If you have an emergency, call 911 or go to the nearest emergency room (ER).  
Emergency services by a provider not in the plan's network will be covered without  
prior authorization. [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

## Granite Advantage Health Plan



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

Member Name: John Doe  
Member ID: 123456789  
DOB:

Plan Type: Granite Advantage

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If you have an emergency, call 911 or go to the nearest emergency room (ER).  
Emergency services by a provider not in the plan's network will be covered without  
prior authorization. [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

# Verification of Eligibility

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

- **Secure Portal** - Verify eligibility at [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)
- **Provider Service Call Center** - Verify eligibility Monday through Friday, 8:00 am to 5:00 pm (EST) or 24/7 using the Interactive Voice Response system (IVR) at:
  - NH Healthy Families: **1-866-769-3085**
- **NH MMIS Health Enterprise portal** – Verify eligibility for Medicaid and Granite Advantage Health Protection Program members at: [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov)

# Access & Availability



# NH Healthy Families Provider Access

**Primary Care and Specialty Providers** are required to provide Members with access to Primary Care and Specialty Care Services in accordance with the following time frames:

Appointment Type	Primary Care Provider	Specialty Care Provider
Urgent Care	Within forty-eight (48) hours of the Member's request	Within forty-eight (48) hours of the Member's request
Non-Urgent Symptomatic Care	Within ten (10) calendar days of the Member's request	Within ten (10) calendar days of the Member's request
Non-Symptomatic Care	Within forty-five (45) calendar days of the Member's request	Within forty-five (45) calendar days of the Member's request
Transitional Health Care for clinical assessment and care planning	Within two (2) business days of discharge from inpatient or institutional care for physical or behavioral health or SUD program	Within two (2) business days of discharge from inpatient or institutional care for physical or behavioral health or SUD program
Transitional Home Care		Within two (2) calendar days of discharge from inpatient or institutional care for physical or mental health *when ordered by a physician or part of a member's discharge plan.

# After Hours Accessibility

Each PCP is responsible for maintaining sufficient facilities and personnel to provide covered physician service 24 hours a day, 365 days a year.

## **Coverage must consist of one of the following means:**

- Answering service
- Call forwarding to covering physician(s)
- After-hours, on-call coverage

## **24 Hour Access of coverage requires:**

- After-hours coverage be accessible using the medical office's daytime telephone number
- The PCP, or covering medical professional, returns all calls within 30 minutes of the initial contact
- Connecting the caller to someone who can render a clinical decision, reach the PCP for a clinical decision, or refer the caller to the emergency room

**NH Healthy Families will monitor appointment and after-hours availability on an ongoing basis through its Quality Improvement Program.**



# Independent Urgent Care Centers

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

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

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

# Referrals to Mental Health Services

## ***Referral Process for connecting a Member to Mental Health or Social Services:***

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

Find a Provider: <https://providersearch.nhhealthyfamilies.com/>

Link to Social Service Resources: <https://nhhealthyfamilies.auntbertha.com/>

# Referrals to Mental Health Services

## ***BH Screening Tools:***

- Alcohol Use Disorders Identification Test (AUDIT):  
[https://www.integration.samhsa.gov/AUDIT\\_screener\\_for\\_alcohol.pdf](https://www.integration.samhsa.gov/AUDIT_screener_for_alcohol.pdf)
- Drug Use Questionnaire (DAST-20) Adult and Adolescent versions:  
<file:///C:/Users/arancatore/Downloads/DAST%202008.pdf>
- Columbia- Suicide Severity Rating Scale (C-SSRS): [https://www.integration.samhsa.gov/clinical-practice/Columbia\\_Suicide\\_Severity\\_Rating\\_Scale.pdf](https://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf)
- CRAFFT: [https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT\\_Screening\\_interview.pdf](https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf)
- Edinburgh Depression Screening: <https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>
- Patient Health Questionnaire (PHQ-9): <https://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>
- Screening, Brief Intervention, Referral to Treatment (SBIRT): <https://store.samhsa.gov/system/files/sma13-4741.pdf>
- SBIRT for Adolescents: [http://sbirtnh.org/wp-content/uploads/2017/08/SBIRT\\_Brief\\_Screening\\_FINAL.pdf](http://sbirtnh.org/wp-content/uploads/2017/08/SBIRT_Brief_Screening_FINAL.pdf)
- SBIRT for Perinatal Providers: <https://sbirtnh.org/wp-content/uploads/2019/02/perinatal-playbookFINALdig-2.pdf>
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T):  
[https://www.integration.samhsa.gov/images/res/SAFE\\_T.pdf](https://www.integration.samhsa.gov/images/res/SAFE_T.pdf)
- TWEAK: [https://pubs.niaaa.nih.gov/publications/assessingalcohol/InstrumentPDFs/74\\_TWEAK.pdf](https://pubs.niaaa.nih.gov/publications/assessingalcohol/InstrumentPDFs/74_TWEAK.pdf)



# Medical Management

# Care Management Programs

- **Integrated Care Management**: We help our Members address medical and behavioral situations and needs through coordination with disease management programs, wellness initiatives, and a full range of Care Management activities.
- **Social Determinants of Health and Resource Needs**: We assist and educate Members on available community resources, state/local social programs (WIC, housing, transportation) and pharmacy resources.
- **Program Coordinators**: Are specialized staff who can help members with the following needs: BH, SUD, Housing, I/DD, Special Needs, and Long Term and Support Services (Medicaid only)
- **Member Connections®**: We connect Members to community and social service programs that can assist members who are in need of food, housing, and clothing. Reasons to contact Member Connections: No show or frequent canceled appointments, transportation needs, inappropriate emergency room use, member health education, or a member in need of reliable communication device (free cell phone) (Medicaid only)
- **NurseWise**: Registered Nurses ready to answer your health questions 24 hours a day – every day of the year. Please contact us at 1-866-769-3085.
- **Disease Management**: Provides programs at no cost to our Members, focused on managing specific diseases or conditions. Disease or Health Management are often partnered between a Care Manager and a disease management program that provides education, tools and resources to managing chronic diseases. Coaching and resources are available for the following conditions: Asthma, Diabetes, COPD, Heart Failure, Hyperlipidemia, Pediatric Obesity (Medicaid only), Weight Management, Tobacco Cessation, Perinatal and Post Partum Depression

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

**1-866-769-3085**

# Start Smart for Your Baby

- Prenatal and Post Partum NH Healthy Families' Program
- Main Objectives of the Program:
  - Decrease infant mortality rates
  - Increase number of women receiving early prenatal care
  - Increase abstinence from alcohol and illicit drugs among pregnant women
  - Increase number of mothers who breastfeed
- Incorporates Clinical and Outreach efforts to assist pregnant women with issues that affect their pregnancy such as smoking
- Offers a premature delivery prevention program by supporting the use of 17-P
- Works in conjunction with established healthcare delivery systems, provider community care coordinators, and community resources



# Plan of Safe Care

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According to the State of New Hampshire Department of Health and Human Services, medical providers are responsible for developing the Plan of Safe Care (POSC) with their patients. It must be put into place prior to discharge after birth.

NH Healthy Families is ready to assist you with developing a POSC for NH Healthy Families members by:

- Providing you an overview of the law, helping you plan & providing resources
- Helping patients who are NH Healthy Families members develop the POSC
- Fostering coordination of Medicaid services and supports to help families
- Educating members on Start Smart for Baby® care management and reward program for mother and baby
- Educating members about Ready for My Recovery program

# My Health Pays® - Medicaid

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

MY HEALTH PAYS BEHAVIOR	REWARD AMOUNT	REWARD DETAILS (Medicaid)
Completing a Health Needs Assessment	\$30	Complete in the first 30 days. Call us at 1-866-769-3085 (TDD/TTY 1-855-742-0123) to complete the screening.
Notice of Pregnancy (NOP)	\$15	Complete in 31-90 days. Call us at 1-866-769-3085 (TDD/TTY 1-855-742-0123) to complete the screening.
Annual Flu Vaccine	\$20	September---April; ages 6 months and up. One per flu season.
Annual Well Care Visit	\$20	Ages 2 and up.
Cigarettes, Smokeless Tobacco or Vaping Cessation	\$20	Ages 12 and up.
Diabetes Care HbA1c Test	\$30	Ages 18-75. Complete annually
Diabetes Care Retinopathy Screening (dilated eye exam)	\$30	Ages 18-75. Complete annually
Annual Breast Cancer Screening	\$20	Ages 40-74. One per calendar year.
Cervical Cancer Screening	\$20	Ages 18-65
Notification of Pregnancy Form	\$100	Completed within first trimester.
Notification of Pregnancy Form	\$50	Completed within second trimester.
Annual Prostate Exam	\$20	Ages 50 and up. One per calendar year.
6 Infant Well Care Visits	\$20	Up to 15 months old.
Mental Health Champion	\$50	Ages 12-20.
Ready for My Recovery	Up to \$115	In the first year. Complete the Ready for My Recovery form and maintain recovery every 6 months



# Prior Authorization



## Prior Authorization Submission Requirements

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

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



# Prior Authorization Submission Requirements

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

1. Via the NH Healthy Families secure portal
  - NH Healthy Families: [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)
2. Fax Prior Authorization Requests to:
  - NH Healthy Families:
    - Medical: 866-270-8027
    - Inpatient Admission: 877-291-3140
    - Concurrent Review: 877-295-7682
3. Call for Prior Authorization at:
  - NH Healthy Families: 1-866-769-3085

**Prior Authorization Forms can be found on the Provider Resource Page at [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)**

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

### Important Reminders

NH Healthy Families utilizes InterQual® Criteria as well as NH Healthy Families Clinical Policies-which are available upon request, to all providers.

Written or electronic notification of the authorization request will be sent to the provider

Be sure to request Authorizations using the NPI number that will be billed on the claim

Complete information regarding the services or procedures being requested

Failure to obtain authorization may result in an administrative denial, and Providers are prohibited from holding a Member financially responsible.

Urgent requests must meet the plan criteria in order to be processed within the 72 hour time frame.

\*that without this service in the next 72 hours, this would seriously jeopardize the members life, health, safety or psychological state and/or that without the requested care or treatment in the next 72 hours that this would subject the member to adverse health consequences



# Claims



# Timely Filing - Claims

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

# Claims Submission

Claims may be submitted in 3 ways:

Submission Type	NH Healthy Families
Secure Web Portal	<a href="http://www.nhhealthyfamilies.com">www.nhhealthyfamilies.com</a>
Electronic Clearinghouse	Medical – 68069 Mental Health -68068
Original Paper & Corrected Claims	NH Healthy Families Attn: Claims Department P.O. BOX 4060 Farmington, Missouri 63640-3831 <b>OR</b> NH Healthy Families Attn: Behavioral Health P.O. BOX 7500 Farmington, Missouri 63640-3831

EDI Contact: 800-225-2573 ext. 25525 - E-mail: [EDIBA@centene.com](mailto:EDIBA@centene.com)

NH Healthy Families accepts both electronic (EDI) and (red) paper claims

# PaySpan Health EFT/ERA

- PaySpan Health is a secure, self-service website which can be utilized to manage and receive electronic payment and remittance advice.
- Manage and access remittance data 24 hours a day
- For more information please contact PaySpanHealth at 800-733-0908, [www.payspanhealth.com](http://www.payspanhealth.com) or contact [PCSC@payspan.com](mailto:PCSC@payspan.com)
- Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

# Billing the Member

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## **NH Healthy Families:**

- Member may not be balance billed
- No Show
  - Contact Community Health Services Representative (formerly Member Connections®)
  - Provide education to members
- If a member asks for a service to be provided that is not a covered service, you must ask the member to sign a statement indicating that they will pay for the specific service

# Member Grievances, Appeals, & State Fair Hearing

- **Action:** An Action by an MCO is classified as one of the following:
  - The reduction, suspension, or termination of a previously authorized service;
  - The denial, in whole or in part, of payment for a service;
  - The failure of the health plan to provide services in a timely manner as defined in the appointment standards described herein; or
  - The failure of the health plan to act within timeframes for the health plan's prior authorization review process.
- **Grievance:** An expression of dissatisfaction about any matter other than an Action.
- **Appeal:** A request for review of any Action taken by the MCO.
- **State Fair Hearing:** A request for State review of internal MCO appeal outcome. Must be submitted within 30 calendar days of the date on the Plan's notice of resolution of the appeal.



## Grievances Resolution & Communication Timeframes

Submitting a Grievance	NH Healthy Families
<p><b>Grievances</b> can be filed orally over the phone, in writing via mail or fax, or in person at the NH Healthy Families office.</p>	<ul style="list-style-type: none"><li>• Written Acknowledgement: 10 business days from receipt</li><li>• Resolution:</li><li>• Standard: Written Notification within 45 calendar days from receipt</li><li>• Clinically urgent: Written Notification within 72 hours from receipt</li></ul>





# Appeals Resolution & Communication Timeframes

Submitting an Appeal	NH Healthy Families
<p><b>Appeals</b> can be filed orally or in writing by the Member or by the Member's authorized appeal representative (who may be the provider). A Member must complete and sign the Authorized Representative Form designating their Appeal Representative. This is not needed if the appeal request qualifies as expedited.</p>	<ul style="list-style-type: none"><li>• Appeals: Appeals must be filed within 60 calendar days from the date on the notice of resolution or action or within 10 calendar days if the member is requesting to continue benefits during the appeal investigation.</li><li>• Written Acknowledgement: 10 business days of the receipt</li></ul> <p>Resolution:</p> <ul style="list-style-type: none"><li>• Standard: Written Notification within 30 calendar days of initial Appeal request.</li><li>• Expedited: Verbal Notification immediately upon determination. Written Notification within 72 hours of initial Appeal request.</li></ul> <p>Note: Providers can't request the continuance of benefits for members even if they have member consent.</p>

# Provider Complaints & Appeals

# Provider Complaints & Appeals

**Complaint** is a verbal or written expression by a provider which indicates dissatisfaction or dispute with NH Healthy Families' policy, procedure, claims, or any aspect of NH Healthy Families functions. NH Healthy Families logs and tracks all complaints whether received verbally or in writing. A provider has 90 days from the date of the incident, such as the original remit date, to file a complaint. After the complete review of the complaint, NH Healthy Families shall provide a written notice to the provider within 45 calendar days from the received date of the Plan's decision.

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

**State Fair Hearing:** A request for State review of internal MCO appeal outcome. Must be submitted within 30 calendar days of the date on the Plan's notice of appeal resolution.

# Cultural Competency

# Cultural Competency Plan

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- Enables NH Healthy Families to meet the diverse cultural and linguistic needs of members.
- Respecting the diversity of our Members has a significant and positive effect on outcomes of care.
- NH Healthy Families will work with providers to effectively provide services to people of all cultures, races, ethnic backgrounds, and religions.
- Our plan helps us respect the worth of individual Members and protects and preserves the dignity of each one.
- NH Healthy Families also works with the DHHS Office of Health Equity and the NH Medical Society to address cultural considerations.

# Section 1557

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

# Disability Sensitivity

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The Americans with Disabilities Act (ADA) defines a person with a disability as:

- A person who has a physical or mental impairment that substantially limits one or more major life activities
- This includes people who have a records of an impairment, even if they do not currently have a disability
- It also includes individuals who do not have a disability, but are regarded as having a disability
- The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability

# NH Healthy Families' Emergency Response Plan

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



# Questions?



nh healthy families™



# Resources

- **NH Healthy Families Website:** [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)
- **Ambetter Website:** [ambetter.nhhealthyfamilies.com](http://ambetter.nhhealthyfamilies.com)
- **Specialty Companies:**
  - National Imaging Associates (NIA) Website: [www.radmd.com](http://www.radmd.com), Email: [ajsabino@magellanhealth.com](mailto:ajsabino@magellanhealth.com), Phone: 1-800-635-2873, **April J. Sabino, RN BSN**, *Provider Relations*, 410-953-1078
  - Envolve Vision Website: [www.opticare.com](http://www.opticare.com), Email: [networkmanagement@opticare.net](mailto:networkmanagement@opticare.net), Phone: 1-800-334-3937
  - MTM (Non-Emergency Transportation) Phone: 1-888-597-1182
- **Pharmacy Management:**
  - The NH Healthy Families pharmacy program information can be found at [NH Healthy Families Pharmacy Program](#) and Prior Authorization information is located at [Pharmacy Services](#) or can be reached at 866-399-0928
  - The NH Healthy Families Preferred Drug List (PDL) information can be found at [NH Healthy Families PDL](#)
  - AcariaHealth supplies specialty medications to NH Healthy Families members and can be reached at 855-535-1815 or visit [NH Healthy Families Pharmacy Program](#)
- **Credentialing & Demographic Updates:**
  - To inquire on the credentialing status of a provider, email: [NH\\_ProviderNetworkOperations@CENTENE.COM](mailto:NH_ProviderNetworkOperations@CENTENE.COM)
- **Independent Urgent Care Centers**
  - ClearChoice MD: <https://ccmdcenters.com/>, ConvenientMD: <https://convenientmd.com/>

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