



Welcome to New Hampshire Healthy Families

Presentation Outline

- Overview of Centene and NH Healthy Families
- Specialty Companies
- Provider Relations
- Website and Secure Portal Tools
- Member Eligibility
- Claims
- Medical Management and Medical Records
- Value-Added Services
- Grievances, Appeals, & State Fair Hearing
- Cultural Competency
- Questions

Overview of New Hampshire Healthy Families

New Hampshire Healthy Families & Centene

- NH Healthy Families launched with the Medicaid Managed Care program in NH in Dec., 2013. NHHF is an MCO.
- NHHF is underwritten by Granite State Health Plan, Inc.
- NHHF is also a wholly owned subsidiary of Centene Corporation, a national Medicaid coverage provider in 22 states. Centene has been in business since 1984 and covers over 4.1 million members
- Centene also provides many services and programs through sister companies and the corporate office.
- Cenpatico is one of our sister companies – a partner focused on behavioral health.
- NH Healthy Families and Cenpatico reside together in our Bedford, NH headquarters to focus on and serve New Hampshire.

NH Healthy Families Current Snapshot

- Providing Medicaid benefit coverage in all 10 counties.
- Contracted with every hospital, FQHC, RHC, and community mental health center including thousands of providers in NH and over the borders.
- Over 100 employees located in NH, and in the process of staffing up (primarily in the Call Center and Medical Management) to accommodate increased membership.
- Currently serving Medicaid and Health Protection Program populations.
- Membership exceeds 68,000.



Covered Populations & Services

Members	Standard Medicaid 2013	Health Protection Program 2014	Step 2 Medical Services 2015	Excluded/FFS
OOA/ANB/APTD/MEAD/TANF/Poverty Level – Non Duals	X			
Foster Care – With Member Opt Out	X			
Foster Care – Mandatory Enrollment (w/CMS waiver)			X	
HC-CSD (Katie Becket) With Member Opt Out	X			
CHIP (transition to Medicaid expansion)	X			
TPL (non-Medicare) except members with VA benefits	X			
Auto eligible and assigned newborns	X			
Breast and Cervical Cancer Program (BCCP)	X			
Medicare Duals –With Member Opt Out	X			
Medicare Duals – Mandatory Enrollment (with CMS waiver)			X	
ACA Expansion Group		X		
Members with VA Benefits				X
Family Planning Only Benefit (in development)				X
Initial part month and retroactive/PE eligibility segments (excluding auto eligible newborn)				X
Spend –down				X
QMB/SLMB Only (no Medicaid)				X

Standard Medicaid 2013	Health Protection Program	Step 2 Services Beyond Medical: 2016	Carved Out
<p>Maternity & New Born Outpatient Hospital Inpatient Psychiatric Facility Services Under Age 22 Physician Services Advanced Practice Registered Nurse Rural Health Clinic & FQHC Prescribed Drugs Community Health Center Service Psychology Ambulatory Surgical Center Laboratory (Pathology) X-Ray Services Medical Services Clinic (mostly methadone clinic) Physical Therapy Occupational Therapy Speech Therapy Audiology Services Podiatrist Services Home Health Services Private Duty Services Adult Medical Day Care Personal Care Services Hospice Optometric Services Eyeglasses Furnished Medical Supplies & Durable Medical Equipment Non-Emergent Medical Transportation Ambulance Service Wheelchair Van Fluoride Varnish by Primary Care Physicians (PCP only)</p>	<p>Chiropractic Substance Use Disorder Services.</p>	<p>Acquired Brain Disorder Waiver Services Developmentally Disabled Waiver Services Choices for Independence Waiver Services In Home Supports Waiver Service Skilled Nursing Facility Skilled Nursing Facility Atypical Care Inpatient Hospital Swing Beds, SNF Intermediate Care Facility Nursing Home Intermediate Care Facility Atypical Care Inpatient Hospital Swing Beds, ICF Glenclyff Home Developmental Services Early Supports and Services New Substance Abuse Benefit Allowing MLDACs Home Based Therapy – DCYF Child Health Support Service – DCYF Intensive Home and Community Services – DCYF Placement Services – DCYF Private Non-Medical Institutional For Children – DCYF Crisis Intervention – DCYF</p>	<p>Dental Benefit Service Intermediate Care Facility MR Medicaid to Schools Services</p>

Benefit Difference Summary: Medicaid / NHHPP

Benefit	Covered by	Notes
Substance Use Disorder	NHHPP only	Services will be phased in over the life of the program. Some restrictions and limitations may apply. This benefit will be administered by our Behavioral Health vendor Cenpatico Behavioral Health.
Private Duty Nursing Personal Care Attendance Medical Nutrition Therapy	NH Medicaid and 19 through 21 year olds under NHHPP	
Routine Eye Exams	NH Medicaid and NHHPP	NH Medicaid covers: a routine eye exam once a year. NHHPP covers: a routine eye exam once every 2 years. NH Healthy Families will offer members their choice of glasses from a standard set of frames or will give them a \$150 credit towards the frames of their choice.
Chiropractic Care	NHHPP	Includes x-rays and modalities. Annual limit of 12 visits.
Adult Medical Daycare	NH Medicaid only	

For a complete benefit comparison listing, see the [Product Comparison](#)



Specialty Companies

Specialty Companies

- **Cenpatico Behavioral Health** – NHHF partners with our Behavioral Health affiliate, Cenpatico Behavioral Health, to deliver Behavioral Health (mental health and substance use disorder) services to our Members. For information regarding Behavioral Health Services, locating providers, or for assistance in coordinating services for a Member, contact NHHF Integrated Medical Management department from 8:00 am to 5 pm at 1-866-769-3085 or www.cenpatico.com for any Cenpatico questions. After hours use the same number and be connected with NurseWise.
- **Cenpatico Specialty Therapy Rehab Services authorizations (STRS)** – New Hampshire Healthy Families offers our members access to all covered medically necessary outpatient and home health physical, occupational and speech therapy services through Cenpatico STRS. For more information regarding STRS services please call 1-866-769-3085.
- **National Imaging Associates (NIA)** - High Tech Radiology Imaging Services, 1-800-635-2873 www.radmd.com Provider Relations – Charmaine Gaymon csgaymon@magellanhealth.com
- **OptiCare (d/b/a Total Vision)** – NHHF’s designated vendor for vision services 1-866-769-3085 www.opticare.com Providers that interested in participating in OptiCare can contact the OptiCare Network Management team at networkmanagement@opticare.net
- **Non-Emergent Transportation - Access2Care** – Call NHHF at 1-866-769-3085 for information.

Pharmacy Management

US Script is NHHF'S contracted Pharmacy Benefit Manager (PBM) responsible to provide prescription drugs and over-the-counter drugs.

Certain medications do require Prior Authorization by US Script before being approved for coverage by NHHF. These include:

- Some preferred drugs designated as “PA” on the PDL
- Medications not listed on the NHHF PDL

Please contact US Scripts at 1-866-769-3085 for general information and 1-866-399-0929 for Prior Authorizations, or visit them at www.usscript.com.

Detailed information on the NHHF Preferred Drug List (PDL) can be found at: <http://www.NHHealthyFamilies.com> or through www.CoverMyMeds.com

AcariaHealth (Specialty Drugs) – Administers the Prior Authorization process for Biopharmaceutical and Specialty Injectables. Call 1-855-535-1815 or visit <http://www.NHHealthyFamilies.com/for-providers/pharmacy/>



Provider Relations Services

PROVIDER RELATIONS TERRITORY ASSIGNMENTS

■ **Shellie Belanger**
Cheshire/Rockingham/Strafford/Carroll/ME
sbelanger@centene.com
603-263-7176

■ **Misty Walsh**
Coos/Grafton/Belknap/Merrimack/Sullivan/
Hillsborough/VT/
FQHC's throughout the state
mwalsh@centene.com
603-263-7175

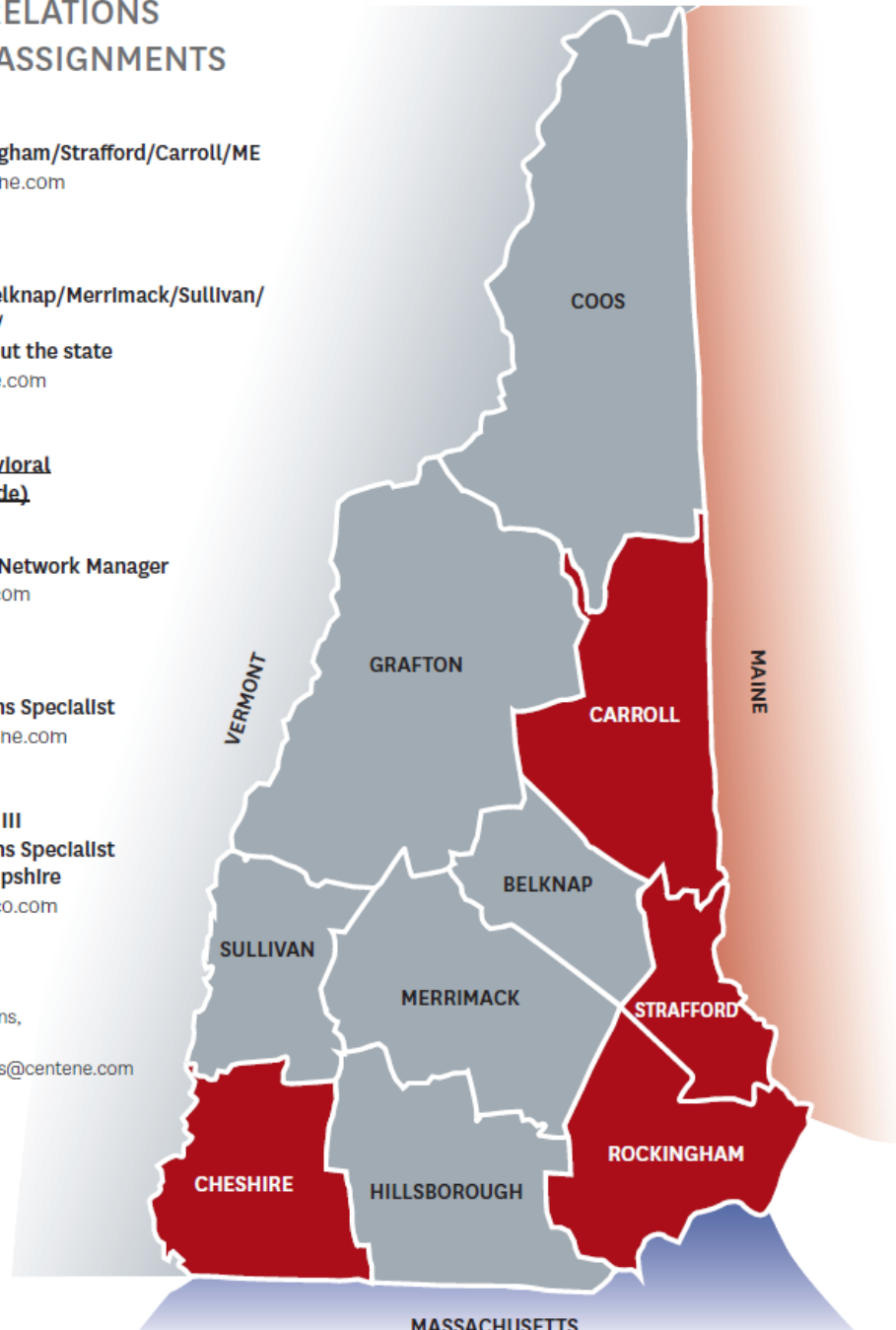
**Cenpatico Behavioral
Health (Statewide)**

Catherine Foy
New Hampshire Network Manager
cfoy@cenpatico.com
603-263-7111

Gabe Martinez
Provider Relations Specialist
gmartinez@centene.com
603.263.7119

William W Boyd III
Provider Relations Specialist
STRS - New Hampshire
wiboyd@cenpatico.com
603.263.7139

For general questions,
please email
NHproviderrelations@centene.com



Provider Relations Specialist

- Serves as the primary liaison between the Plan and our provider network
- Coordinate and conduct ongoing Provider education, updates and training
- Demographic Information Update
- Initiate credentialing of a new practitioner
- Facilitate to inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns
- Contract clarification
- Membership/Provider roster questions
- Assist in Provider Portal registration and Payspan

Credentialing and Demographic Updates

- PDC (Provider Data Coordinators) will handle your request for:
 - Provider Credentialing Status
 - Demographic Updates
 - Reconciling Rosters
 - Provider Additions and Terminations
- Send all of these types of requests to:
 - Email: PROVIDERUPDATESNH@CENTENE.COM
 - Fax: 1-877-502-7255



Website and Secure Portal Tools

Web-Based Tools

- Public site at 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
- New Hampshire Healthy Families is committed to enhancing our web based tools and technology, provider suggestions are welcome
- Contact Provider Services at 866-769-3085

Provider Secure Portal



The screenshot shows the provider portal interface. At the top left is the logo and text: "NEW HAMPSHIRE™ HEALTHY FAMILIES". Below it is the tagline: "A health insurance company for New Hampshire's Medicaid population." Navigation links include "Home", "Contact Us", "Search", and "For Providers".

The main content area is divided into two columns. The left column, titled "Who We Are", contains a paragraph of text and a photograph of a smiling woman holding a baby. The right column, titled "For Providers", contains two buttons: "Join Our Network" and "More Information".

Below the main content is a "Featured Information" section with three items: "Product Name" (with a logo), "Sign Up for our mailing list!" (with an envelope icon and "Join our Email Mailing ..."), and "Become a Provider" (with a photo of a doctor).

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

Registration is FREE and easy!

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



Member Eligibility

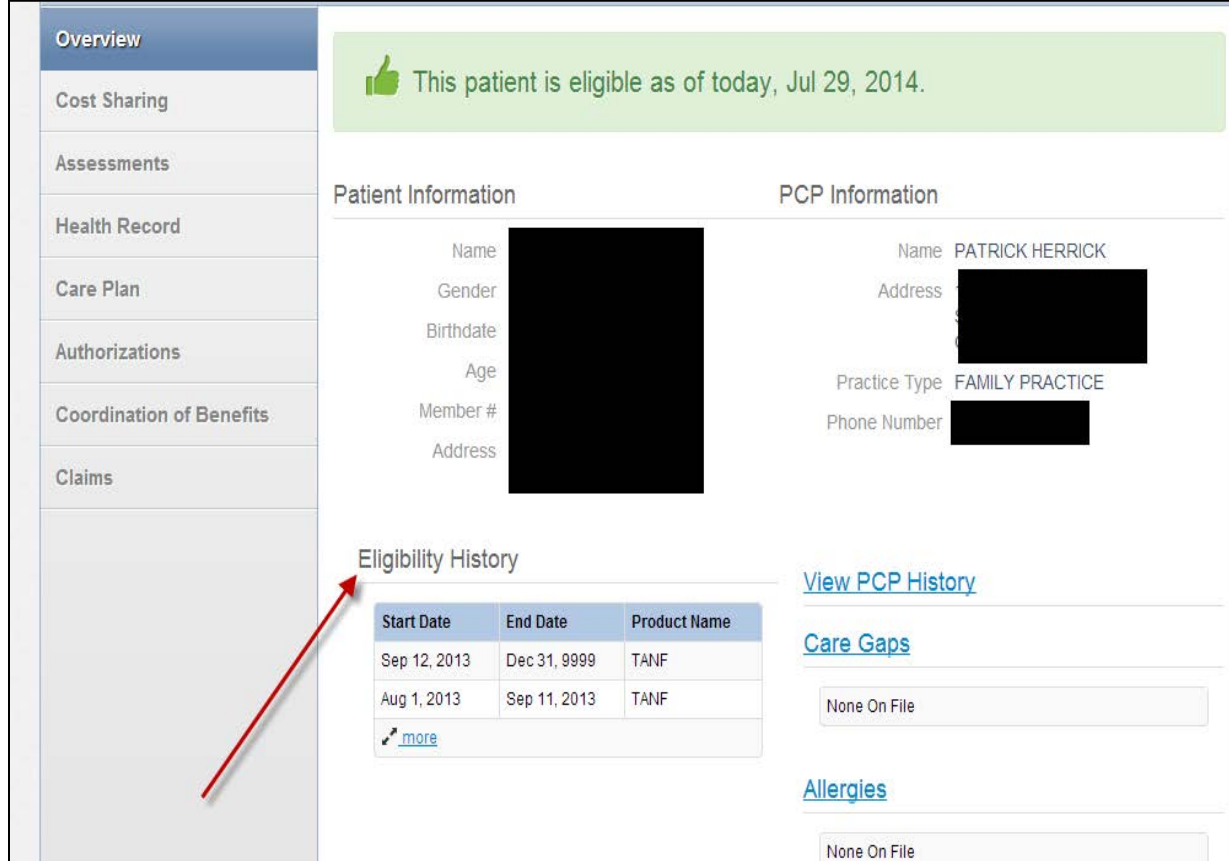
On-line HPP Eligibility Verification

www.NHhealthyfamilies.com

*Must be a registered user on the secure portal

- Go to Member Overview page
- Look at Eligibility History
- It will either say Managed Care Program or Health Protection Program under Product Name.

To check eligibility, you may also use our Interactive Voice Response (IVR) system
1-866-769-3085



The screenshot displays the member portal interface. On the left is a navigation menu with options: Overview, Cost Sharing, Assessments, Health Record, Care Plan, Authorizations, Coordination of Benefits, and Claims. The 'Overview' section is active, showing a green banner with a thumbs-up icon and the text: "This patient is eligible as of today, Jul 29, 2014." Below this, there are two columns of information: Patient Information and PCP Information. The Patient Information column lists fields for Name, Gender, Birthdate, Age, Member #, and Address, with the Name and Address fields redacted. The PCP Information column lists fields for Name (PATRICK HERRICK), Address (redacted), Practice Type (FAMILY PRACTICE), and Phone Number (redacted). Below the PCP information is a link for "View PCP History". At the bottom, there is an "Eligibility History" section with a table showing two entries for TANF. A red arrow points from the "Eligibility History" text to the table. Below the table is a "more" link. At the bottom right, there are sections for "Care Gaps" and "Allergies", both with "None On File" input fields.

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Coordination of Benefits

Claims

Eligibility History

Start Date	End Date	Product Name
Sep 12, 2013	Dec 31, 9999	TANF
Aug 1, 2013	Sep 11, 2013	TANF

[more](#)

View PCP History

Care Gaps

None On File

Allergies

None On File



Claims

Claims Information

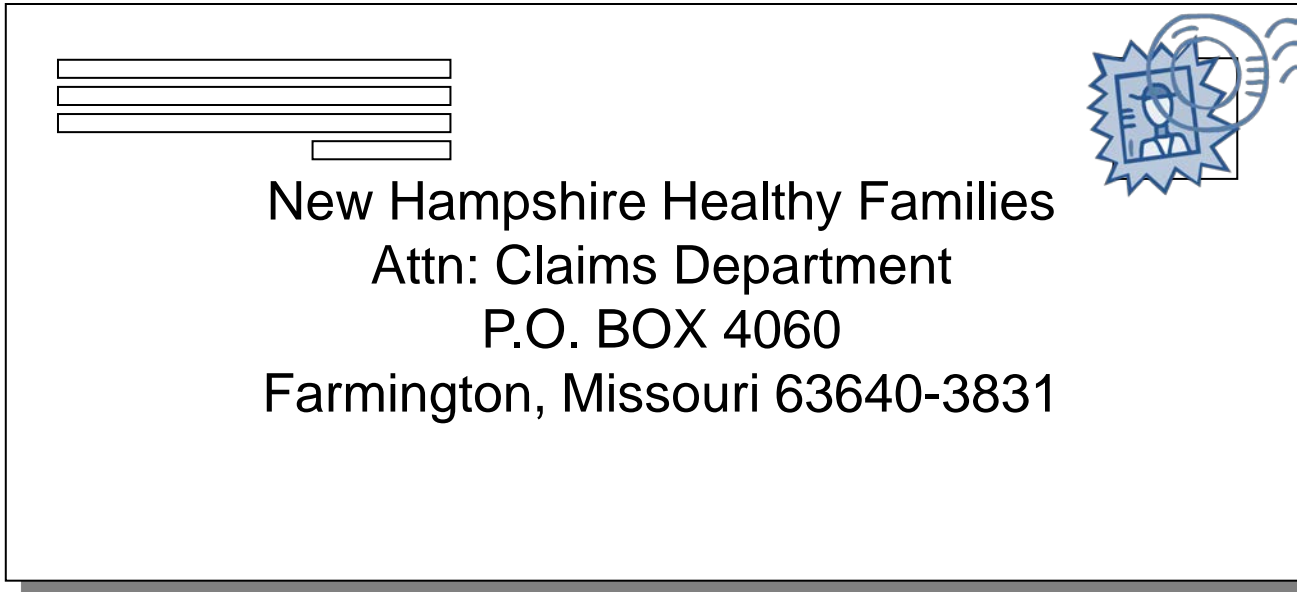
- Clean Claim
 - A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment
- Exceptions
 - A claim for which fraud is suspected
 - A claim for which a third party resource should be responsible

Claims Information

- New Hampshire Healthy Families' Standard Timely Filing:
 - Providers should make *best efforts* to submit within 180 calendar days from date of services
 - New Hampshire Healthy Families will **not** accept claims over 365 days from the date of service
- New Hampshire Healthy Families Standard Request for Reconsideration, Claims Disputes & Corrected Claims:
 - Request for reconsideration, claim disputes or corrected claims must be submitted within 180 calendar days from original notification or payment or denial
 - Request for denial reconsideration, claim disputes or corrected claims **cannot exceed 15 months** from original date of service

Claims Information

- Paper Claims, Corrected Claims, *Claims Disputes, Request for Reconsideration mailing address:



The image shows a mailing address label template. On the left side, there are four horizontal lines of varying lengths, representing a return address. On the right side, there is a blue circular stamp with a starburst border, containing a stylized icon of a person and a gear. The main text of the label is centered and reads:

New Hampshire Healthy Families
Attn: Claims Department
P.O. BOX 4060
Farmington, Missouri 63640-3831

*Claims disputes must be accompanied by the Claim Dispute Form located at www.NHhealthyfamilies.com

Claims Information

New Hampshire Healthy Families' Payer ID

- **68069 (medical)**
- **68068 (behavioral, Cenpatico)**

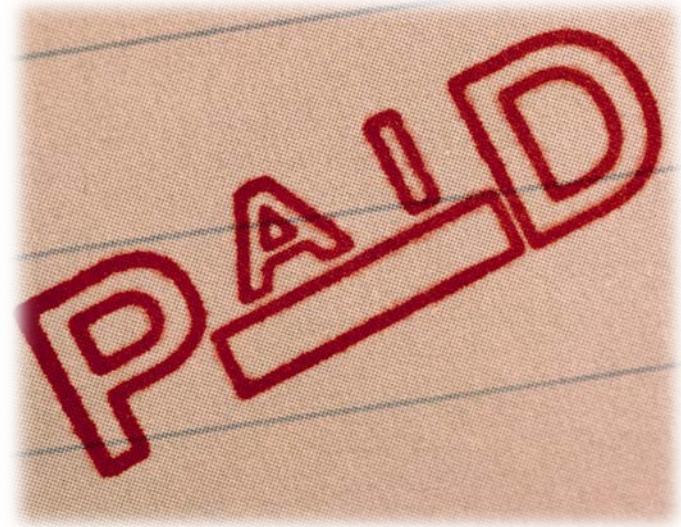
Clearinghouses (not an all inclusive list)

- Emdeon
- Gateway
- SSI

EDI Contact:

800-225-2573 ext. 25525

E-mail: EDIBA@centene.com



Find forms, submit claims, and check status of claims in the
Provider Secure Portal: www.NHhealthyfamilies.com

PaySpan® Payment Remittance Advice

- Electronic Funds Transfer (EFT)
- Electronic Remittance Advice (ERA)
- Free and fast online enrollment
- Register at www.payspanhealth.com
- Register for Webinars
- More information call 877-331-7154
- Contact Provider Services 866-769-3085

Balance Billing

- Member may not be balance billed
- No Show
 - Contact 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

Waste, Fraud and Abuse

- New Hampshire Healthy Families takes Waste, Abuse and Fraud very seriously
- New Hampshire Healthy Families in conjunction with its parent company Centene Corporation, operates a Waste, Abuse and Fraud unit
- The Special Investigations Unit performs routine, retrospective audits as part of the Waste, Abuse and Fraud detection program
- If you suspect or witness Fraud, please contact the Waste, Abuse and Fraud hotline at 866-685-8664, all calls are confidential
- Please see the Provider Manual for more details

Medical Management

Medical Management: Integrated Care Model

- Physical Health and Behavioral Health Support is integrated in the NH Healthy Families' offices in Bedford.
- New Hampshire Healthy Families and Cenpatico Behavioral Health functions work on site together:
 - Case Managers
 - Network Contracting and Provider Relations
- Specifically Case Managers work together by:
 - Conducting “rounds” to review shared members.
 - Being immediately available to handle calls requiring multiple consultations.
 - Referring members needing additional care from NHHF/Cenpatico programs.

Medical Management hours:

- Monday thru Friday
- 8:00 am to 5:00 pm (excluding holidays)
- 866-769-3085
- After Hours & Holiday Phone Coverage:

- **NurseWise Representatives**

NurseWise is a 24-hour, toll-free phone line through which callers can reach both Customer Care Professionals and Registered Nurses.

Prior Authorization Process



- Outpatient Services
 - Pre-Auth Needed?
 - Tool on the website to check whether a Prior Authorization is needed.
- Inpatient Services Prior Authorization Process
 - Elective or scheduled admissions
 - Notification within 5 business days
- Urgent or emergent admissions – No PA
 - Notification within 1 business day
- Prior Authorization is not a guarantee of payment
- Must meet administrative requirements.

How to Request Prior Authorization

- Provider Secure Portal at www.NHhealthyfamilies.com
- IVR: 866-769-3085
- Fax Prior Authorization Requests to:
 - Medical: 866-270-8027
 - Inpatient Admission: 877-291-3140
 - Concurrent Review: 877-295-7682

Prior Authorization

- New Hampshire Healthy Families utilizes InterQual® Criteria
- Urgent/Expedited Authorization requests will be processed **within 72** hours after all necessary clinical information has been received
- Standard Authorization request will be processed **within 5 calendar days** after all necessary clinical information has been received
- Written or electronic notification of the authorization request will be received by provider
- Be sure to request Authorizations using the NPI number that will be billed on the claim
- Complete information regarding the services or procedures

Services Provided by Non-Network Providers

- Reimbursement for Non Network Providers
 - All services will require prior authorization during and after Transition Period
 - Claims will be denied without prior authorization
- Covered Services by Non-Network Providers
 - Prior Authorization is required for all covered services provided by non-network providers during and after Transition Period, excluding emergency services

Medical Records

Medical Records Transfer for New Member

- When a member changes primary care providers, upon request, his or her medical records or copies of medical records must be forward to the new primary care physician within ten (10) business days from receipt of request or prior to next scheduled appointment

Medical Records Time Requirements:

- Records shall be kept for a minimum of 7 years, except for minors whose records shall be kept at least until 1 year after the minor has reached the age of 18, but in no case less than 7 years



Value-Added Services

Exclusive Value Added Services

- **CentAccount**
 - Dollar rewards on a prepaid card for healthy behaviors
- **Member Connections**
 - Outreach program to the home and community
 - Provide education and assistance to our members to access healthcare, develop healthy lifestyles, access social services.
 - Promote appropriate utilization of preventative services.
- **Start Smart for Your Baby**
 - Award-winning prenatal clinical and educational outreach program
- **Vision Enhancement**
 - Get a credit for the benefit to get the eyeglasses the member wants
- **Coupon Saver Program**
 - Discounts on healthy eating and living choices

Member Connections

- The Member Connections® Program is New Hampshire Healthy Families' outreach program designed to provide education to our members on how to access healthcare and develop healthy lifestyles in a setting where they feel most comfortable
- Components of New Hampshire Healthy Families' Member Connections® Program:
 - Community Connections (Connects members to community resources)
 - Home Connections (Connects members who are home bound to other resources)
 - Connections Plus® (Provides free pre-programmed cell phones to members who are in disease management programs)
- For more information call 866-769-3085 to speak with a New Hampshire Healthy Families' Case Manager or visit www.NHhealthyfamilies.com

Member Connections

Reasons to contact Member Connections:

- No show or frequent canceled appointments
- Transportation
- Pharmacy Abuse
- Emergency Room Abuse
- Member Education
- Member needs free Cell Phone!

Start Smart for Your Baby®

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



Cent Account® Program

The Cent Account® Program promotes appropriate utilization of preventative services by rewarding New Hampshire Healthy Families' members for practicing healthy behavior.



BEHAVIOR	REWARD AMOUNT	REWARD DETAILS
Health Risk Screening	\$30	Complete and return your Health Risk Screening form included in your Welcome Packet or call Member Services at 1-866-769-3085
Annual Adult Well Visit (age 21 and up)	\$30	1 reward per calendar year
Comprehensive Diabetes Care <ul style="list-style-type: none"> • HbA1c Tests • Eye Exam • LDL- C Screening • Nephropathy Screening 	\$20	One reward for completing all four activities within a calendar year <ul style="list-style-type: none"> • HbA1c Tests • Eye Exam • LDL- C Screening • Nephropathy Screening
Pregnancy Prenatal Visits	\$10	\$10 for every 3 prenatal visits for a maximum reward of \$30. (Must be enrolled in Start Smart for Your Baby)
Pregnancy Postpartum Visits	\$10	\$10 for attending a post-partum visit 21-56 days after birth (Must be enrolled in Start Smart for Your Baby)

Grievances, Appeals, & State Fair Hearing

Terminology

- **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.
- **Appeal:** A request for review of any Action taken by the MCO.
- **Grievance:** An expression of dissatisfaction about any matter other than an Action.
- **State Fair Hearing:** A request for State review of internal MCO appeal outcome.

Grievance

- A Grievance is an expression of dissatisfaction from a Member or a Provider about any matter not related to an Action. Examples of a Grievance include but are not limited to;
 - Quality of care or services provided;
 - Failure to respect member's rights;
 - Rudeness of a Provider or the Provider's staff;
 - Rudeness of a NH Healthy Families associate;
 - Provider accessibility or adequacy;
 - Disagreement with a NH Healthy Families practice or policy;
 - Dissatisfaction or dispute of claims processing.
- Grievances can be filed orally over the phone, in writing via mail or fax, or in person at the NH Healthy Families office.
- Provider Grievances must be filed within 30 days of the date of the incident.

Appeal

- An Appeal can be filed when there is disagreement regarding an Action or adverse determination made by NH Healthy Families. Examples of Appeals include but are not limited to:
 - The denial or limited authorization of a requested service, including the type or level of service;
 - The reduction, suspension, or termination of a previously authorized service;
 - The denial, in whole or in part, of payment for a service;
 - The failure to provide services in a timely manner, as defined by the State;
 - The failure of an MCO to act within the required timeframes;
 - For a resident of a rural area with only one MCO, the denial of a Medicaid enrollee's request to exercise his or her right to obtain services outside the network.
- Appeals can be filed orally or in writing by the Member or by the Member's authorized appeal representative. A Member must complete and sign the Authorized Representative Form designating their Appeal Representative.

Resolution & Communication Timeframes - Grievances

- Grievances: Grievances can be filed at any time.
 - Written Acknowledgement: 10 business days from receipt
 - Resolution:
 - Standard: 45 calendar days from receipt
 - Clinically urgent: 72 hours from receipt
 - Written Notification:
 - Standard: 2 business days from resolution
 - Clinically urgent: immediately upon resolution

Resolution & Communication Timeframes - Appeals

- Appeals: Appeals must be filed at least 30 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.
 - Written Acknowledgement: 10 business days of the receipt
 - Resolution:
 - Standard: 30 calendar days from initial Appeal request.
 - Expedited: 3 calendar days after receipt of Appeal request.
 - Written Notification:
 - Standard: 30 calendar days from the day the Plan received the initial Appeal request.
 - Expedited: immediately upon determination

State Fair Hearing

- A State Fair Hearing may be requested if the original request was not over turned or resolved to the Member's satisfaction. If a member does not agree with the Plan's resolution of the appeal, the member may file a request for a State Fair Hearing within thirty (30) calendar days of the date on the Plan's notice of resolution of the appeal.
- A member, their representative, or provider (with the member's written consent) may request a State Fair Hearing after the NHHF's internal appeal process has been exhausted.

Provider Resources

- www.NHHealthyFamilies.com
 - *NH Healthy Families Provider Manual*
 - *Provider Reconsideration Request Form*
 - *Claim Dispute Form*
 - <http://www.nhhealthyfamilies.com/for-providers/provider-resources/>
 - *Grievance Process*
 - <http://www.nhhealthyfamilies.com/for-providers/grievance-process/>
 - *Member Authorized Representative Form*
 - *Member Appeal Request Form*
 - <http://www.nhhealthyfamilies.com/for-members/member-resources/>



Cultural Competency

Cultural Competency Plan

- Enables NHHF 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.
- NHHF 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.
- NHHF also works with the DHHS Office of Minority Health and Refugee Affairs and the NH Medical Society to address cultural considerations.

Disability Sensitivity

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

Mainstreaming

NHHF expects delivery of care to be provided without regard for differences in race, color, creed, sex, religion, age, national origin ancestry, marital status, sexual preference, health status, income status, program membership or physical or behavioral disabilities except where medically indicated.

This means the following practices are prohibited:

- Denying a covered service or availability of a facility.
- Providing a covered service this is different in manner, time, or location than to other Members or based upon the NHHF program under which the Member is enrolled.
- Subjecting a NHHF Member to segregation or separate treatment in any manner related to covered services.

Questions?

