



nh healthy families™

SUD New Provider Orientation

5/19/2022

Presentation Outline

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





Overview

NH Healthy Families & Centene



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

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



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

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



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

IN BUSINESS SINCE

1984

COVERS 8.5 MILLION MEMBERS

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



NH Healthy Families Current Snapshot

Total Membership
115,406



nh healthy families.

87,123



ambetter. FROM | nh healthy families.

25,013

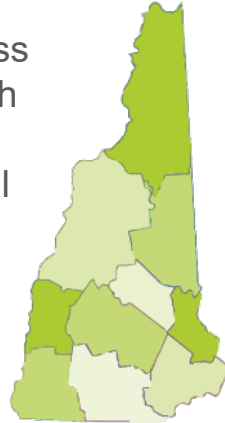


3,270

(As of 3/1/22)

Providing access
to critical health
care services
statewide in all

10
counties



Our network of
**9,564 contracted
providers** includes
all of NH's hospitals,
Federally Qualified
Health Centers
(FQHC) and
Community Mental
Health Centers
(CMHC)



200+

Employees
located at our offices in
Bedford, NH



100+

Number of local charitable and
civic organizations and initiatives
we support each year.



Rated highest quality Medicaid
health plan in NH from the
National Committee for Quality
Assurance (NCQA)



Provider Relations & Provider Network Operations



Provider Relations

- 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

Credentialing & Demographic Updates



nh healthy families™

The Network Operations team is available to process the following requests:

- 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

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

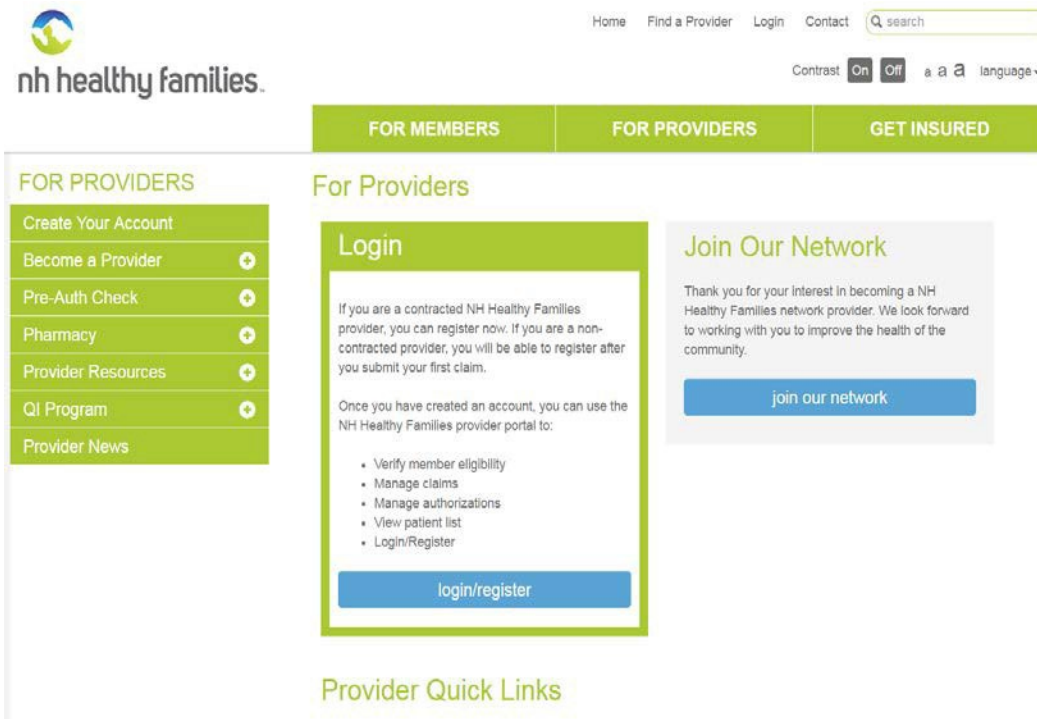
Web-Based Tools

- Public site at www.nhhealthyfamilies.com
- 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 Provider Secure Portal website. At the top left is the 'nh healthy families' logo. The navigation bar includes 'Home', 'Find a Provider', 'Login', 'Contact', and a search box. Below the navigation bar are three tabs: 'FOR MEMBERS', 'FOR PROVIDERS', and 'GET INSURED'. The 'FOR PROVIDERS' tab is active, showing a 'For Providers' section. On the left is a sidebar with 'FOR PROVIDERS' and 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 has a 'Login' section with a 'login/register' button and a 'Join Our Network' section with a 'join our network' button. A 'Provider Quick Links' section is at the bottom.

Through the Secure Web Portal Providers can:

- Check Member Eligibility
- Submit Prior Authorization Requests – **Coming Soon!**
- 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

Verification of Eligibility



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

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

Member ID Card

 nh healthy families Pharmacy Help Desk: 1-888-613-7051 RXBIN: 004336 RXPCN: MCAIDADV RXGROUP: RX5436 Member Name: John Doe Member ID: 123456789 DOB: Plan Type: Medicaid 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	IMPORTANT CONTACT INFORMATION Members: Member Services: 1-866-769-3085 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 Transportation: 1-888-597-1172 Providers: Provider Services: 1-866-769-3085 NH Eligibility Inquiry - Prior Auth: 1-866-769-3085 Vision: 1-877-866-7527 Pharmacy: 1-888-673-7051 NH Healthy Families Address: 2 Executive Park Drive Bedford, NH 03110 EDI/EFT/ERA please visit Provider Resources at www.NHhealthyfamilies.com
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Access & Availability

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

Appointment Type	Specialty Care Provider
Non Life Threatening Emergency	Within 6 hours
Urgent Care	Within forty-eight (48) hours of the Member's request
Non-Urgent Symptomatic Care	Within ten (10) calendar days of the Member's request
Non-Symptomatic Care	Within forty-five (45) calendar days of the Member's request
Behavioral Health and Substance Use Disorder Services Post Hospital Discharge	Aftercare appointments within seven (7) calendar days after hospital discharge

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



Post Discharge Follow Up Visits

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



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, Complex Care Management, and Behavioral Health Intensive Clinical Management activities.
- **Social Care Management**: We assist and educate Members on available community resources, state/local social programs (WIC, housing, transportation) and pharmacy resources.
- **Program Coordinators**: We identify Members for our disease management programs, as well as, outreach calls to early identify needs post hospitalization.
- **Community Health Services Representatives (formally 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, pharmacy abuse, emergency room abuse, member education, member needs free cell phone!
- **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, Coronary Artery Disease, COPD, Heart Failure, Hyperlipidemia, Hypertension, Weight Management, Back Pain Management, Tobacco Cessation, Depression & Substance Use Disorders

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

1-866-769-3085

Start Smart for Your Baby[®]

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



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



Benefit Overview



SUD Benefit Overview

Substance Use Disorder Services may include:

- Screening, brief intervention, and referral to treatment (SBIRT)
- Substance use screenings
- Individual, group, and family therapy
- Intensive outpatient SUD services
- Partial hospitalization
- Medically monitored outpatient withdrawal management
- Crisis intervention
- Peer recovery support
- Non-peer recovery support
- Continuous recovery monitoring
- Inpatient acute or psychiatric hospital services
- Opioid treatment services
- Medication assisted treatment - including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders.
- Medically monitored residential withdrawal management Residential treatment services, including specialty services for pregnant and postpartum women

Please refer to the NH Healthy Families Pre-Auth Check Tool accessible via the Provider Resources page at www.nhhealthyfamilies.com to verify coverage requirements. Please note that covered SUD services do not require prior authorization for Medicaid patients.



Provider Clinical Training

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

Kimberly Bindas, LICSW
Clinical Provider Trainer
Mobile: 781-392-9154
Kbindas@centene.com

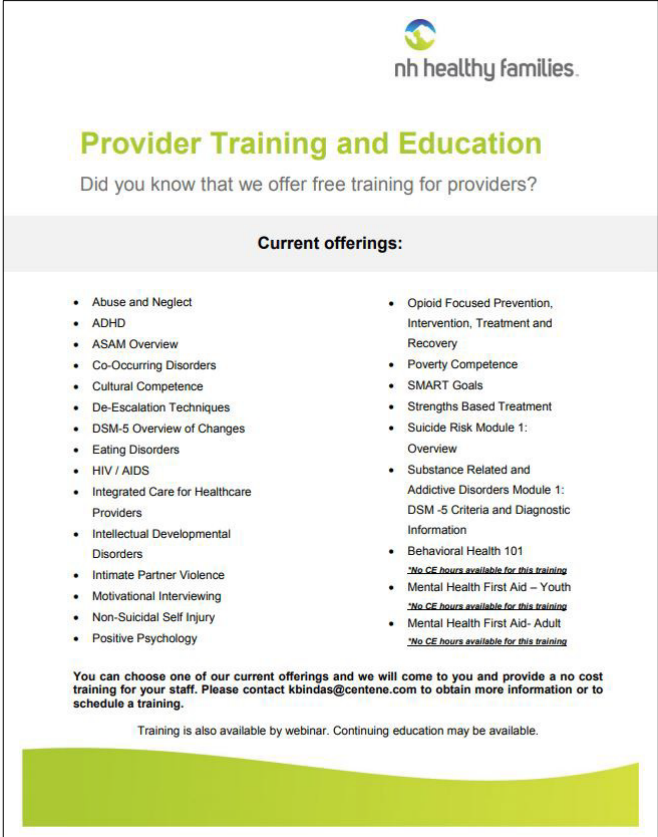
Andrea Rancatore, MS, LCMHC, MLADC
Director, Substance Use Disorder
Programming
Office: 603-263-7146
Mobile: 603-325-8378
ARancatore@centene.com

Provider Clinical Training - SUD

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

Please contact Kbindas@centene.com for more information or to schedule a training.

Access our provider training and education offerings at: www.nhhealthyfamilies.com / For Providers / Provider Training



The screenshot shows a webpage titled "Provider Training and Education" from nh healthy families. It includes a list of current offerings, a note about no-cost training, and a footer about webinar availability.

nh healthy families.

Provider Training and Education

Did you know that we offer free training for providers?

Current offerings:

- Abuse and Neglect
- ADHD
- ASAM Overview
- Co-Occurring Disorders
- Cultural Competence
- De-Escalation Techniques
- DSM-5 Overview of Changes
- Eating Disorders
- HIV / AIDS
- Integrated Care for Healthcare Providers
- Intellectual Developmental Disorders
- Intimate Partner Violence
- Motivational Interviewing
- Non-Suicidal Self Injury
- Positive Psychology
- Opioid Focused Prevention, Intervention, Treatment and Recovery
- Poverty Competence
- SMART Goals
- Strengths Based Treatment
- Suicide Risk Module 1: Overview
- Substance Related and Addictive Disorders Module 1: DSM -5 Criteria and Diagnostic Information
- Behavioral Health 101
**No CE hours available for this training*
- Mental Health First Aid – Youth
**No CE hours available for this training*
- Mental Health First Aid- Adult
**No CE hours available for this training*

You can choose one of our current offerings and we will come to you and provide a no cost training for your staff. Please contact kbindas@centene.com to obtain more information or to schedule a training.

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



Claims

Claims Submission

Claims may be submitted in 3 ways:

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

Timely Filing

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

EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com
 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 or contact PCSC@payspan.com
- Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at providersupport@payspanhealth.com

payspan®

Billing the Member

NH Healthy Families Members:

- May not be balance billed
- May not be billed for missed appointments
 - Contact Community Health Services Representative (formerly Member Connections®)
 - Provide education to members
- If a member asks for a service to be provided that is not a covered service, you must ask the member to sign a statement indicating that they will pay for the specific service (please find sample verbiage in the NH Healthy Families Billing Manual).





Documentation Requirements for SUD Providers


Documentation Req's

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

1. The recipient's name, date of birth, address, and phone number; and
2. A copy of the evaluation described in He-W 513.05(u)(3)

Supporting documentation shall include:

1. A complete record of all physical examinations, laboratory tests, and treatments including drug and counseling therapies, whether provided directly or by referral;
2. Progress note for each treatment session, including:
 - a. The treatment modality and duration;
 - b. The signature of the primary therapist for each entry;
 - c. The primary therapist's professional discipline; and
 - d. The date of each treatment session; and
3. A copy of the treatment plan that is:
 - Updated at least every 4 sessions or 4 weeks, whichever is less frequent;
 - Signed by the provider and the recipient prior to treatment being rendered; and
 - Signed by the clinical supervisor, prior to treatment being rendered, if the service is an outpatient or comprehensive SUD program.



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

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

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



ASAM = American Society of Addiction Medicine

- The ASAM Criteria – Treatment criteria for Addictive, Substance Related and Co-Occurring conditions provides the criteria used to create treatment plans and evaluate level of care needed
- The ASAM levels of service and criteria were updated through collaboration of ASAM clinical leadership and the Steering Committee of the Coalition for National Clinical Criteria (CNCC)
- Version 3 was released in 2013

ASAM Criteria should be utilized to:

1. Assign the appropriate level of service and level of care
2. Do effective treatment planning and documentation
3. Make decisions about continued service or discharge by ongoing assessment and review of progress notes

Recordkeeping best practices include the following:

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

NH Regulations

NH Regulations can be found at:

http://www.gencourt.state.nh.us/rules/state_agencies/he-w500.html

According to He-W 513.05 of the New Hampshire Code of Administrative Rules, Covered Services must be:

- (1) *Delivered in accordance with appropriate guidelines that are consistent with generally accepted standards of care in the ASAM Criteria (2013), available as noted in Appendix A;*
- (2) *Evidence based, as demonstrated by meeting one of the following criteria:*
 - a. *The service shall be included as an evidence-based mental health and substance abuse intervention on the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP), <http://www.nrepp.samhsa.gov/ViewAll.aspx>;*
 - b. *The services shall be published in a peer-reviewed journal and found to have positive effects; or NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES 7 He-W 500*
 - c. *The SUD treatment and recovery support service provider shall be able to document the services' effectiveness based on the following:*
 1. *The service is based on a theoretical perspective that has validated research; or*
 2. *The service is supported by a documented body of knowledge generated from similar or related services that indicate effectiveness...*

**Administrative rules can be updated. Providers are responsible for keeping abreast of rule changes.*

5/19/2022



Member Grievances, Appeals, & State Fair Hearing

Terminology

Term	Definition
Action	An Action by an MCO is classified as one of the following: <ul style="list-style-type: none">– 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 anyAction taken by the MCO
Grievance	An expression of dissatisfaction about any matter other than anAction.
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

Grievances can be filed orally over the phone, in writing via mail or fax, or in person at the NH Healthy Families office.

- 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

Submitting an Appeal

NH Healthy Families

Appeals 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.

- Appeals: Appeals must be filed at least 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.
 - Written Acknowledgement: 10 business days of the receipt
 - Resolution:**
 - Standard: 30 calendar days from initial Appeal request.
 - Expedited: 72 hours 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
- Note: Providers can't request the continuance of benefits for members even if they have member consent.*



Provider Complaints & Appeals

Provider Complaints & Appeals

Term	Definition
Complaint	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	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 the 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

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

Disability Sensitivity

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



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



Questions?

- **Member Benefits & Services Overview**

- [NH Healthy Families https://www.nhhealthyfamilies.com/members/medicaid/benefits-services/benefits-overview.html](https://www.nhhealthyfamilies.com/members/medicaid/benefits-services/benefits-overview.html)
- Catalog of items CentAccount Rewards
<https://www.nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/CentAccount%20Catalogue.pdf>
- MTM (Non-Emergent Transportation)
 - Phone: 1-888-597-1192
- Interpreter Services
 - If you need an interpreter for your medical appointment, contact NH Healthy Families 48 hours before your appointment. We will arrange for one to be at your appointment.
- Ambetter <https://ambetter.nhhealthyfamilies.com/resources.html>

- **Provider Resources**

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

- **Provider Training** <https://www.nhhealthyfamilies.com/providers/resources/provider-training.html>
 - Full version of this presentation (NH Healthy Families SUD Provider Training)
 - Provider training and education offerings
<https://www.nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/NHMF-Medicaid-Training-Flyer-P-Flyer-Approved.pdf>
- **Pharmacy Management:**
 - Pharmacy Services website: [Pharmacy Services](#) or call 877-250-5227
 - The NH Healthy Families Preferred Drug List (PDL) can be found at [NH Healthy Families PDL](#)
- **Credentialing & Demographic Updates:**
 - To inquire on the credentialing status of a provider, email: NH_ProviderNetworkOperations@CENTENE.COM
- **Care Management Programs**
 - Medical Management hours: Monday thru Friday (8:00 am – 5:00 pm excluding holidays)
1-866-769-3085
- **Claims Submission**
 - EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com
 - 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 or contact PCSC@payspan.com
 - Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at providersupport@payspanhealth.com
- **Section 1557**
 - The nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals participating in:
 - Any health program or activity any part of which received funding from HHS
 - Any health program or activity that HHS itself administers
 - Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.
 - For more information please visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>



Resources: Access to Care Expectations

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

- Providers under contract to provide Substance Use Disorder services shall respond to inquiries for Substance Use Disorder services from Members or referring agencies as soon as possible and no later than two (2) business days following the day the call was first received. The Substance Use Disorder Provider is required to conduct an initial eligibility screening for services as soon as possible, ideally at the time of first contact (face-to-face communication by meeting in person or electronically or by telephone conversation) with the Member or referring agency, but not later than two (2) business days following the date of first contact.
- Members who have screened positive for substance misuse/Substance Use Disorder services shall receive an ASAM Level of Care Assessment within two (2) business days of the initial eligibility screening and a clinical evaluation as soon as possible following the ASAM Level of Care Assessment and no later than (3) business days after admission.
- Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date ASAM Level of Care Assessment was completed until such a time that the Member is accepted and starts receiving services by the receiving agency. Members identified for partial hospitalization or rehabilitative residential services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed.
- If the type of service identified in the ASAM Level of Care Assessment is not available from the Provider that conducted the initial assessment within forty-eight (48) hours, the Provider provides interim Substance Use Disorder services until such a time that the Member starts receiving the identified level of care. If the type of service is not provided by the ordering Provider than the Plan is responsible for making a closed loop referral for that type of service (for the identified level of care) within fourteen (14) business days from initial contact and to provide interim Substance Use Disorder services until such a time that the Member is accepted and starts receiving services by the receiving agency.



Resources: Access to Care Expectations

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

- When the level of care identified by the initial assessment becomes available by the receiving agency or the agency of the Member's choice, Members being provided interim services shall be reassessed for ASAM level of care.
- Pregnant women are to be admitted to the identified level of care within twenty-four (24) hours of the ASAM Level of Care Assessment.
- If the provider is unable to admit a pregnant woman for the needed level of care within twenty-four (24) hours, the Provider and NH Healthy Families shall: Assist the pregnant woman with identifying alternative Providers and with accessing services with these Providers. This assistance shall include actively reaching out to identify Providers on the behalf of the Member; provide interim services until the appropriate level of care becomes available at either the agency or an alternative Provider. Interim services shall include: at least one (1) sixty (60) minute individual or group outpatient session per week; Recovery support services as needed by the Member; and daily calls to the Member to assess and respond to any emergent needs.

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