



nh healthy families™

Mental Health
New Provider Orientation

Presentation Outline

- Overview
- Pharmacy Management
- Provider Relations & Provider Network Operations
- 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™



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.



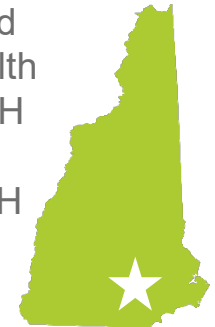
NH Healthy Families is also a wholly owned subsidiary of Centene Corporation, a national Medicaid coverage provider in 29 states.

IN BUSINESS SINCE

1984

COVERS 26 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
116,440



nh healthy families.

87,686



ambetter. FROM | nh healthy families.

24,714

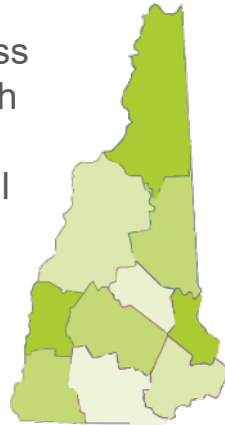


4,040

(As of 9/16/22)

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
supporting our local NH
plans



100+

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



**4 out
of 5**



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

Pharmacy Management

- NH Healthy Families pharmacy department oversees the management of the pharmacy benefit, preferred drug list, and prior authorization process.
- Certain medications require Prior Authorization for coverage under the NH Healthy Families benefit. These include:
 - Preferred drugs designated as “PA” on the PDL
 - Medications not listed on the NH Healthy Families PDL



Drug Name	Drug Form	Quantity	Restrictions	Drug Name	Drug Form	Quantity	Restrictions
ADRIANOLONE 1000 mg tablet	1000 mg tablet	1	PA, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 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- Please contact NH Healthy Families at 866-769-3085 for general information or Pharmacy Services 877-250-5227 for Prior Authorizations: [Pharmacy Services](#).
- The NH Healthy Families Preferred Drug List (PDL) can be found at [NH Healthy Families PDL](#).



Provider Relations & Provider Network Operations



Provider Relations

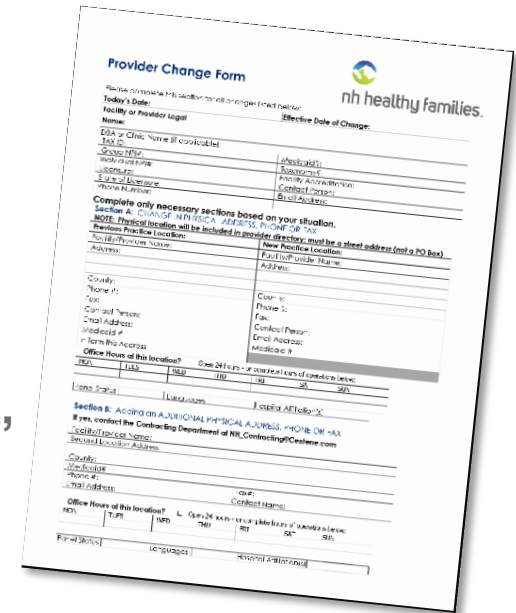
- Serves as the primary liaison between NH Healthy Families and our provider network
- Coordinates and conducts ongoing provider education, updates and training
- Facilitates inquiries related to administrative policies, procedures, and operational issues
- Facilitates meetings on performance patterns 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

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



The image shows a 'Provider Change Form' from NH Healthy Families. The form is titled 'Provider Change Form' and includes the NH Healthy Families logo. It contains several sections for data entry:

- Section A: CHANGES TO PROVIDER INFORMATION** - Includes fields for Today's Date, Facility or Provider Legal Name, Effective Date of Change, DOB or Other Name if applicable, Tax ID, Gender, Individual or Non-Individual, License, State of License, Provider Number, and Email Address.
- Section B: PHYSICAL ADDRESS** - Includes fields for Previous Practice Location (Address, City, State, Zip, Country, Phone #, Fax, Email Address, Website #, and Terms of Access) and New Practice Location (Address, City, State, Zip, Country, Phone #, Fax, Email Address, Website #, and Medical #).
- Section C: ADDITIONAL PHYSICAL ADDRESS** - Includes fields for Address, City, State, Zip, Country, Phone #, Fax, Email Address, Website #, and Terms of Access.

The form also includes a section for 'Office Hours of this location?' with a table for days of the week and a section for 'Form 3000' with checkboxes for 'Completed' and 'Not Completed'.

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

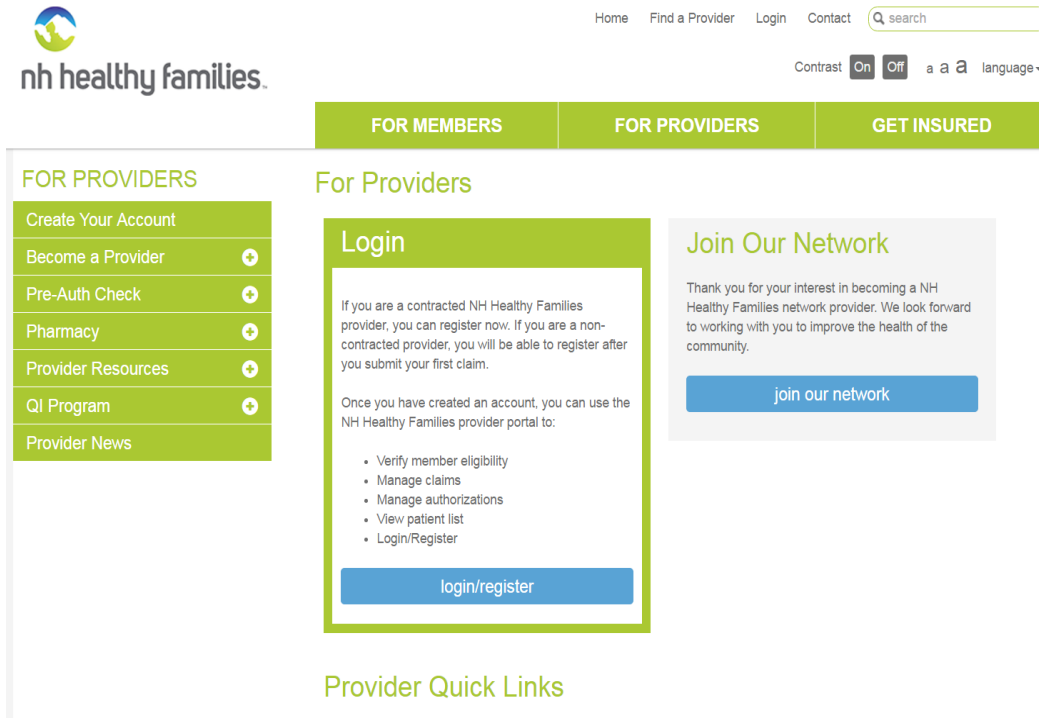
Web-Based Tools

- 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 interface. At the top, there is a navigation bar with links for Home, Find a Provider, Login, and Contact, along with a search bar. Below the navigation bar, there are three main sections: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is highlighted. On the left, 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 for providers is titled 'For Providers' and contains two primary sections: 'Login' and 'Join Our Network'. The 'Login' section includes instructions for registered and non-registered providers, a list of quick links (Verify member eligibility, Manage claims, Manage authorizations, View patient list, Login/Register), and a 'login/register' button. The 'Join Our Network' section includes a thank-you message and a 'join our network' button.

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


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

 <p>Pharmacy Help Desk: 1-888-613-7051 RXBIN: 004336 RXPCN: MCAIDADV RXGROUP: RX5436</p> <p>Member Name: John Doe Member ID: 123456789 DOB:</p> <p>Plan Type: Medicaid</p> <p>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</p>	<p>IMPORTANT CONTACT INFORMATION</p> <p>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</p> <p>Providers: Provider Services: 1-866-769-3085 NH Eligibility Inquiry - Prior Auth: 1-866-769-3085 Vision: 1-877-863-7527 Pharmacy: 1-888-613-7051</p> <p>NH Healthy Families Address: 2 Executive Park Drive Bedford, NH 03110</p> <p>ED/ERT/ERA please visit Provider Resources at www.NHhealthyfamilies.com</p>
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Access & Availability



NH Healthy Families Provider Access

Specialty Providers are required to provide Members with access to Specialty Care Services in accordance with the Member's request for care within the following time frames:

Appointment Type	Specialty Care Provider
Urgent Care	Within forty-eight (48) hours of the Member's request
Non-Urgent Symptomatic Care	Within ten (10) business 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
Transitional Health Care for clinical assessment and care planning	Within two (2) business days of discharge from inpatient or institutional care for behavioral health or SUD program
Transitional Home Care	Within two (2) calendar days of discharge from inpatient or institutional care for mental health

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 MH 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.



Population Health & Clinical Operations

Care Management Programs



Integrated Care Management: We help our Members address medical and mental health 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: MH, 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
- 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.
Completing a Health Needs Assessment	\$20	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

Mental Health Benefit Overview



Mental Health Services may include:

- Inpatient hospital services for mental health
- Outpatient services for mental health
- Psychiatric physician services
- Community behavioral health services
- Specialized therapeutic foster care
- Comprehensive behavioral health assessment
- Behavioral Health overlay services in child welfare settings
- Psychological testing
- Applied Behavioral Analysis (ABA) services for individuals with diagnosis of autism spectrum disorder

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 ALL inpatient admissions require authorization.



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, Suicide Prevention, 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

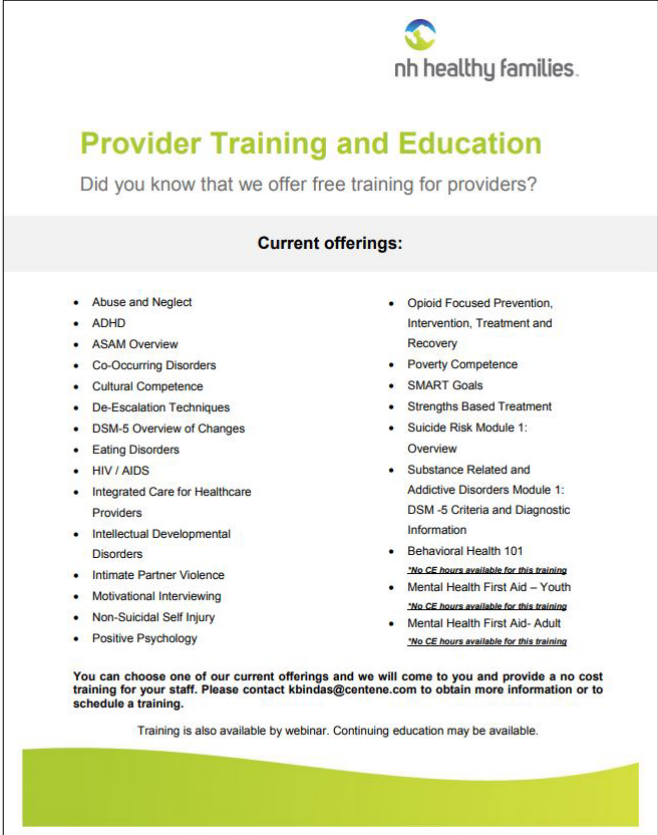
Megan Melanson, MA, LCMHC, LMHC
Manager, Behavioral Health
Office: 603-263-7297
Mobile: 603-867-8047
Megan.S.Melanson@Centene.com

Provider Clinical Training


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 the 'Provider Training and Education' page from nh healthy families. It features a list of current offerings, including topics like 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, and Behavioral Health 101. It also includes a note about CE hours availability for several items and a contact instruction for staff.


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*

**No CE hours available for this training*

**No CE hours available for this training*

**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	Mental 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 Mental Health 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

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



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.

- NH Healthy Families uses InterQual[®] medical necessity criteria for mental health for both adult and pediatric guidelines. InterQual[®] is a nationally recognized instrument that provides a consistent, evidence-based platform for care decisions and promotes appropriate use of services and improved health outcomes. Additionally, NH Healthy Families has adopted the NH State Medicaid Manual service descriptions and medical necessity guidelines for all community based services.
- InterQual[®] medical necessity criteria sets are proprietary and cannot be distributed in full; however, a copy of the specific criteria relevant to any individual need for authorization is available upon request. Community-Based Services criteria can be found on the NH Healthy Families website.

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



The UM department shall ensure that Community Mental Health Services are in accordance with the Medicaid State Plan and He-M 401.02, He-M 403.02 and He-M 426 by:

- Ensuring that the full range of Community Mental Health Services are appropriately provided to eligible Members
- Eligible Members shall receive an individualized service plan created and updated regularly, consistent with State and federal requirements, including but not limited to He-M 401.
- Eligible Members shall be offered the provisions of supports for illness self-management and Recovery
- Eligible Members shall be provided with coordinated care when entering and leaving a designated receiving facility.



- MH Provider Chart Audits are designed to improve health outcomes for Members and ensure that the delivery of services are provided at the appropriate intensity and duration.
- CMH Programs/CMH Providers should support and sustain evidenced-based practices that have a profound impact on Providers and Member outcomes such as Evidenced Based Supportive Employment, Assertive Community Treatment, Illness Management and Recovery, Dialectical Behavioral Therapy and Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problem.
- Community Mental Health Services are delivered in the least restrictive community based environment possible and based on a person-centered approach where the Member and his or her family's personal goals and needs are considered central in the development of the individualized service plans.
- Initial and updated care plans are based on a Comprehensive Assessment conducted using an evidenced-based assessment tool, such as the NH version of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA).
- If a CMH Program/Provider elects to use an alternative evidenced based tool other than CANS/ANSA, notification will be provided for approval of the specific tool.
- Clinicians conducting or contributing to a Comprehensive Assessment are certified in the use of NH's CANS and ANSA, or an alternative evidenced based assessment tool approved by DHHS within one hundred and twenty (120) calendar days of implementation by DHHS of a web based training and certification system.
- Certified clinicians use the CANS, ANSA, or an alternative evidenced-based assessment tool approved by DHHS for any newly evaluated Member and for an existing Member no later than at the Member's first eligibility renewal following certification.



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 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. 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>Grievances 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">• Written Acknowledgement: 10 business days from receipt• Resolution:• Standard: Written Notification within 45 calendar days from receipt• Clinically urgent: Written Notification within 72 hours from receipt
Submitting an Appeal	NH Healthy Families
<p>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. This is not needed if the appeal request qualifies as expedited.</p>	<ul style="list-style-type: none">• 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.• Written Acknowledgement: 10 business days of the receipt <p>Resolution:</p> <ul style="list-style-type: none">• Standard: Written Notification within 30 calendar days of initial Appeal request.• Expedited: Verbal Notification immediately upon determination. Written Notification within 72 hours of initial Appeal request. <p><i>Note: Providers can't request the continuance of benefits for members even if they have member consent.</i></p>



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.

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

NN 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>
- 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:

- 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 48 hours this provider is required to provide interim substance use disorder counselors services until such a time that the clients starts receiving the identified level of care. If the type of service is not provided by this agency they are then responsible for making an active referral to a provider of that type of service (for the identified level of care) within fourteen (14) days from initial contact and to provider interim substance use disorder counselors services until such a time that the member is accepted and starts receiving services by the receiving agency.
- Agencies under contract with MCOs to provide SUD services shall respond to inquiries for SUD 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 SUD 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 SUD services shall receive an ASAM Level of Care Assessment within two (2) business days of the initial eligibility screening and a clinical evaluation (as identified in the He-W 513 administrative rules) as soon as possible following the ASAM Level of Care Assessment and no later than (3) 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. Members identified for Partial Hospitalization (PH) or Rehabilitative Residential (RR) 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 until such a time that the member is accepted and starts receiving services by the receiving agency. (Continued)



Resources: Access to Care Expectations

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

- Pregnant women shall be admitted to the identified level of care within 24 hours of the ASAM Level of Care Assessment. If the contractor is unable to admit a pregnant woman for the needed level of care within 24 hours, the contractor shall:
 - Assist the pregnant woman with identifying alternative providers and with accessing services with these providers. This assistance must include actively reaching out to identify providers on the behalf of the client; and
 - Provide interim services until the appropriate level of care becomes available at either the contractor agency or an alternative provider. Interim services shall include:
 - a. At least one 60 minute individual or group outpatient session per week;
 - b. Recovery support services as needed by the client; and
 - c. Daily calls to the client to assess and respond to any emergent needs.

- If the type of service identified in the ASAM Level of Care Assessment will not be available from the provider that conducted the initial assessment within the fourteen (14) business day period, or if the type of service is not provided by the agency that conducts the ASAM Level of Care Assessment, this agency is responsible for making an active referral to a provider of that type of services (for the identified level of care) within fourteen (14) business days from the date the ASAM Level of Care Assessment was completed until such a time that the member is accepted and starts receiving services by the receiving agency

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