



nh healthy families™

NH Healthy Families

New Provider Orientation

Presentation Outline

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



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 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.

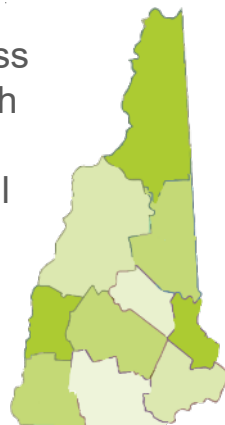
24,714

 wellcare **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.



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

Specialty Companies

Specialty Companies

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

Pharmacy Management

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



Provider Relations & Provider Network Operations

Provider Relations

- 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

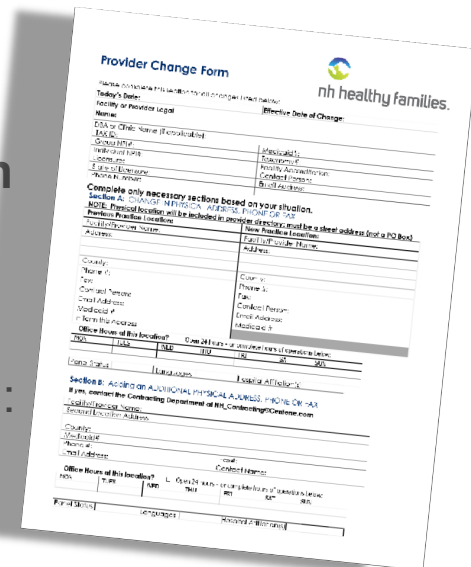
Credentialing & Demographic Updates

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 sections for 'Today's Date', 'Effective Date of Change', 'Name', 'Address', 'Contact Information', and 'Office Hours of This Location'. There are checkboxes for 'New Provider Location' and 'New Address'. The form also includes a section for 'Office Hours of This Location' with checkboxes for 'New Office Hours' and 'New Address'. The form is designed to be filled out by a provider to request a change in their information.

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.

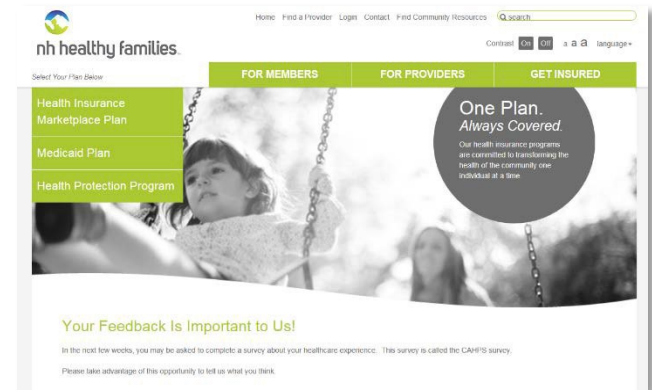
By updating your demographic information in the AMA Verify Health Portal you can ensure that NH Healthy Families will implement your edits and your data will be correct. Additionally, these updates are covered in your Participating Provider Agreement.

Website and Secure Portal Tools

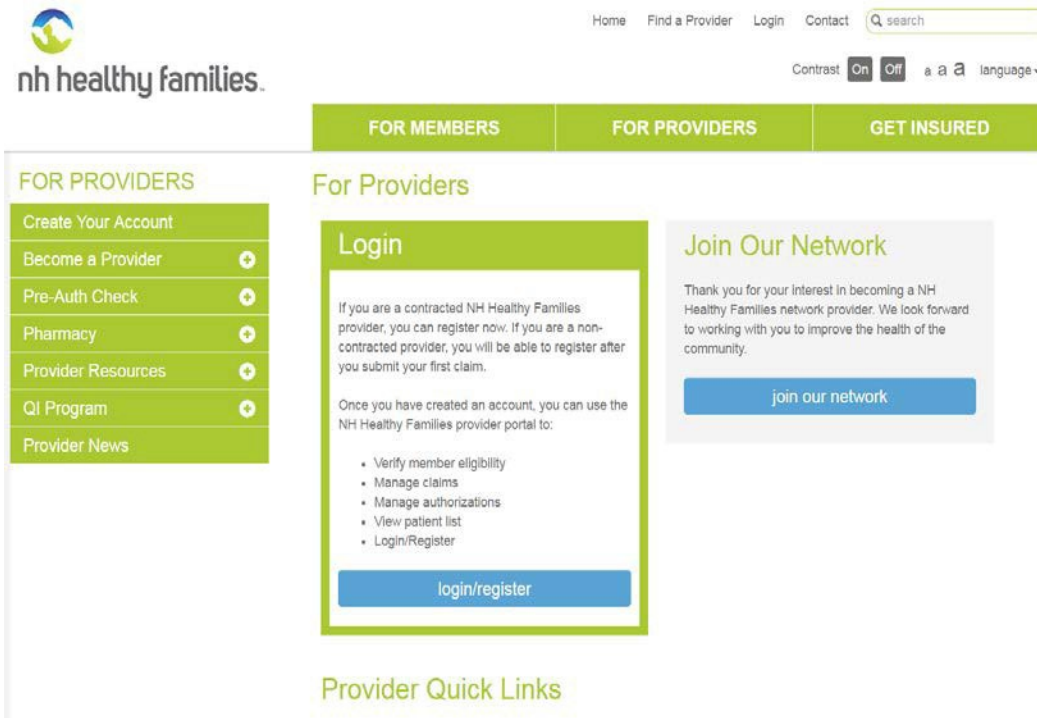
Web-Based Tools

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

Through the Secure Web Portal Providers can:

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


Registering is easy!

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

Member Eligibility

Member ID Card

Standard Medicaid



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

Member Name: John Doe
Member ID: 123456789
DOB:

Plan Type: Medicaid

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

Granite Advantage Health Plan



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

Member Name: John Doe
Member ID: 123456789
DOB:

Plan Type: Granite Advantage

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

Verification of Eligibility

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

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

Access & Availability



NH Healthy Families Provider Access

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

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

After Hours Accessibility

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

Coverage must consist of one of the following means:

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

24 Hour Access of coverage requires:

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

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



Independent Urgent Care Centers

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

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

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

Referrals to Mental Health Services

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

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

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

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

Referrals to Mental Health Services

BH Screening Tools:

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

Population Health & Clinical Operations

Care Management Programs

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

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

1-866-769-3085

Start Smart for Your Baby

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



Plan of Safe Care

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

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

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

My Health Pays® - Medicaid



My Health Pays®

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

MY HEALTH PAYS BEHAVIOR	REWARD AMOUNT	REWARD DETAILS (Medicaid)
Completing a Health Needs Assessment	\$30	Complete in the first 30 days. Call us at 1-866-769-3085 (TDD/TTY 1-855-742-0123) to complete the screening.
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



Prior Authorization



Prior Authorization Submission Requirements

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

Please refer to the NH Healthy Families Pre-Screening Tool accessible via the Provider Resources page at www.nhhealthyfamilies.com & www.ambetter.nhhealthyfamilies.com

03/19/2018

Prior Authorization Form

www.nhhealthyfamilies.com




FOR PROVIDERS



Manuals, Forms and Resources

Standardized Prior Authorization Request Form

COMPLETE ALL INFORMATION ON THE "STANDARDIZED PRIOR AUTHORIZATION REQUEST FORM".
A COPY OF ALL SUPPORTING INFORMATION IS REQUIRED. LACK OF INFORMATION MAY RESULT IN DELAY OR
DISMISSAL OF REQUEST.

Prior Authorization request form and required clinical information should be sent to:  nh healthy families or  WELL SENSE or  State of NH

Health Plan: 1.		<input type="checkbox"/> Urgent <input type="checkbox"/> Standard 1a.		Health Plan Fax #: 1b.	
Service Type Requiring Authorization (Check all that apply)					
Ambulatory/Outpatient Services <input type="checkbox"/> Surgery/Procedure <input type="checkbox"/> Chiropractic 2.		Home Health/Hospice <input type="checkbox"/> Home Health (Please circle: SN, PT, OT, ST, HHA, MSW) <input type="checkbox"/> Personal Care Attendant (Please include SCFE form) <input type="checkbox"/> Hospice <input type="checkbox"/> Infusion Therapy 4.		Outpatient Therapy (Out of Home Only) <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Pulmonary/Cardiac Rehab <input type="checkbox"/> ABA Therapy 5.	
Pharmacy <input type="checkbox"/> Systemic Immunomodulators 3. <input type="checkbox"/> Hyaluronic Acid Derivative Injections		Inpatient Care/Observation <input type="checkbox"/> Acute Medical/Surgical <input type="checkbox"/> Long Term Acute Care <input type="checkbox"/> Acute Rehab <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Observation 6.		Nutrition <input type="checkbox"/> Nutritional Counseling <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Infant Formula <input type="checkbox"/> Total Parental Nutrition 7.	
				Dental <input type="checkbox"/> Anesthesia <input type="checkbox"/> Misc (specify in other below) 8. Out of Network Request—please specify service: 9.	
<input type="checkbox"/> Other—please specify service: 10.					
Member Information (*Denotes required field)					
*Member ID: 11.			*Date of Birth: 12.		
*Last Name, First Name: 13.					
Requesting Provider Information (*Denotes required field)					
*Requesting NPI: 14.		*Requesting TIN: 15.		*Requesting Provider: 16.	
Contact at Requesting Provider's Office: 17.		*Phone: 17a.		*Fax: 17b.	
Servicing Provider/Facility Information (*Denotes required field)					
*Please choose one: <input type="checkbox"/> Participating <input type="checkbox"/> Non-participating 18.		*Servicing NPI: 19.		*Servicing TIN: 20.	
*Servicing Provider: 21.		*Servicing Facility Name: 21a.			
*Contact at Servicing Provider's Office: 22.		*Phone: 22a.		*Fax: 22b.	
Authorization Request (*Denotes required field)					
*Primary Procedure Code(s): 23.		*Start Date OR Admission Date: 25.		*Diagnosis Code: 27.	
		End Date OR Discharge Date: 26.		Total Units/Visits/Days: 28.	
*Additional Procedure Code(s): 24.		Additional Comments: 29.			
Please refer to the following payer web sites for additional information regarding plan specific requirements for services that require prior authorization.					
New Hampshire Healthy Families www.NHHealthyFamilies.com		Well Sense Health Plan www.Wellsense.org		NH Medicaid Fee-For-Service www.nhmmis.nh.gov	

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and Medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient, any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Prescreen Tool for Prior Authorization

Provider Quick Links



PRE AUTH CHECK



Prescreen tool for Prior Authorization is located under the **FOR PROVIDERS** tab on the NHHF Website.
www.nhhealthyfamilies.com

- * Once in the Pre-Auth tool answer the questions for types of services.
- * If you answer NO to all the questions the Code of the Service you would like to check box will appear.
- * Enter the CPT Code requested, and your results will appear.

The screenshot shows the NH Healthy Families website with the 'FOR PROVIDERS' tab selected. The 'Medicaid Pre-Auth' section is active, displaying a disclaimer and a list of services. A table on the right lists services with 'YES' and 'NO' columns. The 'E1399' code is entered in the search box, and the result 'E1399 - DURABLE MEDICAL EQUIPMENT MISCELLANEOUS' is shown.

nh healthy families.

Home Find a Provider Login Careers Contact Find Community Resources

Enter Keyword Search

Contrast On Off a a language

FOR MEMBERS FOR PROVIDERS GET INSURED

FOR PROVIDERS

Create Your Account

Become a Provider

Pre-Auth Check

Ambetter Pre-Auth

Medicaid Pre-Auth

Provider Contact Information Submission

Pharmacy

Provider Resources

QI Program

Provider News

Coronavirus Information for Providers

Medicaid Pre-Auth

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the [provider manual](#). If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Please verify Prior Authorization Requirements for Specialty Services with contracted Vendors:

Vision: [Envision Vision](#)

PT, ST, and OT, Complex Imaging, MRA, MRI, Pet and CT Scans: [NIA](#)

Oncology/supportive drugs for members age 18 and older need to be verified by New Century Health: [New Century Health](#)

Effective for dates of service on and after 10-1-2020, Musculoskeletal Surgical Services Need to be Verified by TurningPoint. Please contact [TurningPoint](#) phone at 1-855- 909-6222 or by fax at 1-603-836-8903.

Dental services are *not* administered by NH Healthy Families.

Non-participating providers must submit [Prior Authorization](#) for all services. For non-participating providers, [Join Our Network](#).

Urine Drug Screens rendered by MAT (Medication Assisted Treatment) providers require notification only. Prior auth is not required. For all other providers PA is required for this service.

Are Services being performed in the Emergency Department or are these family planning services billed with a contraceptive management diagnosis?

☐ Yes ☒ No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member having an observation stay exceeding 24 hours?	<input type="radio"/>	<input checked="" type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, and PT/OT/ST evaluations being rendered in the home?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input checked="" type="radio"/>
Are anesthesia services being rendered for pain management or dental surgery?	<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

E1399

Check

E1399 - DURABLE MEDICAL EQUIPMENT MISCELLANEOUS

Pre-authorization is required in all locations except Inpatient, Emergency Room, and Urgent Care.

To submit a prior authorization [Login Here](#).



Prior Authorization Submission Requirements

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

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

Prior Authorization Forms can be found on the Provider Resource Page at www.nhhealthyfamilies.com

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

Important Reminders

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

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

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

Complete information regarding the services or procedures being requested

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

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

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

Denied Authorization –Peer to Peer Option for Provider

The Nurse or UM Designee from the health plan will notify the requesting physician verbally that the request for medical services is denied. The nurse will also notify them of their right to a P2P and the information on how to request one.

- * All requesting physicians must be notified verbally of their P2P rights within **24 hours** from the health plan Medical Director's initial review.

- * A request for a P2P must be submitted **by the provider within 3 business days** from the verbal notice of denial.

If a provider decides to request a P2P, they will call the [P2P message line at 1-855-735-4397](tel:1-855-735-4397).

Claims



Timely Filing - Claims

Product	First Time Claims	Appeals	State Fair Hearing
NH Healthy Families	Claims will not be accepted over 120 calendar days from the date of service.	30 calendar days from the date of the Explanation of Payment (EOP) and 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 and cannot exceed 15 months from the date of service.

Claims Submission

Claims may be submitted in 3 ways:

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

EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com - 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

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).



Member Grievances, Appeals, & State Fair Hearing

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



Grievances Resolution & Communication Timeframes

Submitting a Grievance	NH Healthy Families
<p>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



Appeals Resolution & Communication Timeframes

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>Note: Providers can't request the continuance of benefits for members even if they have member consent.</p>

Provider Complaints & Appeals

Provider Complaints & Appeals

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

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

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



Cultural Competency

Cultural Competency Plan

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

Section 1557

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

Disability Sensitivity

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?



nh healthy families™



Resources

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

- **Care Management Programs**
 - Medical Management hours: Monday thru Friday (8:00 am – 5:00 pm excluding holidays) 1-866-769-3085
- **Claims Submission**
 - EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com
 - 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**
 - For more information please visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>