



**nh healthy families™**

**SUD New Provider Orientation**

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10/28/2022

# 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 29 states.

IN BUSINESS SINCE

**1984**

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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**



FROM | nh healthy families.

**24,714**

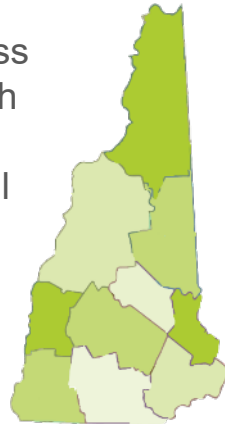


**4,040**

(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.



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

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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

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

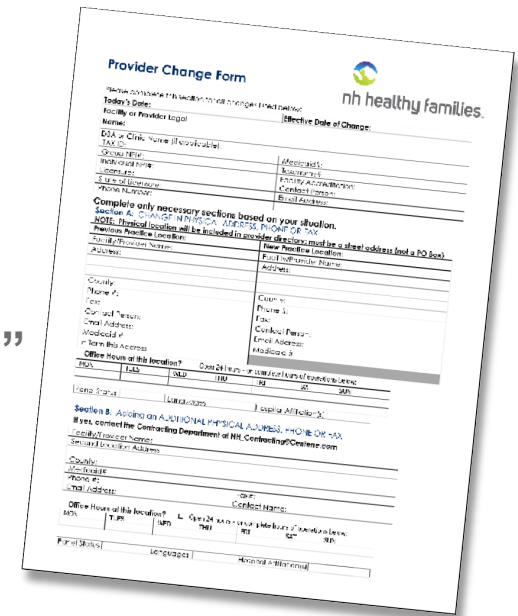
# Credentialing & Demographic Updates

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](mailto: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 provider information, including 'Today's Date', 'Effective Date of Change', 'Provider Name', 'Address', 'Phone', 'Fax', 'Email', and 'Medical ID'. There are also checkboxes for 'New Provider Location' and 'New Provider Location'. The form is designed to be filled out by a provider to update their information in the NH Healthy Families network.

# Demographic Updates

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

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

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

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

# Website and Secure Portal Tools

# Web-Based Tools

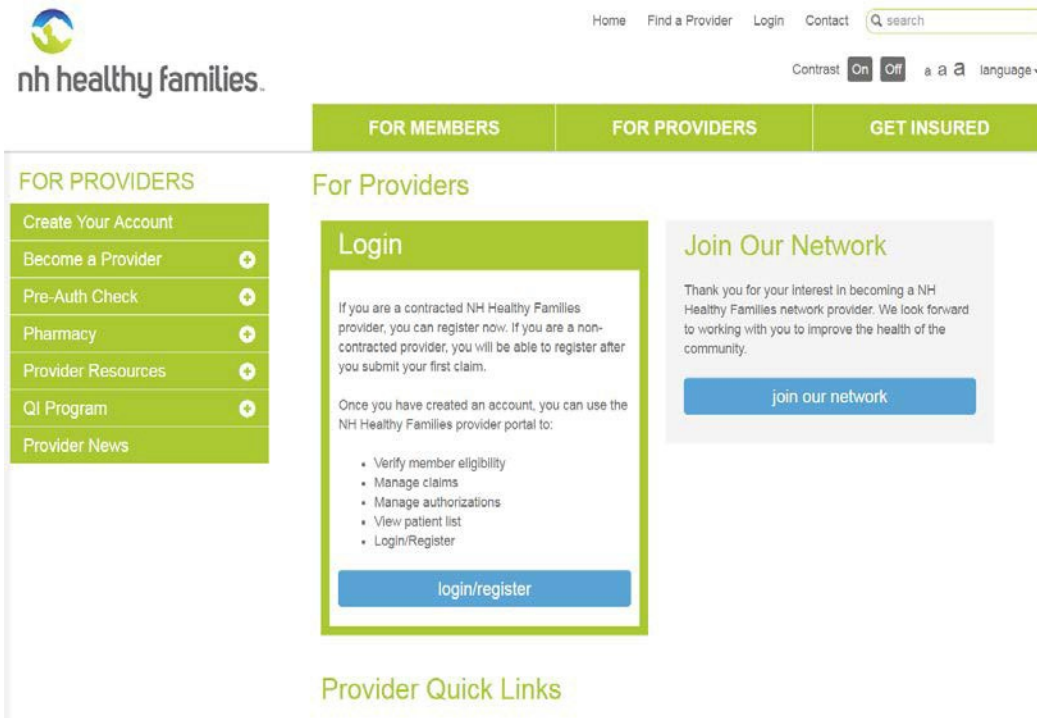
## Web-Based Tools

- Public site at [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)
- Provider Manual and Billing Manual
  - Provider Information for Medical Services
  - Prior Authorization Code Checker
  - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms etc...
  - Clinical Practice Guidelines
  - Provider Newsletters and Announcements
  - Plan News
  - Find a Provider



*NH Healthy Families is committed to enhancing our web-based tools and technology!*

# Provider Secure Portal



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

## Through the Secure Web Portal Providers can:

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

## Member ID Card

 <p>nh healthy families</p> <p>Member Name: John Doe Member ID: 123456789 DOB: [REDACTED]</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. <a href="http://www.nhhealthyfamilies.com">www.nhhealthyfamilies.com</a></p>	<p>Pharmacy Help Desk: 1-888-613-7051 RXBIN: 004336 RXPCN: MCAIDADV RXGROUP: RX5436</p>	<p><b>IMPORTANT CONTACT INFORMATION</b></p> <p><b>Members:</b> 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><b>Medical Claims:</b> NH Healthy Families Attn: Claims PO Box 4060 Farmington, MO 63640 3831</p>	<p><b>Providers:</b> 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><b>NH Healthy Families Address:</b> 2 Executive Park Drive Bedford, NH 03110</p> <p><b>ED/ERT/ERA please visit Provider Resources at:</b> <a href="http://www.nhhealthyfamilies.com">www.nhhealthyfamilies.com</a></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 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) 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

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

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- 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.

# 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, 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.
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



# 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](http://www.nhhealthyfamilies.com) to verify coverage requirements. ***Please note that most covered SUD services 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](mailto:Kbindas@centene.com)


**Andrea Rancatore, MS, LCMHC, MLADC**  
**Director, Substance Use Disorder**  
**Programming**  
Office: 603-263-7146  
Mobile: 603-325-8378  
[ARancatore@centene.com](mailto: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](mailto:Kbindas@centene.com) for more information or to schedule a training.

Access our provider training and education offerings at: [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com) /  
For Providers / Provider Training



nh healthy families.

## Provider Training and Education

Did you know that we offer free training for providers?

**Current offerings:**

<ul style="list-style-type: none"><li>• Abuse and Neglect</li><li>• ADHD</li><li>• ASAM Overview</li><li>• Co-Occurring Disorders</li><li>• Cultural Competence</li><li>• De-Escalation Techniques</li><li>• DSM-5 Overview of Changes</li><li>• Eating Disorders</li><li>• HIV / AIDS</li><li>• Integrated Care for Healthcare Providers</li><li>• Intellectual Developmental Disorders</li><li>• Intimate Partner Violence</li><li>• Motivational Interviewing</li><li>• Non-Suicidal Self Injury</li><li>• Positive Psychology</li></ul>	<ul style="list-style-type: none"><li>• Opioid Focused Prevention, Intervention, Treatment and Recovery</li><li>• Poverty Competence</li><li>• SMART Goals</li><li>• Strengths Based Treatment</li><li>• Suicide Risk Module 1: Overview</li><li>• Substance Related and Addictive Disorders Module 1: DSM -5 Criteria and Diagnostic Information</li><li>• Behavioral Health 101 <i>*No CE hours available for this training</i></li><li>• Mental Health First Aid – Youth <i>*No CE hours available for this training</i></li><li>• Mental Health First Aid- Adult <i>*No CE hours available for this training</i></li></ul>
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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](mailto: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	<a href="http://www.nhhealthyfamilies.com">www.nhhealthyfamilies.com</a>
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](mailto:EDIBA@centene.com)  
NH Healthy Families accepts both electronic (EDI) and (red) paper claims

# PaySpan Health EFT/ERA

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

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

## Effective 6/1/2022, the following SUD services require Prior Authorization:

- 894-897 (DRG codes) Medically Managed Inpatient Hospital Withdrawal Management (ASAM Level 4-WM)
- H2034-U4 Low-Intensity Adolescent (ASAM Level 3.1)
- H2034 Low-Intensity Adult (ASAM Level 3.1)
- H0018-U4 Medium- Intensity Adolescent (ASAM Level 3.5)
- H0018 High-Intensity Adult (ASAM Level 3.5)
- T1006 Specialty Residential Services for Pregnant & Parenting Women
- H2036-HH Partial Hospitalization Services (ASAM Level 2.5)
- H0010 Medically Monitored Residential
- H2034-U4 Low-Intensity Withdrawal Management (ASAM Level 3.7-WM)
- H0015 Intensive Outpatient Services


# 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

# Prior Authorization For SUD Services

# SUD Prior Authorization Submission Requirements



nh healthy families™

Prior authorization can be requested by completing the SUD Outpatient Treatment Request (OTR) form and faxing to the Behavioral Health Utilization Management Department at NH Healthy Families.

Helpful tips:

- Requests must be submitted on the NHHF SUD Treatment Request Form, located here: [SUD Treatment Request Form](#)
- The form must be completed in its entirety, signed by the appropriate staff, and faxed to the BH Utilization Management Department at: 1.866.270.8027.
- For all requests, please be sure to request the number of units, or days, of the treatment that are necessary within thirty (30) days after the expected start date.
- Please submit supporting clinical with the request form. However, clinical attachments can't substitute for an incomplete OTR.
- The OTR is to be faxed as soon as treatment determinations have been made. This can be any time of day, any day.
- Requests should be submitted within one (1) business day of treatment start date.
- Requested dates of service prior to one business day should be submitted to our Retro and Appeals team at: 1.866.714.7991

Please refer to the NH Healthy Families Pre-Authorization Tool accessible via the Provider Resources page at [Medicaid Pre-Authorization | NH Healthy Families](#) & [Pre-Auth Check Tool | Ambetter from NH Healthy Families](#)

# After Hours Submission

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If the OTR is sent after 5pm EST during business days, on the weekend or on a holiday, you must also **call** to notify of the request at: **1-866-769-3085**

- Choose option four (4) “Behavioral Health” from the Medical Management Menu then option three (3) “Behavioral Health Authorization” from the Behavioral Health Menu to reach a live representative. This will ensure timely determination for improved access to care.

## Recordkeeping best practices include the following:

- Document date the 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 can be found at:

[http://www.gencourt.state.nh.us/rules/state\\_agencies/he-w500.html](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.*

## Helpful resources and contacts

If you have questions regarding the completion of the SUD OTR, please feel free to call the BH Utilization Management department at: **1-833-404-1061**.

Retro and Appeals requests need to be faxed to: **1.866.714.7991**. Retro requests need to be submitted with the reason Prior Authorization was not obtained. Retro requests due to Provider error will result with an administrative denial.

**Additional resources can be found on the Provider Resource Page at [Manuals, Forms and Resources | NH Healthy Families](#)**

Additional questions can be directed to Ryan Schuette, Clinical Manager at [William.R.Schuette@Centene.com](mailto:William.R.Schuette@Centene.com)

# NH Regulations

NH Regulations can be found at:

[http://www.gencourt.state.nh.us/rules/state\\_agencies/he-w500.html](http://www.gencourt.state.nh.us/rules/state_agencies/he-w500.html)

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10/28/2022

# Member Grievances, Appeals, & State Fair Hearing

# Terminology

Term	Definition
<b>Action</b>	An Action by an MCO is classified as one of the following: <ul style="list-style-type: none"><li>– The reduction, suspension, or termination of a previously authorized service;</li><li>– The denial, in whole or in part, of payment for a service;</li><li>– The failure of the health plan to provide services in a timely manner as defined in the appointment standards described herein; or</li><li>– The failure of the health plan to act within timeframes for the health plan's prior authorization review process.</li></ul>
<b>Appeal</b>	A request for review of any Action taken by the MCO
<b>Grievance</b>	An expression of dissatisfaction about any matter other than an Action.
<b>State Fair Hearing</b>	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

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

### NH Healthy Families

- 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

**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.

### NH Healthy Families

- 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
<b>Complaint</b>	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.
<b>Appeal</b>	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.
<b>State Fair Hearing</b>	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

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

**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>
- 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](mailto: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](mailto:EDIBA@centene.com)
  - NH Healthy Families accepts both electronic (EDI) and (red) paper claims

- **PaySpan Health EFT/ERA**
  - For more information please contact PaySpanHealth at 800-733-0908, [www.payspanhealth.com](http://www.payspanhealth.com) or contact [PCSC@payspan.com](mailto:PCSC@payspan.com)
  - Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)
- **Section 1557**
  - 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)*