Practitioner Rights

NH Healthy Families thanks you for being part of our network of participating physicians, hospitals, and healthcare professionals. As part of our commitment to you, we will occasionally provide you with a reminder of your rights as a member of our network.

Credentialing and Re-credentialing

The credentialing and re-credentialing process exists to ensure that participating providers meet the criteria established by NH Healthy Families, as well as government regulations and standards of accrediting bodies. In order to maintain a current provider profile, providers are required to notify NH Healthy Families of any relevant changes to their credentialing information in a timely manner.

Right to Review and Correct Information

All providers participating within the NH Healthy Families’ network have the right to review information obtained by NH Healthy Families to evaluate their credentialing and/or re-credentialing application. This includes information obtained from any outside primary source such as the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank, malpractice insurance carriers and state licensing agencies. This does not allow a provider to review references, personal recommendations, or other information that is peer review protected.

Should a provider believe any of the information used in the credentialing/re-credentialing process to be erroneous, or should any information gathered as part of the primary source verification process differ from that submitted by a practitioner, they have the right to correct any erroneous information submitted by another party. To request release of such information, a written request must be submitted to the NH Healthy Families’ credentialing department. Upon receipt of this information, the provider will have 14 days to provide a written explanation detailing the error or the difference in information to NH Healthy Families. The NH Healthy Families’ Credentialing Committee will then include this information as part of the credentialing/recredentialing process.

Right to be Informed of Application Status

All providers who have submitted an application to join NH Healthy Families have the right to be informed of the status of their application upon request. To obtain status, contact the NH Healthy Families’ Provider Relations department at 1-866-769-3085.
1-844-699-6840 NH Healthy Families’ Out-of-Network helpline

This line is available Monday through Friday from 8:00 A.M. to 5:00 P.M. The NH Healthy Families’ Out-of-Network helpline provides the option for providers to contact a member of our Health Plan staff to assist with redirection to one of our network or preferred providers. A member of our staff is ready to assist you. Please call the NH Healthy Families Out-of-Network helpline at 1-844-699-6840.

Open Enrollment Reminder
At NH Healthy Families, we care about the health of our members, your patients. As we approach the end of open enrollment, we wanted to take a moment to remind you that the enrollment period ends on December 15, 2017. NH Healthy Families would encourage our provider partners to take a moment to remind your patients to sign up for insurance before the end of the enrollment period.

Thank You for Being our Partner
As we wrap up 2017, we here at NH Healthy Families wanted to take a minute to thank you for your partnership throughout the past year. We’ve received a lot of feedback from you, and from that information we have been working to improve our performance and our partnerships. We appreciate having those conversations with you. To make it easier for you to provide amazing service to your patients, our members, we are including the information below as a reference. Have a safe and happy holiday season, and we look forward to a continued partnership next year.

Do you know where to find your Provider Network Specialist?

- Not sure who your NH Healthy Families Provider Relations Representative is? You can use our Provider Relations Territory Map under our Provider Resources webpage to find out!
- Did you know we do house calls? More like office calls! We would love to come to your office and meet you face to face. Please call us to schedule a visit if interested. Find out who your Provider Network Specialist is by visiting: nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/pr%20flyer.pdf
- Need help and don’t know who to call? Check out the NH Healthy Families Contact Information document on the Provider Resources page of our website to find important information like key contact phone numbers: NHHealthyFamilies.com/providers/resources.html

Looking for NH Healthy Families’ latest news and announcements?

- Accidentally delete that email we sent you? Want to find out what you may have missed? Visit our Provider Newsletters and Notifications page of the website to find a list of all the recent communications: NHHealthyFamilies.com/providers/resources.html

Payment and Clinical Policy Information

- We are happy to inform you that NH Healthy Families publishes its Payment and Clinical Policies online to inform providers about billing practices and reimbursement methodologies for certain procedures and services. We hope this information will help you to bill claims more efficiently and reduce unnecessary denials and delays in claims processing and payments.
- Visit NHHealthyFamilies.com to find NH Healthy Families Payment and Clinical Policies. Policies can be found on the Provider Resources page under Manuals, Forms & Resources.

Prior Authorizations

At NH Healthy Families, we understand the importance of easy access to care, and we are committed to ensuring our prior authorization requirements continue to be appropriate and efficient.

- In 2017 we removed the prior authorization requirements on 124 of our procedure codes.
- Through a collaborative effort with Adult Medical Days Services (AMDS) providers, NH Healthy Families revised its prior authorization requirement for members who require AMDS from a maximum of three (3) months to a maximum of twelve (12) months.

Again, thank you for a great 2017, have a safe and happy holiday season, and we look forward to working with you in 2018!
Behavioral Health: Post-Discharge Appointments

Do you have a patient who was recently hospitalized for a behavioral health condition and is having difficulty arranging a post-discharge appointment? Let us help.

Outpatient follow-up within 7 days of discharge—as well as another visit within 30 days of discharge—is vital to an individual’s recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

We have staff who will work with you to encourage the appropriate follow-up care. If you’re an outpatient provider and you cannot meet the appointment needs of these discharging members, or if you have more availability than is being utilized, contact your NH Healthy Families Provider Relations Specialist to let them know.

NH Healthy Families will continue to work diligently with our facilities, outpatient providers and members to help schedule these valuable appointments.

Here are some ways we can assist:
- Scheduling support for follow-up appointments within the 7-day and 30-day time frames.
- Appointment reminder calls to members.
- Member transportation assistance.

For more information, or if you have questions, please contact Provider Services at 1-866-769-3085.

Revised Timely Filing Requirements Effective January 1, 2018

Effective January 1, 2018 NH Healthy Families is revising our filing limit from 365 days to 90 days for initial claims.

The timely filing requirements for claim reconsiderations, claim disputes and corrected claims will remain at 180 days from original date of notification of payment or denial, not to exceed 15 months from the original date of service. Additional reconsiderations, claim disputes or corrected claims submitted 15 months from the original date of service will not be considered for payment.

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<thead>
<tr>
<th>Initial Claims</th>
<th>Reconsiderations or Dispute/Appeals</th>
<th>Coordination of Benefits</th>
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<td>Calendar Days</td>
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<td>Par</td>
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Initial Claims: Days are calculated from the Date of Service to the date received by NH Healthy Families.

Claims Reconsiderations or Dispute/Appeals: Days are calculated from the date of the Explanation of Payment issued by NH Healthy Families to the date received.

Coordination of Benefits: Days are calculated from the date of Explanation of Payment from the primary payers to the date received by NH Healthy Families.

All claims received outside of the above timeframes will be denied for untimely submissions.

If you disagree with how a claim was adjudicated, you must first file a Reconsideration Request with a detailed description as to why you are disputing the denial as well as any supporting documentation (medical notes, etc.).

If you feel you have received an unsatisfactory decision on the Reconsideration Request, then you can file a Claim Dispute Form as a second level appeal. Be sure to include any additional documentation and detailed explanation as to why you disagree with the Reconsideration decision.

If the Claim Dispute decision is still unfavorable, you have the option to file an escalated appeal letter and include all documentation included in the Reconsideration and Dispute forms.

Send supporting documentation to:
NH Healthy Families, 2 Executive Park Drive, Bedford, NH 03110
Attn: Grievances & Appeals

The Claim Reconsideration and Dispute process are outlined on pages 6-7 in the Provider Billing Manual. The applicable forms are located in the same location.
Pharmacy Updates

Visit NHhealthyfamilies.com for the latest changes to our Pharmaceutical Policies and Formulary that may affect your patients. If you have any questions, call Provider Services at 1-866-769-3085 and ask for the Pharmacy team.

Provider Updates

**National Imaging Associates (NIA) Annual Clinical Guideline Updates Effective January 2, 2018**

National Imaging Associates (NIA), NH Healthy Families’ radiology benefits manager, has completed their annual clinical guideline review, which involves an extensive clinical review. The guideline changes outlined below are supported by literature reviews and practice experience and are approved by the NIA Chief Medical Officer, Chief Executive Officer and Clinical Guideline Taskforce.

The following guideline changes will be implemented on January 2, 2018:

**Global Change to applicable guidelines**
- A follow-up study may be needed to help evaluate a patient’s progress after treatment, procedure, intervention or surgery. Documentation requires a medical reason that clearly indicates why additional imaging is needed for the type and area(s) requested. This was moved from the “Additional Information” section to be included as an approvable indication.

**PET scan (Oncology) guideline**
- Clinical indications were added to cover an oncological Gallium 68 Dotatate PET/CT scan.

**Cardiac guidelines (Heart (Cardiac) CT, Heart (Cardiac) MRI, Stress Echo, TTE, TEE)**
- Clinical indications added to several of our cardiac guidelines to address valvular heart disease, supported by JU Doherty et al., ACC/AATS/AHA/ASE/ASNC/HRS/SCAI/SCCT/SCMR/STS 2017 Appropriate Use Criteria for Multimodality Imaging in Valvular Heart Disease, JACC, 2017.

On Dec. 4, 2017, NIA will place a link on the www.radmd.com, so that providers can preview the complete set of 2018 advanced imaging clinical guidelines prior to their implementation date of January 2, 2018. Meanwhile, you can continue to view all of your current guidelines at www.radmd.com.

To access the link on radmd, please follow these steps (sign-in is not required):
- Click on the “Solutions” tab from the home page main menu bar.
- From the “Solutions” drop down list, click on “Advanced Imaging”
- Click on the link for “Preview of NIA’s 2018 Standard Guidelines,” listed under the Document section.
  - The Table of Contents begins on page 3 of the pdf document.
  - Click once on the study to be viewed.
  - To return to the Table of Contents, click on “TOC” in the upper right hand corner above the heading of each guideline.

Please contact Provider Services at 1-866-769-3085 with any questions.

Call NH Healthy Families Provider Services at 1-866-769-3085 if you have any questions or concerns about these changes. Thank you for your continued support of our members and being a partner in our network.

- NH Healthy Families PROVIDER SERVICES: 1-866-769-3085, Monday to Friday, 8 a.m. to 5 p.m.
- Ambetter from NH Healthy Families 1-844-265-1278