nh healthy families™

Mental Health
New Provider Orientation

9/1/2024

Presentation Outline

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

Overview

NH Healthy Families & Centene

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DECEMBER 2013

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.

CENTENE® Corporation

NH Healthy Families is also a wholly owned subsidiary of Centene Corporation, a national Medicaid coverage provider in 31 states.

IN BUSINESS SINCE **1984**

COVERS **28** 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

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Total Membership
92,816

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69,972

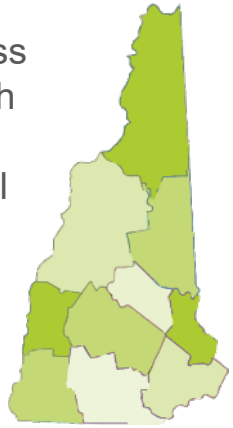
ambetter. FROM nh healthy families
17,324

wellcare **5,520**

(As of 6/1/2024)

Providing access to critical health care services statewide in all

10
counties



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

200+

Employees supporting our local NH plans

100+

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

4 OUT OF 5

MEDICAID NCQA HEALTH INSURANCE PLAN RATINGS

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

Pharmacy Management

- NH Healthy Families' pharmacy department oversees the 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 877-250-5227.
- 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
- Evolent Specialty Solutions – Requires PA for oncology-related medications and supportive agents. Call 888-999-7713, Option 1 or visit Evolent Specialty Solutions

Provider Engagement & Provider Network Operations

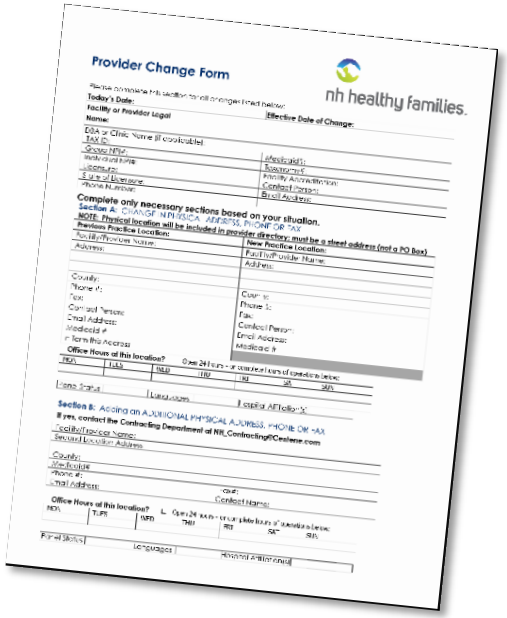
Provider Engagement

- 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

Demographic Updates

Provider Demographic Data:

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

- Data will be validated on a quarterly basis by Veda.
- Practitioners & providers who are confirmed by Veda as no longer at practice locations based on the Veda algorithm will be suppressed from the provider directory.
- If your demographic data has changed, please be sure to notify NHHF within thirty days of the change. NHHF provider demographic updates should be sent to NH_ProviderNetworkOperations@centene.com.
- 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.
- If you are terminating a PCP please submit the name of the practitioner you would like members moved to or the members will go through auto assignment.

Additionally, these updates are covered in your Participating Provider Agreement.

Website and Secure Portal Tools

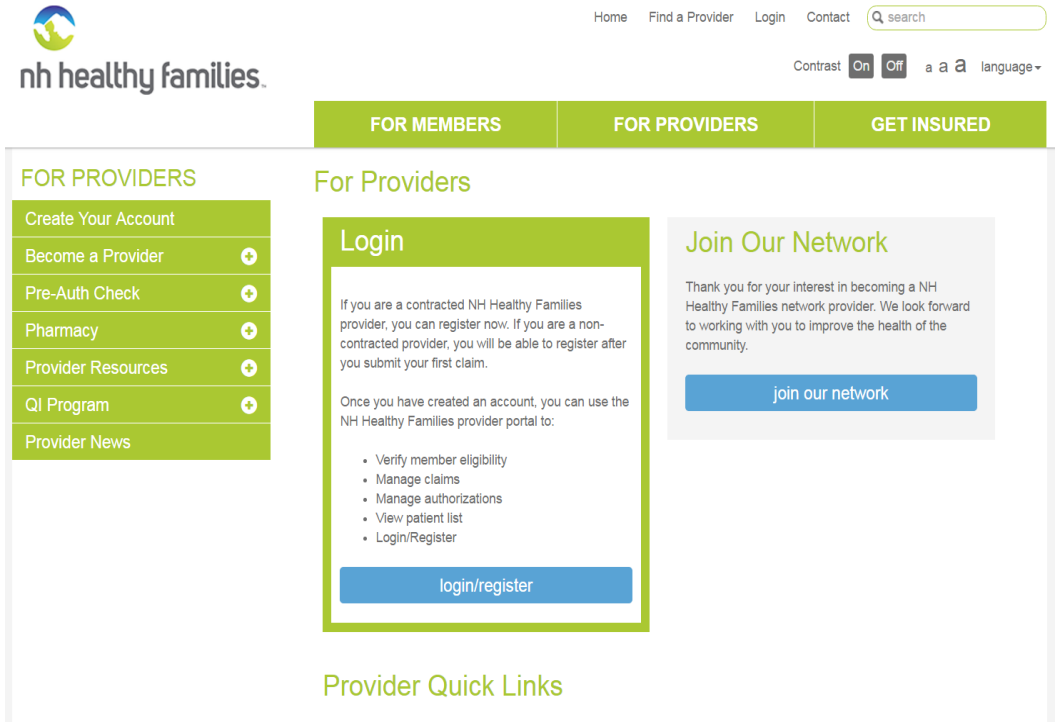
Web-Based Tools

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



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

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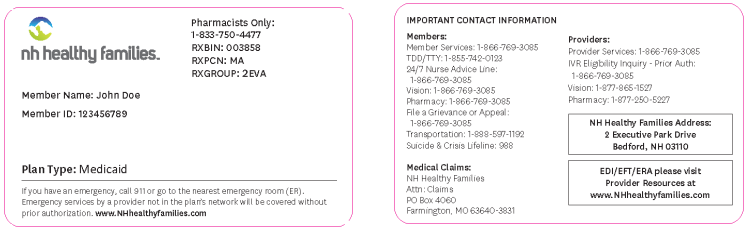
Member Eligibility

Verification of Eligibility

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

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

Member ID Card



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Access & Availability

NH Healthy Families Provider Access

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

Appointment Type	Specialty Care Provider
Urgent Care	Within forty-eight (48) hours of the Member's request
Non-Urgent Symptomatic Care	Within ten (10) business days of the Member's request
Non-Symptomatic Care	Within forty-five (45) calendar days of the Member's request
Behavioral Health and Substance Use Disorder Services Post Hospital Discharge	Aftercare appointments within seven (7) calendar days after hospital discharge
Transitional Health Care for clinical assessment and care planning	Within two (2) business days of discharge from inpatient or institutional care for behavioral health or SUD program
Transitional Home Care	Within two (2) calendar days of discharge from inpatient or institutional care for mental health

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

Post Discharge Follow Up Visits

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

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Primary Care & Prevention Focused Care Model

PCPFCM

•NH Healthy Families fully supports the Primary Care and Prevention Focused Care model (PCPFCM) developed by NH MCM through a multi-faceted approach. Providers who serve as Primary Care Physicians (PCPs) will be enabled with tools and the ability to provide services to our members ensuring the utmost quality of care.

•Building on authentic relationships between our members and their designated PCP, this model will support provider-delivered care coordination, engagement, and incentives.

- Enhanced reimbursement for activities performed:
- Health Risk Assessments (HRAs) completion
- Lifestyle Counseling including Risk Factor Reduction Interventions
- Preventative Services including USPSTF Schedule A & B Screenings
- Comprehensive Medication Review (CMR)
- Provider-delivered Care Coordination, including closed loop referral support

Polypharmacy and Comprehensive Medication Reviews

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Comprehensive Medication Review

A CMR is a detailed evaluation of medications including prescription drugs, over-the-counter medications, herbal supplements, and vitamins to identify and resolve potential medication-related problems such as polypharmacy, dosing errors, and contraindications. By administrating CMRs, providers and pharmacists can assess for adherence and provide counseling and education.

Polypharmacy

The simultaneous use **of multiple drugs by a single patient** to treat a one or more conditions. New Hampshire DHHS defines polypharmacy as:

Children:

Dispensed four (4) or more maintenance drugs based over a rolling sixty (60) day period, each drug must be filled for at least 90 days in duration with up to one 15-day gap between fills

Adults:

Dispensed five (5) or more maintenance drugs over a rolling sixty (60) day period

Comprehensive Medication Reviews

The systematic process of:

- **Collecting** patient-specific information,
- **Assessing** medication therapies to identify medication-related problems,
- **Developing** a prioritized list of medication-related problems, and
- **Creating** a plan to resolve them with the patient, caregiver and/or prescriber

Medication Reconciliation vs. CMR

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Medication Reconciliation

The process of reviewing complete medication regimens for a patient to create the most accurate list of all medications a patient is taking, with the goal of ensuring accurate and complete medication information. **The medication reconciliation process usually precedes the comprehensive medication review process**.

CMR

A CMR is a detailed evaluation of medications including prescription drugs, over-the-counter medications, herbal supplements, and vitamins to identify and resolve potential medication-related problems such as polypharmacy, dosing errors, and contraindications. By administrating CMRs, providers and pharmacists can assess for adherence and provide counseling and education.

A successful CMR should always:

- **Identify** adherence issues, detect adverse drug reactions (ADRs), educate patients, and review potential drug interactions.
- **Improve** patients' knowledge of their prescriptions, over-the-counter medications, herbal therapies and dietary supplements.
- **Identify and address** any barriers to care a patient may face with their current medication regimen.
- **Empower** patients to self-manage their medications and their health conditions.
- **Consist of** follow-up via automated calling systems, letters, phone calls, secure email, and texts.

Follow-up is a critical component of the medication therapy management services provided to patients to ensure the facilitation of resolutions for any identified medication-related challenges and barriers to care.

Contact CMR Eligible Patients to Schedule and Complete a CMR

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CMR Appointments

- On average, a CMR takes about **30 minutes to complete.**
- CMRs can be completed **in person, telephonically, or virtually.**
- CMRs can be completed with the **patient or an authorized representative/guardian**

Suggested Questions

- Have you identified any medication therapy issues?
- Is the patient experiencing any side effects from their medications?
- Has the patient ever had any problems taking their medications exactly as prescribed?
- Is the member having any issues in getting their prescriptions filled?

Best Practices

- **Remind** and encourage patients to bring their full medication list (RX, OTCs, herbals, etc)
- **Ask** open ended questions to explore understanding
- **Practice** reflective listening
- **Encourage** questions to empower the patient & personalize the discussion
- **Always follow-up**

Comprehensive Medication Review

- To obtain information regarding your patient's medication history and necessary CMR forms please access the NH Healthy Families Secure Provider Portal, email NH_Pharmacy@centene.com, or call NH Healthy Families Provider Services at 866-769-3085, Monday through Friday 8 a.m. to 5 p.m. EST
- Please reference the Provider Manual for appropriate billing codes related to Comprehensive Medication Reviews.
- Please reference the NH Healthy Families Pharmacy Page for the necessary CMR forms.
- Please reference the NH Healthy Families Find a Provider for a list of in network Providers in the event a consultation is necessary.

Population Health
&
Clinical Operations

Referrals to Physical Health Services

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For members who may need to be seen for physical health services, please reach out to our Medical Management team at 1-866-769-3085 to ensure proper coordination of care.

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

1-866-769-3085

Care Management Programs

Integrated Care Management : We help our Members address medical and mental health situations and needs through coordination with disease management programs, wellness initiatives, and a full range of Care Management activities.

Social Determinants of Health and Resource Needs: We assist and educate Members on available community resources, state/local social programs (WIC, housing, transportation) and pharmacy resources.

Program Coordinators : Are specialized staff who can help members with the following needs: MH, SUD, Housing, I/DD, Special Needs, and Long Term and Support Services (Medicaid only)

Member Connections® : We connect Members to community and social service programs that can assist members who are in need of food, housing, and clothing. Reasons to contact Member Connections: No show or frequent canceled appointments, transportation needs, inappropriate emergency room use, member health education, or a member in need of reliable communication device (free cell phone) (Medicaid only)

NurseWise : Registered Nurses ready to answer your health questions 24 hours a day – every day of the year. Please contact us at 1-866-769-3085.

Disease Management: Provides programs at no cost to our Members, focused on managing specific diseases or conditions. Disease or Health Management are often partnered between a Care Manager and a disease management program that provides education, tools and resources to managing chronic diseases. Coaching and resources are available for the following conditions: Asthma, Diabetes, COPD, Heart Failure, Hyperlipidemia, Pediatric Obesity (Medicaid only), Weight Management, Tobacco Cessation, Perinatal and Post Partum Depression

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

1-866-769-3085

Start Smart for Your Baby®

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- 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 Addiction in Pregnancy program
- Works in conjunction with established healthcare delivery systems, provider community care coordinators, and community resources

Start Smart for Your Baby

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.

Reward Type	Description	Frequency	Reward Amount
Wellness Visit			
Adult Wellness Visit	Reward for Adult Members who receive an annual preventive care visit with their Primary Care Provider.	Once annually	$30
Child/Adolescent Wellness Visit	Reward for child Members (24 months-21 years) who receive an annual preventive care visit with their Primary Care Provider.	Once annually	$30
Infant Wellness Visit	Reward for child Members (under 15 months) who receive an annual preventive care visit with their Primary Care Provider.	Once annually	$30
Behavioral Health Telehealth Visit	Reward for members who received a mental health screening and follow-up with a telehealth visit for diagnosis and treatment.	Once annually	$10
Wellness Screening			
Diabetes HbA1c	Reward for any members with Diabetes in completing at least 1 Hemoglobin A1C test.	Once annually	$30
Diabetic Retinopathy	Reward for completing Retinopathy Screening (Dilated Eye Exam) each year.	Once annually	$30
Comprehensive Medication Review	Reward for members who complete an annual Comprehensive Medication Review with their Pharmacist or Medical Provider.	Once annually	$10
1st Trimester Notification of Pregnancy-	Reward for all newly pregnant Members who complete the NOP within the first trimester (12 weeks)	Once per pregnancy	$100
2nd Trimester Notification of Pregnancy	Reward for all newly pregnant Members who complete the NOP within the second trimester (13-24 weeks) of pregnancy.	Once per pregnancy	$50
Lead Screening 1YO	Lead Screening incentive for members up to age 1 who obtain a lead screening from their pediatrician.	1 per lifetime	$25
Lead Screening 2YO	Lead Screening incentive for members up to age 2 who obtain a lead screening from their pediatrician.	1 per lifetime	$20
USPFTF Screenings	Reward for members who complete at least 3 USPFTF A or B screenings with their PCP at least annually.	Once annually	$10
Healthy Behaviors			
Diabetes Self-Management	Reward for members with Diabetes in completing a Diabetes Self-Management Program. Available for 1 program annually.	Once annually	$10
Tobacco Cessation	Reward for completing 6 Health Coaching sessions for tobacco, vaping, and e-cigarette cessation for Members 12 and up.	Once annually	$10
Flu Vaccine	Reward for receiving annual Flu vaccine any time between September and April at participating pharmacies.	Once annually	$20
Care Management Continuum	Post CM Discharge incentive for members who engage in Care Management follow-up within 60 days of discharge from the CM program.	Once annually	$10
Human Papilloma Vaccine	Reward for receiving the series of the HPV vaccine for male and female adolescents ages 11 and 12 years old.	1 per lifetime	$30

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Benefit Overview

Mental Health Benefit Overview

Mental Health Services may include:

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

Please refer to the NH Healthy Families Pre-Auth Check Tool accessible via the Provider Resources page at www.nhhealthyfamilies.com to verify coverage requirements. Please note that ALL inpatient admissions require authorization.

Provider Clinical Training

- NH Healthy Families offers a variety of clinical training opportunities to network providers that support their ability to provide quality services to members. The Clinical Training program for providers is committed to achieving the following goals:
  - Promote provider competence and opportunities for skill-enhancement;
  - Promote Recovery and Resiliency;
  - To sustain and expand the use of Evidence Based practices (e.g. Illness Management and Recovery, Assertive Community Treatment, Dialectical Behavioral Therapy, Suicide Prevention, etc.)

- Clinical trainings for providers will be offered at various times throughout the year and network providers can also contact NH Healthy Families to request additional clinical trainings or topics specific to your organization.

Taylor Murphy, MSW
Clinical Provider Trainer
Taylor.Murphy@Centene.com

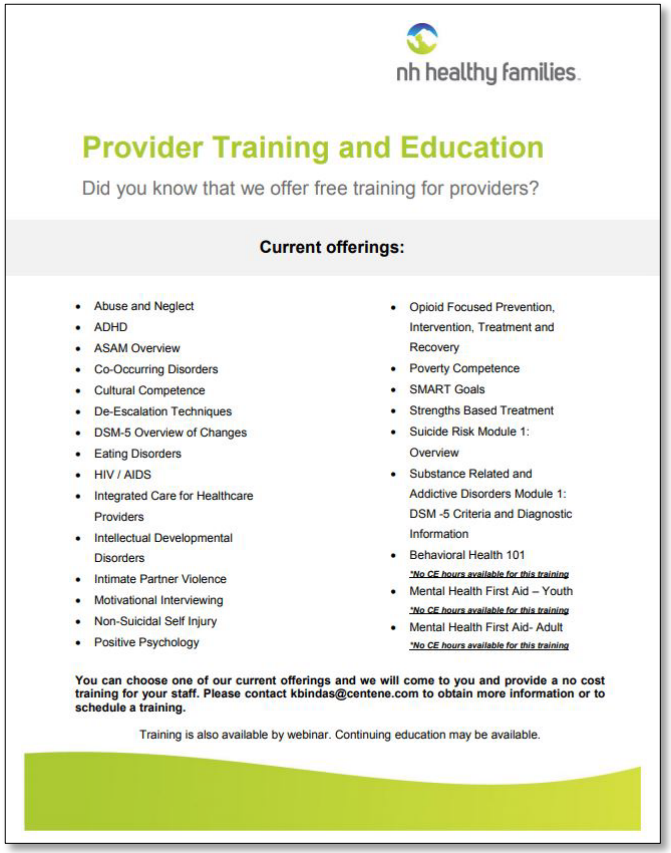
Megan Melanson, MA, LCMHC, LMHC
Manager, Behavioral Health
Megan.S.Melanson@Centene.com

Provider Clinical Training

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

Please contact BH_Training@Centene.com for more information or to schedule a training.

Access our provider training and education offerings at: www.nhhealthyfamilies.com



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Provider Training and Education

Did you know that we offer free training for providers?

Current offerings:

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

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

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

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Claims

Claims Submission

Claims may be submitted in 3 ways:

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

Timely Filing

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

EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com
NH Healthy Families accepts both electronic (EDI) and (red) paper claims

PaySpan Health EFT/ERA

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

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).

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Documentation Requirements for Mental Health Providers

Documentation Req's

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

1. The recipient's name, date of birth, address, and phone number; and

Supporting documentation shall include:

1. A complete record of all physical examinations, laboratory tests, and treatments including drug and counseling therapies, whether provided directly or by referral;
2. Progress note for each treatment session, including:
    a. The treatment modality and duration;
    b. The signature of the primary therapist for each entry;
    c. The primary therapist's professional discipline; and
    d. The date of each treatment session

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

Additional Documentation Req's

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.

InterQual®

- NH Healthy Families uses InterQual® medical necessity criteria for mental health for both adult and pediatric guidelines. InterQual® is a nationally recognized instrument that provides a consistent, evidence-based platform for care decisions and promotes appropriate use of services and improved health outcomes. Additionally, NH Healthy Families has adopted the NH State Medicaid Manual service descriptions and medical necessity guidelines for all community based services.

- InterQual® medical necessity criteria sets are proprietary and cannot be distributed in full; however, a copy of the specific criteria relevant to any individual need for authorization is available upon request. Community-Based Services criteria can be found on the NH Healthy Families website.

Developing Treatment Goals & Documenting Progress

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Recordkeeping best practices include the following:

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

Chart Audit Requirements

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

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

Chart Audit Requirements (Con't.)

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

Member Grievances, Appeals, & State Fair Hearing

Terminology

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Term	Definition
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.
Appeal	A request for review of any Action taken by the MCO
Grievance	An expression of dissatisfaction about any matter other than an Action.
State Fair Hearing	A request for State review of internal; MCO appeal outcome. Must be submitted within 30 calendar days of the date on the Plan's notice of resolution of the appeal.

Grievances Resolution & Communication Timeframes

Submitting a Grievance	NH Healthy Families
Grievances can be filed orally over the phone, in writing via mail or fax, or in person at the NH Healthy Families office.	• Written Acknowledgement: 10 business days from receipt • Resolution: • Standard: Written Notification within 45 calendar days from receipt • Clinically urgent: Written Notification within 72 hours from receipt

Submitting an Appeal	NH Healthy Families
Appeals can be filed orally or in writing by the Member or by the Member's authorized appeal representative (who may be the provider). A Member must complete and sign the Authorized Representative Form designating their Appeal Representative. This is not needed if the appeal request qualifies as expedited. .	• 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 Resolution: • 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. *Note: Providers can't request the continuance of benefits for members even if they have member consent.*

Provider Complaints & Appeals

Provider Complaints & Appeals

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Term	Definition
Complaint	A verbal or written expression by a provider which indicates dissatisfaction or dispute with NH Healthy Families' policy, procedure, claims, or any aspect of NH Healthy Families functions. NH Healthy Families logs and tracks all complaints whether received verbally or in writing. A provider has 90 days from the date of the incident, such as the original remit date, to file a complaint. After the complete review of the complaint, NH Healthy Families shall provide a written notice to the provider within 45 calendar days from the received date of the Plan's decision.
Appeal	The mechanism which allows providers the right to appeal actions of NH Healthy Families such as a claim denial, or if the provider is aggrieved by any rule, policy or procedure or decision made by NH Healthy Families.
State Fair Hearing	A request for State review of the internal MCO appeal outcome. Must be submitted within 30 calendar days of the date on the Plan's notice of appeal resolution.

Cultural Competency

Cultural Competency Plan

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

Disability Sensitivity

The Americans with Disabilities Act (ADA) defines a person with a disability as:

- A person who has a physical or mental impairment that substantially limits one or more major life activities
- This includes people who have a records of an impairment, even if they do not currently have a disability
- It also includes individuals who do not have a disability, but are regarded as having a disability
- The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability

NN Healthy Families' Emergency Response Plan

- NH Healthy Families will notify our provider network of our need to enact our business continuity plan

- Notification will occur using one or more of the following communication methods:
  - Web portal
  - IVR via an automated message
  - Fax blast

- The notification will contain the following elements:
  - Issue
  - Expected resolution and timeline
  - Interim solution or continue being implemented
  - Who to contact for additional questions

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Questions?

Resources

- **Member Benefits & Services Overview**
  - NH Healthy Families https://www.nhhealthyfamilies.com/members/medicaid/benefits-services/benefits-overview.html
  - MTM (Non-Emergent Transportation)
    - Phone: 1-888-597-1192
  - Interpreter Services
    - If you need an interpreter for your medical appointment, contact NH Healthy Families 48 hours before your appointment. We will arrange for one to be at your appointment.
  - Ambetter https://ambetter.nhhealthyfamilies.com/resources.html

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

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/NHHF-Medicaid-Training-Flyer-P-Flyer-Approved.pdf

- **Pharmacy Management:**
  - Pharmacy Services website: Pharmacy Services or call 877-250-5227
  - The NH Healthy Families Preferred Drug List (PDL) can be found at NH Healthy Families PDL

- **Credentialing & Demographic Updates:**
  - To inquire on the credentialing status of a provider, email: NH_ProviderNetworkOperations@CENTENE.COM

- **Care Management Programs**
  - Medical Management hours: Monday thru Friday (8:00 am – 5:00 pm excluding holidays) 1-866-769-3085

- **Claims Submission**
  - EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com
  - NH Healthy Families accepts both electronic (EDI) and (red) paper claims

Resources

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

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

Resources: Access to Care Expectations

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

- If the type of service identified in the ASAM Level of Care Assessment is not available from the provider that conducted the initial assessment within 48 hours this provider is required to provide interim substance use disorder counselors services until such a time that the clients starts receiving the identified level of care. If the type of service is not provided by this agency they are then responsible for making an active referral to a provider of that type of service (for the identified level of care) within fourteen (14) days from initial contact and to provider interim substance use disorder counselors services until such a time that the member is accepted and starts receiving services by the receiving agency.
- Agencies under contract with MCOs to provide SUD services shall respond to inquiries for SUD services from members or referring agencies as soon as possible and no later than two (2) business days following the day the call was first received. The SUD provider is required to conduct an initial eligibility screening for services as soon as possible, ideally at the time of first contact (face to face communication by meeting in person or electronically or by telephone conversation) with the member or referring agency, but not later than two (2) business days following the date of first contact.
- Members who have screened positive for SUD services shall receive an ASAM Level of Care Assessment within two (2) business days of the initial eligibility screening and a clinical evaluation (as identified in the He-W 513 administrative rules) as soon as possible following the ASAM Level of Care Assessment and no later than (3) days after admission.
- Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date ASAM Level of Care Assessment was completed. Members identified for Partial Hospitalization (PH) or Rehabilitative Residential (RR) Services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed until such a time that the member is accepted and starts receiving services by the receiving agency. (Continued)

Resources: Access to Care Expectations

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

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

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

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