



nh healthy families™

NH Healthy Families

New Provider Orientation

Presentation Outline

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





Overview

NH Healthy Families & Centene



nh healthy families™



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 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



nh healthy families.

69,972



FROM | nh healthy families.

17,324

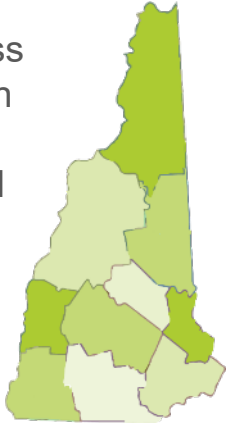


5,520

(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.



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



Specialty Companies

Specialty Companies

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

Pharmacy Management

- NH Healthy Families' pharmacy department oversees the pharmacy benefit, preferred drug list, and prior authorization process.
- Certain medications do require Prior Authorization (PA) by NH Healthy Families before being covered. These include:
 - Some preferred drugs designated as "PA" on the PDL
 - Medications not listed on the NH Healthy Families PDL
- Please contact NH Healthy Families at 866-769-3085 for general information and/or Pharmacy Services for prior authorizations at 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

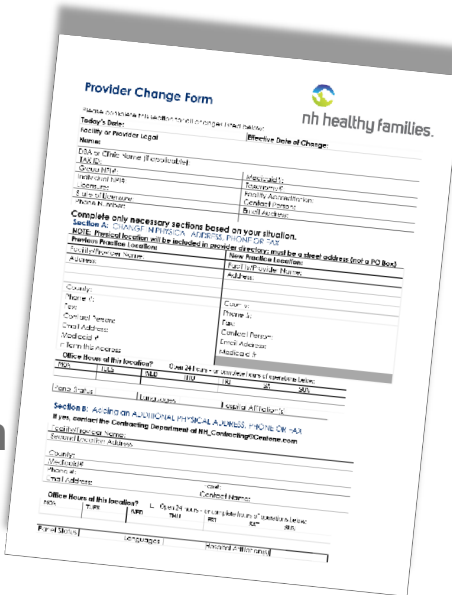
- Serves as the primary liaison between NH Healthy Families and our provider network
- Coordinates and conducts ongoing provider education, updates and training
- Facilitates inquiries related to administrative policies, procedures, and operational issues
- Facilitates meetings on performance patterns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



The image shows a 'Provider Change Form' from NH Healthy Families. The form includes sections for provider information, contact details, and office hours. Key sections include: 'Provider Information' (Name, Title, Specialty, License, etc.), 'Complete only necessary sections based on your situation' (with checkboxes for 'New Provider Addition' and 'New Provider Termination'), 'Section A: PHYSICAL ADDRESS' (with fields for County, Zip, City, State, and Office Hours), and 'Section B: ADDITIONAL PHYSICAL ADDRESS' (with fields for County, Zip, City, State, and Office Hours). The form also includes a 'Provider Signature' and 'Date' field.

- 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.



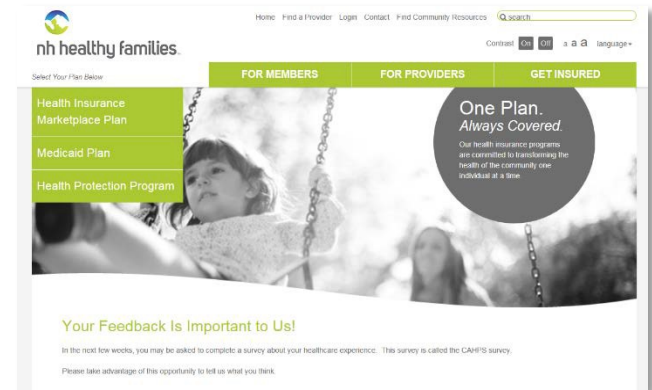
Website and Secure Portal Tools

Web-Based Tools

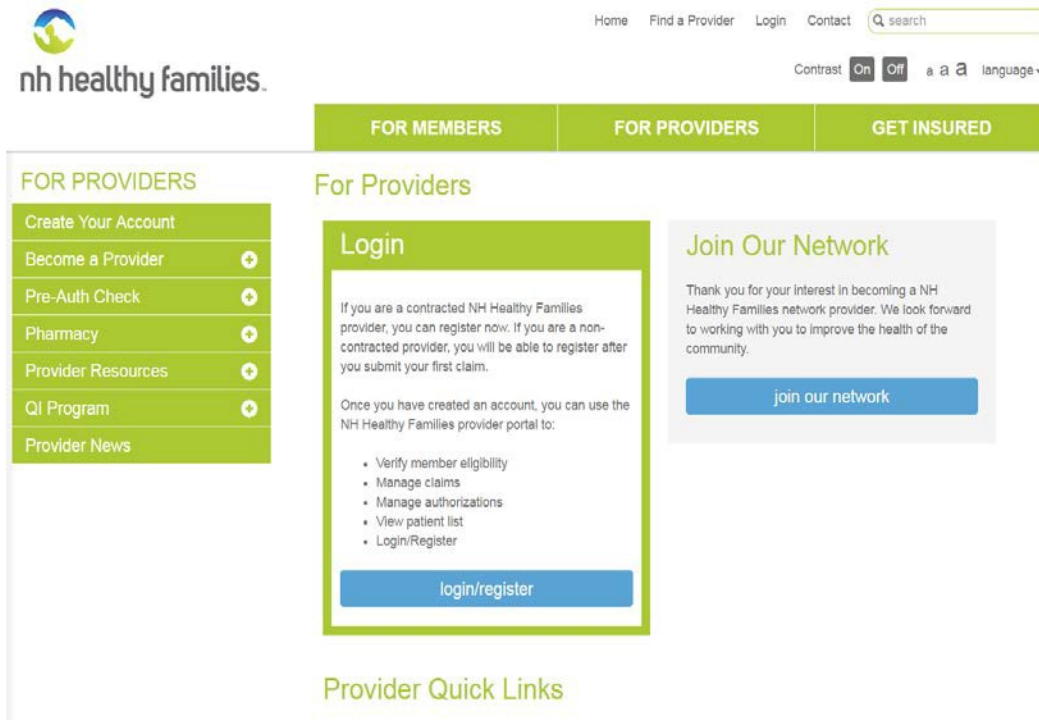
Web-Based Tools

- 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



The screenshot shows the Provider Secure Portal interface. At the top, there is a navigation bar with links for Home, Find a Provider, Login, and Contact, along with a search bar and a contrast toggle (On/Off) and language settings. Below the navigation bar are three main tabs: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS tab is selected, showing a 'For Providers' section. This section includes a 'Login' box with instructions for registered and non-registered providers, a list of quick links (Verify member eligibility, Manage claims, Manage authorizations, View patient list, Login/Register), and a 'login/register' button. To the right is a 'Join Our Network' box with a 'join our network' button. On the left side of the page, there is a sidebar menu for 'FOR PROVIDERS' with options like Create Your Account, Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, QI Program, and Provider News.

Through the Secure Web Portal Providers can:

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

Registering is easy!

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



Member Eligibility

Member ID Card

Standard Medicaid



Pharmacists Only:
1-833-750-4477
RXBIN: 003858
RXPCN: MA
RXGROUP: 2EVA

Member Name: John Doe
Member ID: 123456789

Plan Type: Medicaid

If you have an emergency, call 911 or go to the nearest emergency room (ER).
Emergency services by a provider not in the plan's network will be covered without
prior authorization. www.NHhealthyfamilies.com

IMPORTANT CONTACT INFORMATION

Members:

Member Services: 1-866-769-3085
TDD/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 or Appeal:
1-866-769-3085
Transportation: 1-888-597-1192
Suicide & Crisis Lifeline: 988

Providers:

Provider Services: 1-866-769-3085
IVR Eligibility Inquiry - Prior Auth:
1-866-769-3085
Vision: 1-877-865-1527
Pharmacy: 1-877-250-5227

NH Healthy Families Address:
2 Executive Park Drive
Bedford, NH 03110

**EDI/EFT/ERA please visit
Provider Resources at
www.NHhealthyfamilies.com**

Medical Claims:

NH Healthy Families
Attn: Claims
PO Box 4060
Farmington, MO 63640-3831

Granite Advantage Health Plan



Pharmacists Only:
1-833-750-4477
RXBIN: 003858
RXPCN: MA
RXGROUP: 2EVA

Member Name: John Doe
Member ID: 123456789

Plan Type: Granite Advantage

If you have an emergency, call 911 or go to the nearest emergency room (ER).
Emergency services by a provider not in the plan's network will be covered without
prior authorization. www.NHhealthyfamilies.com

IMPORTANT CONTACT INFORMATION

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Verification of Eligibility

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

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



Access & Availability



NH Healthy Families Provider Access

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

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

After Hours Accessibility

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

Coverage must consist of one of the following means:

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

24 Hour Access of coverage requires:

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

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



Independent Urgent Care Centers

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

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

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



Referrals to Mental Health Services

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

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

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

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



Referrals to Mental Health Services

BH Screening Tools:

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



Primary Care & Prevention Focused Care Model

- 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

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 administering 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



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 administering 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



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](mailto: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

Care Management Programs

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

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

1-866-769-3085

Start Smart for Your Baby

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



Plan of Safe Care

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

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

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

My Health Pays[®] - Medicaid



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

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
1 st Trimester Notification of Pregnancy-	Reward for all newly pregnant Members who complete the NOP within the first trimester (12 weeks)	Once per pregnancy	\$100
2 nd 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
USPPTF Screenings	Reward for members who complete at least 3 USPPTF 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



Prior Authorization



Prior Authorization Submission Requirements

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

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



Prior Authorization Form

www.nhhealthyfamilies.com

FOR PROVIDERS ✓

Manuals, Forms and Resources

Standardized Prior Authorization Request Form

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

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

Health Plan: 1.		<input type="checkbox"/> Urgent <input type="checkbox"/> Standard 1a.	Health Plan Fax #: 1b.	
Service Type Requiring Authorization (Check all that apply)				
Ambulatory/Outpatient Services <input type="checkbox"/> Surgery/Procedure <input type="checkbox"/> Chiropractic 2.		Home Health/Hospice <input type="checkbox"/> Home Health (Please circle: SN, PT, OT, ST, HHA, MSW) <input type="checkbox"/> Personal Care Attendant (Please include SCFE form) <input type="checkbox"/> Hospice <input type="checkbox"/> Infusion Therapy 4.		Outpatient Therapy (Out of Home Only) <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Pulmonary/Cardiac Rehab <input type="checkbox"/> ABA Therapy 5.
Pharmacy <input type="checkbox"/> Systemic Immunomodulators 3. <input type="checkbox"/> Hyaluronic Acid Derivative Injections		Inpatient Care/Observation <input type="checkbox"/> Acute Medical/Surgical <input type="checkbox"/> Long Term Acute Care <input type="checkbox"/> Acute Rehab <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Observation 6.		Nutrition <input type="checkbox"/> Nutritional Counseling <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Infant Formula <input type="checkbox"/> Total Parental Nutrition 7.
				Dental <input type="checkbox"/> Anesthesia <input type="checkbox"/> Misc (specify in other below) 8. <input type="checkbox"/> Out of Network Request—please specify service: 9.
<input type="checkbox"/> Other—please specify service: 10.				
Member Information (*Denotes required field)				
*Member ID: 11.		*Date of Birth: 12.		
*Last Name, First Name: 13.				
Requesting Provider Information (*Denotes required field)				
*Requesting NPI: 14.	*Requesting TIN: 15.	*Requesting Provider: 16.		
Contact at Requesting Provider's Office: 17.		*Phone: 17a.	*Fax: 17b.	
Servicing Provider/Facility Information (*Denotes required field)				
*Please choose one: <input type="checkbox"/> Participating <input type="checkbox"/> Non-participating 18.		*Servicing NPI: 19.	*Servicing TIN: 20.	
*Servicing Provider: 21.		*Servicing Facility Name: 21a.		
*Contact at Servicing Provider's Office: 22.		*Phone: 22a.	*Fax: 22b.	
Authorization Request (*Denotes required field)				
*Primary Procedure Code(s): 23.		*Start Date OR Admission Date: 25.	*Diagnosis Code: 27.	
		End Date OR Discharge Date: 26.	Total Units/Visits/Days: 28.	
*Additional Procedure Code(s): 24.		Additional Comments: 29.		
Please refer to the following payer web sites for additional information regarding plan specific requirements for services that require prior authorization.				
New Hampshire Healthy Families www.NHHealthyFamilies.com		Well Sense Health Plan www.Wellsense.org		NH Medicaid Fee-For-Service www.nhmmis.nh.gov
<small>Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and Medically necessary with prior authorization as per Plan policy and procedures. Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient, any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.</small>				

Prescreen Tool for Prior Authorization

Provider Quick Links



PRE AUTH CHECK



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

* Once in the Pre-Auth tool answer the questions for types of services.

* If you answer NO to all the questions the Code of the Service you would like to check box will appear.

* Enter the CPT Code requested, and your results will appear.

The screenshot shows the NH Healthy Families website navigation bar with the 'FOR PROVIDERS' tab selected. The main content area is titled 'Medicaid Pre-Auth' and contains a disclaimer, a list of services requiring prior authorization (Vision, PT/ST, Complex Imaging, etc.), and information about non-participating providers and MAT services.

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

Yes No

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

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

C **E1399 - DURABLE MEDICAL EQUIPMENT MISCELLANEOUS**
Pre-authorization is required in all locations except Inpatient, Emergency Room, and Urgent Care.

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



Prior Authorization Submission Requirements

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

1. Via the NH Healthy Families secure portal
 - NH Healthy Families: www.nhhealthyfamilies.com

2. Fax Prior Authorization Requests to:
 - NH Healthy Families:
 - Medical: 866-270-8027
 - Inpatient Admission: 877-291-3140
 - Concurrent Review: 877-295-7682

3. Call for Prior Authorization at:
 - NH Healthy Families: 1-866-769-3085

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

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

Important Reminders

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

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

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

Complete information regarding the services or procedures being requested

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

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

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

Denied Authorization –Peer to Peer Option for Provider

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

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

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

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



Claims

Timely Filing - Claims

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

Claims Submission

Claims may be submitted in 3 ways:

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

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

PaySpan Health EFT/ERA



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

Billing the Member

NH Healthy Families Members:

- May not be balance billed
- May not be billed for missed appointments
 - Contact Community Health Services Representative (formerly Member Connections®)
- - Provide education to members
- If a member asks for a service to be provided that is not a covered service, you must ask the member to sign a statement indicating that they will pay for the specific service (please find sample verbiage in the NH Healthy Families Billing Manual).





Member Grievances, Appeals, & State Fair Hearing

Terminology

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



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: Written Notification within 45 calendar days from receipt
- Clinically urgent: Written Notification within 72 hours from receipt



Appeals Resolution & Communication Timeframes

Submitting an Appeal	NH Healthy Families
<p>Appeals can be filed orally or in writing by the Member or by the Member's authorized appeal representative (who may be the provider). A Member must complete and sign the Authorized Representative Form designating their Appeal Representative. This is not needed if the appeal request qualifies as expedited.</p>	<ul style="list-style-type: none">• Appeals: Appeals must be filed within 60 calendar days from the date on the notice of resolution or action or within 10 calendar days if the member is requesting to continue benefits during the appeal investigation.• Written Acknowledgement: 10 business days of the receipt <p>Resolution:</p> <ul style="list-style-type: none">• Standard: Written Notification within 30 calendar days of initial Appeal request.• Expedited: Verbal Notification immediately upon determination. Written Notification within 72 hours of initial Appeal request. <p>Note: Providers can't request the continuance of benefits for members even if they have member consent.</p>



Provider Complaints & Appeals



Provider Complaints & Appeals

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

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

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



Cultural Competency

Cultural Competency Plan

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

Section 1557

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

Disability Sensitivity

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

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

NH Healthy Families' Emergency Response Plan



- NH Healthy Families will notify our provider network of our need to enact our business continuity plan
- Notification will occur using one or more of the following communication methods:
 - Web portal
 - IVR via an automated message
 - Fax blast
- The notification will contain the following elements:
 - Issue
 - Expected resolution and timeline
 - Interim solution or continue being implemented
 - Who to contact for additional questions

Questions?



nh healthy families™



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

- **Care Management Programs**
 - Medical Management hours: Monday thru Friday (8:00 am – 5:00 pm excluding holidays) 1-866-769-3085
- **Claims Submission**
 - EDI Contact: 800-225-2573 ext. 25525 - E-mail: EDIBA@centene.com
 - NH Healthy Families accepts both electronic (EDI) and (red) paper claims
- **PaySpan Health EFT/ERA**
 - For more information please contact PaySpanHealth at 800-733-0908, www.payspanhealth.com or contact PCSC@payspan.com
 - Register to attend a free webinar by calling 877-331-7154 or e-mail PaySpan at providersupport@payspanhealth.com
- **Section 1557**
 - For more information please visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>