Overview of New Hampshire Healthy Families for NH Health Care Association Membership

March 4, 2016

NEW HAMPSHIRE™ HEALTHY FAMILIES

Overview

- New Hampshire Healthy Families (NHHF) has coordinated medical services (for example, doctors appointments, hospital stays, therapies, etc.) for NH Medicaid members since December 1, 2013.
  - NHHF does not currently coordinate Long Term Supports and Services, such as nursing facility residency or services provided through the CFI Waiver. Coordination of these services will occur in Step 2 phases 2 & 3. These phases are targeted for September 1, 2016.
- NHHF is located in Bedford, NH, with 140+ local staff members.
  - Our parent company, Centene, has been coordinating managed Medicaid services for States since 1984.
- Our team is proud to help our members and each strives to:
  1. Help improve the health of our members, and
  2. Support NH's communities and the State to achieve better health outcomes.

NEW HAMPSHIRE™ HEALTHY FAMILIES

Overview: Where are NHHF Members

As of March 2, 2016	County	Amount
Total Members: 63,153	Hillsborough	20,259
	Rockingham	10,505
	Merrimack	7,477
	Strafford	6,030
	Grafton	4,055
	Cheshire	3,512
	Belknap	2,990
	Carroll	2,867
	Coos	2,767
*OOS 35	Sullivan	2,656

NEW HAMPSHIRE™ HEALTHY FAMILIES

Provider Network

NHHF has a robust network of providers:

Provider Type	Number of Providers
Acute Care Hospital	33
Acute Rehabilitation Hospital	2
Behavioral Health Hospitals	11
Behavioral Health Providers	1,780
Community Mental Health Centers	10
Federally Qualified Health Centers	35 locations
Primary Care Providers	2,092
Rural Health Clinics	13 locations
Specialist Providers	5,439

Counts include Providers in: NH, ME, MA, and VT

NEW HAMPSHIRE™ HEALTHY FAMILIES

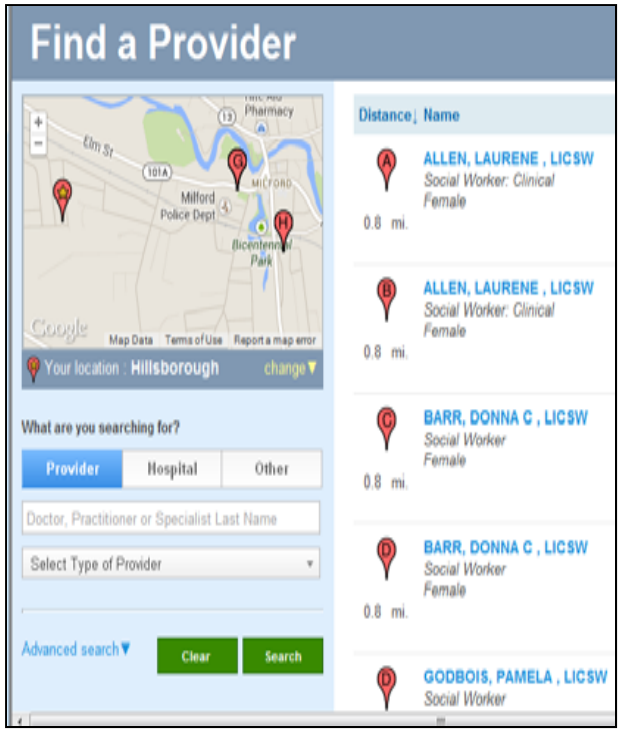
Provider Network: Finding a Provider

Our *Find A Provider* feature is available online:

www.NHhealthyfamilies.com

- Member Services can help identify providers by phone:

  1-866-769-3085



NEW HAMPSHIRE™ HEALTHY FAMILIES

Medical Services that may require a contract

- Medical services by the NF medical director or staff, not covered in per diem
  - NF Medical Director may function as PCP for the resident; if the member does not have one
    - we can limit to "open to existing patients" as a panel status
- NFs should notify NHHF of contracted clinicians coming into the facility, rendering services not covered by the per diem (ex: podiatry, hearing aids, vision services)
- To ensure we have appropriate contracts with community based clinicians seen by your residents, please complete form

NEW HAMPSHIRE™ HEALTHY FAMILIES

Medical Services that may require a contract

Covered by NHHF	Not Currently Covered by NHHF
-Medical services NOT covered under the daily per diem rate of a member's care (i.e.: Podiatry, vision, hearing aids) - These services would typically be billed separately to NH Medicaid.	- NF per diem - Medicare Part A Co-insurance - Medicare Part B Co-insurance **To be addressed in Step 2 Phase 3

NEW HAMPSHIRE™ HEALTHY FAMILIES

How will I contract for Medical Services?

Complete Contract Request Form Online

- www.NHhealthyfamilies.com
- Click “Provider Resources” under “For Providers
- Select “Become a Provider” (top left hand menu)
- Click on “Contract Request Form” under Step 2

NEW HAMPSHIRE HEALTHY FAMILIES

A health insurance company for New Hampshire's Medicaid population

Search español
Home Contact Us Careers Events

Login | For Members | For Providers | Find a Provider

For Members

- Member Login
- NH Medicaid
- Health Protection Program
- Value Add Benefits – Plan “Extras”

For Providers

- Provider Login
- Join Our Network
- Pre-Auth Needed?
- Provider Resources

Provider Resources

- Become a Provider
- Electronic Transactions
- Eligibility Verification
- Grievance and Appeal Process
- ICD-10 Overview

Provider Resources

Manuals

- New Hampshire Healthy Families Provider Manual
- New Hampshire Healthy Families Billing Manual
- NH Healthy Families Cenpatico Provider Manual
- Pharmacy – US Script - Provider Manual
- Total Vision Provider Manual
- Transportation Provider Manual

Become a Provider

- Become a Provider
- Contract Request Form
- Electronic Transactions
- Eligibility Verification
- Grievance and Appeal Process
- ICD-10 Overview
- Integrated Care
- National Imaging Associates Inc.

Thank you for your interest in participating with New Hampshire Healthy Families. We are excited that you selected our provider network as your network of choice. We would like to build the best network to meet Medicaid beneficiaries needs. Follow the below steps to join our network!

Step 1. Enroll in New Hampshire Medicaid. Providers wishing to enroll in New Hampshire Healthy Families must be enrolled in New Hampshire Medicaid, through its vendor Xerox, before completing the New Hampshire Healthy Families enrollment process. To determine your enrollment status or to enroll in New Hampshire Medicaid, connect to the Xerox's New Hampshire Medicaid Provider Portal. You can also contact Xerox via the phone at (603) 223-4774.

Step 2. Request a New Hampshire Healthy Families contract. To request a contract, please fill out our Contract Request Form.

Step 3. Return New Hampshire Healthy Families contract. Instructions on how to return the contract will be provided with the contract.

Contract Request Form

- Become a Provider
- Contract Request Form
- Electronic Transactions
- Eligibility Verification
- Grievance and Appeal Process
- ICD-10 Overview
- Integrated Care
- National Imaging Associates Inc. (NIA)
- Patient Centered Medical Home Model
- PayScan

Contact Information

Contact Name *

First Last

Contact Phone Number *

Contact E-mail Address *

Provider Information

Legal Entity Name *

ATTN: *

Provider Address *

NEW HAMPSHIRE™ HEALTHY FAMILIES

How will I contract for Medical Services?

1. NHHF Contract Manager sends the auxiliary provider the Agreement, and reviews additional materials needed for credentialing to the provider.
   - We can send documents via email, fax, or hard copies via USPS
2. The auxiliary provider signs agreement, completes credentialing materials. **Feel free to ask questions when filling out the documents.**
   - We are here to partner with you! NHHF staff will meet with you in person, on the phone, or correspond by email as needed.
3. Return both agreement and credentialing materials to Contract Manager.
   - We MUST have both in order to proceed with credentialing

NEW HAMPSHIRE™ HEALTHY FAMILIES

The Plan has all my documents. Now what?

1. NHHF takes the auxiliary provider's information and reviews to ensure we have all needed documents. The NHHF contract manager will reach out if something is missing.
2. The application is sent to credentialing. This will take 30-45 days from start to finish, once the total completed packet is received.
3. When a provider has passed credentialing, meaning approved to be a plan provider(PAR), you will receive a welcome letter and copy of a fully-executed agreement.
   - The Agreement with have the provider's effective date identified
   - NOTE: Effective date of an agreement with not be back-dated

NEW HAMPSHIRE™ HEALTHY FAMILIES

What happens once I am "PAR"?

- NHHF Provider Relations (PR) will schedule orientation
  - This can be in person, over the phone, or via webinar
- PR will review:
  - NHHF website, tools available to the provider
  - How to check eligibility
  - Prior Auth (PA) Process
  - Billing requirements, billing set up to ensure prompt payment
  - Who to contact when you need help

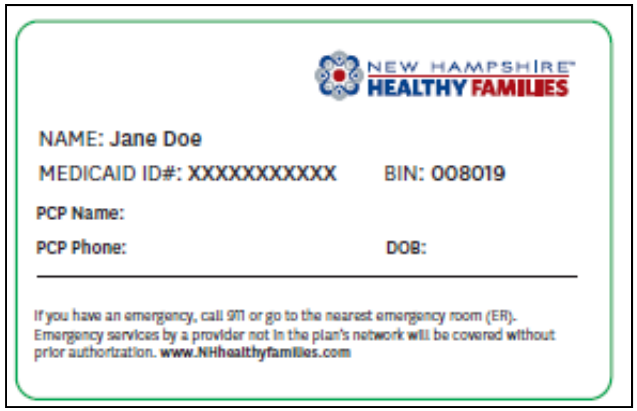
NEW HAMPSHIRE™ HEALTHY FAMILIES

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
- New Hampshire Healthy Families is committed to enhancing our web based tools and technology. We welcome your suggestions!

NEW HAMPSHIRE™ HEALTHY FAMILIES

Resources: One Call Does It All


NEW HAMPSHIRE™ HEALTHY FAMILIES

NAME: Jane Doe

MEDICAID ID#: XXXXXXXXXXX BIN: 008019

PCP Name:

PCP Phone: DOB:

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

1 (866) 769-3085

1 (855) 742-0123 TDD/TTY

- Phone is answered 24x7
- Request PCP changes
- Order Member ID Cards
- Speak with your Care Manager
- Confirm Benefit Coverage
- Health Information Library
- Secure Member & Provider Portals www.NHhealthyfamilies.com

- Language Translation services and TTD/TTY functionality are available for all calls
- Translation and ASL support is available free of charge for member appointments
- NurseWise: staffed by registered nurses ready to answer your questions 24/7: 1-866-769-3085

NEW HAMPSHIRE™ HEALTHY FAMILIES

"Person-Centered" Focus

NHHF and nursing facilities can partner to improve care

- NHHF is focused on providing the right type of care, at the right time and in the right setting on a person-by-person basis.
- NHHF's care management team will work collaboratively with nursing facilities to:
  - Assisting individuals transitioning back to the community from nursing home settings
    - Example members who are admitted for a short-stay
  - Maximize members'/residents' quality of care

NEW HAMPSHIRE™ HEALTHY FAMILIES

Care Coordination

NHHF staff is experienced in assisting members with complex needs

- Care Coordinators receive referrals from:
  - Welcome Calls
  - Health Needs Assessments
  - Provider referrals
  - Member/self-referrals
  - Member Call Center staff
  - Claims and data driven resources
- Care Coordinators actively engage with members and facility staff to address care gaps and develop individualized plans.

NEW HAMPSHIRE™ HEALTHY FAMILIES

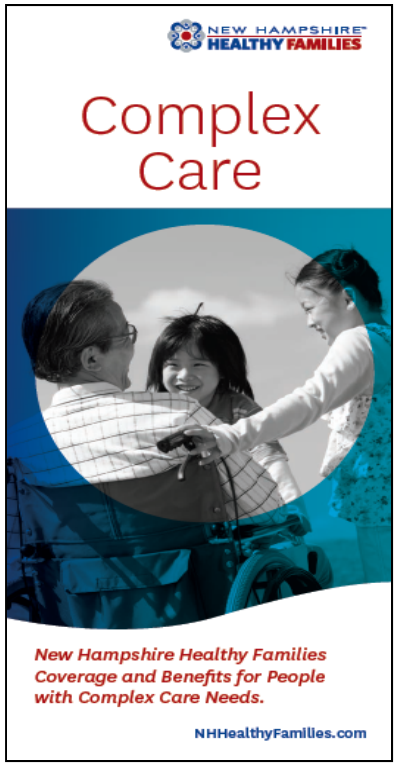
Care Coordination

- NHHF Care Coordination staff work with the member, their family, and health care providers to assist with coordination of services
- Care Coordination Teams are regionally assigned
- Members have "one single point of contact"
- Care Coordinators assist with the following needs:
  - Physical Health
  - Behavioral Health
  - Disease Management
  - Social Services

NEW HAMPSHIRE™ HEALTHY FAMILIES

Care Coordination: Integrated Care Team Members

- Registered Nurse
- Social Worker
- Special Needs Coordinator
- Developmental Disability Coordinator
- Medical Director
- Behavioral Health Clinician
- MemberConnections Representative



Our Integrated Care Management Program was recently awarded The Case In Point Platinum award by Dorland Health

NEW HAMPSHIRE™ HEALTHY FAMILIES

Care Coordination

NHHF offers health coaching and support for:

- Asthma
- Heart disease
- Diabetes
- High Blood Pressure
- COPD
- Weight Management
- Smoking Cessation
- Telemonitoring is available for certain health conditions

NEW HAMPSHIRE™ HEALTHY FAMILIES

Behavioral Health

- NHHF offers access to behavioral health services with contracted providers throughout the state:
  - Inpatient: traditional IP services.
  - Outpatient: traditional OP services.
  - Community Mental Health Centers: counseling services.
  - Contracted with providers for Nursing Facility Visits by MD/APRN

*** Every member has a care manager who can help with coordination of these services.

NEW HAMPSHIRE™ HEALTHY FAMILIES

Behavior Management Program Trainings

Cenpatico offers dedicated training on behavior management tools and techniques for LTSS facilities and providers. Trainings offered include, but are not limited to:

- Behavior Management Strategies
- Positive Behavior Supports
- De-escalation Strategies
- Trauma Informed Care
- Motivational Interviewing
- Stress Alleviation for Caregivers
- Identification of Suicide Risk
- Abuse, Neglect & Exploitation

NEW HAMPSHIRE™ HEALTHY FAMILIES

Pharmacy: Overview

New Hampshire Healthy Families will work directly with your pharmacy to ensure your residents have the medication they need.

- NHHF will work with your pharmacy to ensure a Prior Authorization is requested and reviewed.
- The pharmacy, or Member Services can outreach to prescriber for information to support the Prior Authorization request.
- Pharmacy Prior Authorizations must be determined within 24 hours upon receipt of the provider's clinical information.
- If medications are denied, NHHF will work directly with the pharmacy to ensure resolution of the issue (e.g. Prior Authorization requirements).

NEW HAMPSHIRE™ HEALTHY FAMILIES

Prior Authorization: Continuity of Care

Services and Prescriptions :

- Prior Authorizations in place at the time a member transitions to NHHF will be honored for sixty (60) calendar days or until completion of a medical necessity review, whichever comes first.

NEW HAMPSHIRE™ HEALTHY FAMILIES

What arrangements are made for leave of absence medications?

- When a resident is absent from a nursing facility for therapeutic leave, the facility bills NH Medicaid for the reserved bed days; subject to the following conditions:

  (1) Such days shall be specified in the resident's plan of care;

  (2) The plan of care shall describe provisions for continuity of care while the resident is out of the facility;

  (3) Such days shall not be for hospitalization or for transferring to another facility;

  (4) The facility may not bill for more than 30 reserved bed days per resident per state fiscal year; and

  (5) When a recipient is on reserved bed day status, the department shall not pay separately for any services covered as part of the facility's per diem rate pursuant to He-E 806.

- Medications are not part of the NF per diem

NEW HAMPSHIRE™ HEALTHY FAMILIES

Prior Authorizations

NHHF requires Prior Authorization for some services that did not previously require Prior Authorization under the Medicaid Fee For Service program

- Prior Authorizations are requested for members by their provider
- All Out-Of-Network services require a prior authorization, except Emergency Services
- If the requested service is available in network, care will be redirected with support to be transitioned to a network provider
- Out of Network services may be authorized if it is determined that the services cannot be provided within the network
- Members and Providers can use the website to find out if:
  - A service requires prior authorization
  - A particular provider is in the network

NEW HAMPSHIRE™ HEALTHY FAMILIES

Prior Authorization Process

- All Prior Authorization requests require clinical review
- When clinical criteria are met, the Prior Authorization request is approved
  - NHHF sometimes needs additional information to process the Prior Authorization request
  - When this is the case, additional time may be required to make a decision
- If a request is denied, the provider is contacted by NHHF and offered peer to peer consultation.
- If a request is denied, the member or provider can request an appeal
- This process is outlined in the Member Handbook

NEW HAMPSHIRE™ HEALTHY FAMILIES

Prior Authorization: Coordination of Benefits

- NHHF is always the payer of last resort
- Member Services staff (1-866-769-3085) will assist members who have other/primary insurance coverage (such as Medicare and/or private insurance) to coordinate their benefits
- NHHF will assist members to determine if a NHHF PA is required for a specific service
- When a member has other/primary insurance, generally, if the primary insurance:
  - Covers a service, a PA will not be required from NHHF
  - Does not cover a service, a PA is required from NHHF (if the specific service type requires a PA)

NEW HAMPSHIRE™ HEALTHY FAMILIES

Prior Authorization: Appeal Resolution

If a request for Prior Authorization is denied, a member, or provider on his/her behalf, may appeal the decision.

- Standard Appeals:
  - Must be requested within 30 days of a denial
  - Can be submitted verbally, but must be followed up in writing
  - Must be resolved within 30 calendar days
  - Sometimes NHHF will need additional information to process an appeal; this may require additional time
- Expedited Appeals:
  - May be requested by members or providers
  - Can be requested verbally
  - Will be addressed as quickly as needed based on the member's health status, but in no more than 3 days
- After internal appeal rights have been exhausted, members may request Fair Hearing with the State

NEW HAMPSHIRE™ HEALTHY FAMILIES

Who is authorized to speak to the Health Plan on behalf of a resident?

- The Member
- Legal Guardian or Authorized Representative
- Staff from the facility where a member resides
- All others must have an Authorization to Disclose Health information Form on File
  - Located in the Member's handbook
  - NHHF Website
    - Member resources
      - Forms

NEW HAMPSHIRE™ HEALTHY FAMILIES

Value Added: CentAccount®

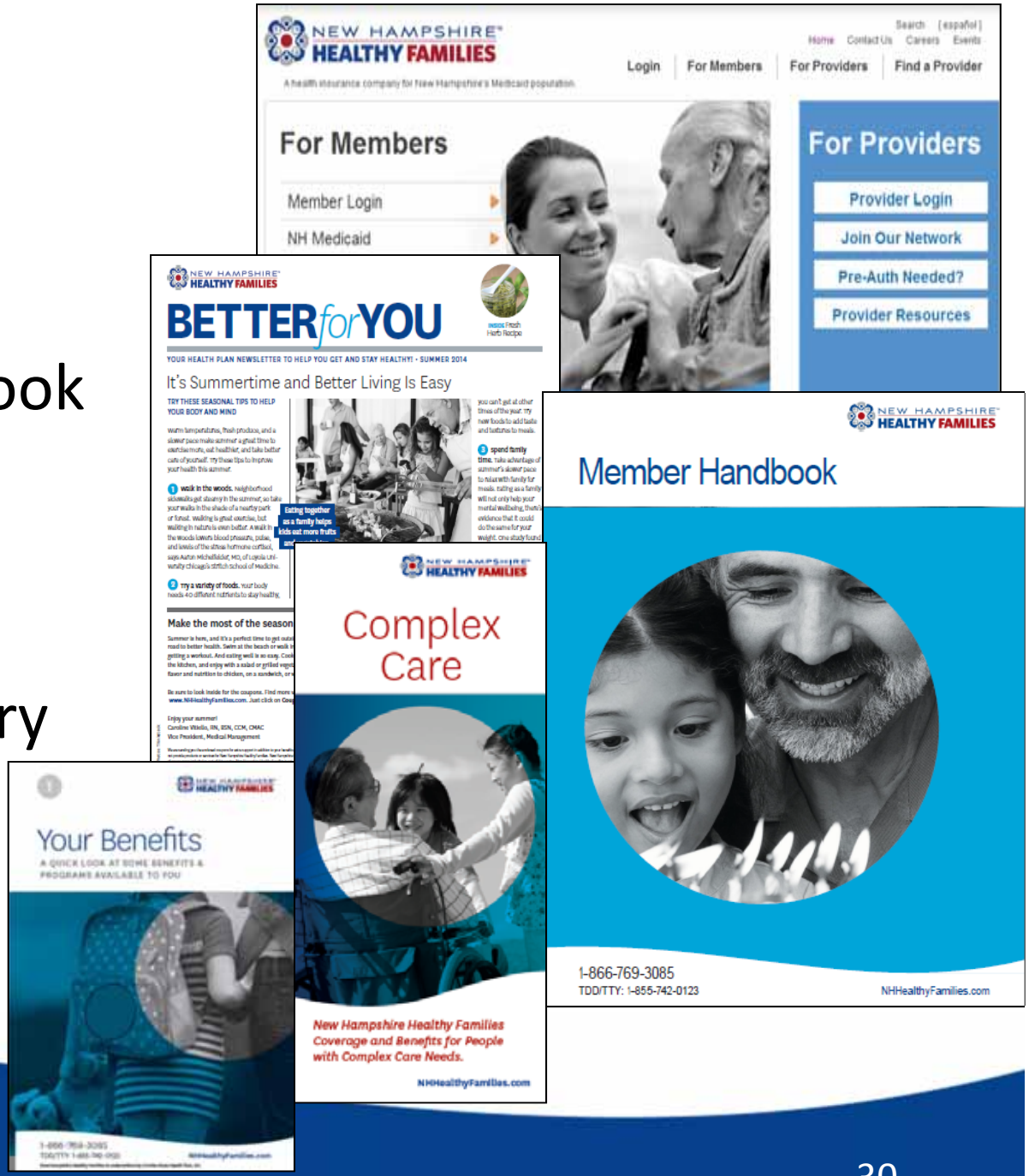
The Cent Account® Program promotes appropriate use of preventative services by rewarding NHHF members for practicing healthy behavior.

BEHAVIOR	REWARD AMOUNT	REWARD DETAILS
Health Risk Screening	$30	Complete and return your Health Risk Screening form included in your Welcome Packet or call Member Services at 1-866-769-3085
Annual Adult Well Visit (age 21 and up)	$30	1 reward per calendar year
Comprehensive Diabetes Care • **HbA1c Tests** • **Eye Exam** • **LDL- C Screening** • **Nephropathy Screening**	$20	One reward for completing all four activities within a calendar year • HbA1c Tests • Eye Exam • LDL- C Screening • Nephropathy Screening
Pregnancy Prenatal Visits	$10	$10 for every 3 prenatal visits for a maximum reward of $30. (Must be enrolled in Start Smart for Your Baby)
Pregnancy Postpartum Visits	$10	$10 for attending a post-partum visit 21-56 days after birth (Must be enrolled in Start Smart for Your Baby)

NEW HAMPSHIRE™ HEALTHY FAMILIES

Resources:

- Public Website
- Member Handbook
- Newsletters
- Welcome Packet
- Brochures
- Provider Directory
- Email List
- Smart Phone
- Provider Faxes



www.NHhealthyfamilies.com

NEW HAMPSHIRE™ HEALTHY FAMILIES

Resources: 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

Registration is FREE and easy!

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

NEW HAMPSHIRE™ HEALTHY FAMILIES

Thank You!

We look forward to working with you!

www.NHhealthyfamilies.com

NEW HAMPSHIRE™ HEALTHY FAMILIES

Appendix 1

Commonly Used Terms in Contracting

- **The Plan:** Common reference to the Managed Care Organization, or MCO, ie NHHF
- **Providers:** How the Plan refers to those with whom we contract. This can be an individual, group, or a facility.
- **Member**: The enrollee covered by the Plan, ie, the CFI client
- **Agreement:** This is "the contract" document. An agreement is a legal binding document between two parties.
- **Credentialing:** The process by which the Plan reviews a provider to be in good standing, meeting the requirements established to be a participating provider
- **Participating Provider:** A provider/entity that has passed credentialing, and is contracted with the Plan (PAR Provider)
- **Non-participating Provider:** A provider not contracted with the Plan (Non-PAR provider)
- **Effective date:** The date identified on the contract, when the provider is officially a participating provider
- **Contract Manager:** The Plan representative a provider works with throughout the contracting process
- **Provider Relations Representative:** A PR rep; the Plan representative who works with providers once they are contracted