



NEW HAMPSHIRE
HEALTH PROTECTION PROGRAM

**Managing Your Business
Practices under the NHHPP**

August 4 and August 7, 2014

Office of Medicaid Business and Policy, NH DHHS



Presentation Overview

- ① **What is the NH Health Protection Program?**
- ② **Eligibility and Checking Enrollment in MMIS**
- ③ **Benefit Package under the NHHPP**
- ④ **SUD Benefit and Service Providers**
- ⑤ **The HIPPP Program**
- ⑥ **The Bridge Program**
- ⑦ **New Hampshire Healthy Families**
- ⑧ **Well Sense Health Plan**
- ⑨ **Question and Answer Session**



What is the NH Health Protection Program?

A federally-funded, locally-managed health care program that **expands coverage** to low-income New Hampshire residents.

*An estimated **50,000 residents** will apply.*



NEW HAMPSHIRE
HEALTH PROTECTION PROGRAM



Program Timeline

— Summer 2014 —

- ▶ **July 1** – Applications acceptance began
- ▶ **Aug. 15** – Coverage begins; enrolled as Fee-for-Service
- ▶ **Sept. 1** – 1st potential day of Care Management coverage



Basic Program Features

1

The Health Insurance Premium Program (HIPP) is for those who have access to coverage through an employer.

Program will pay client's share of insurance costs.

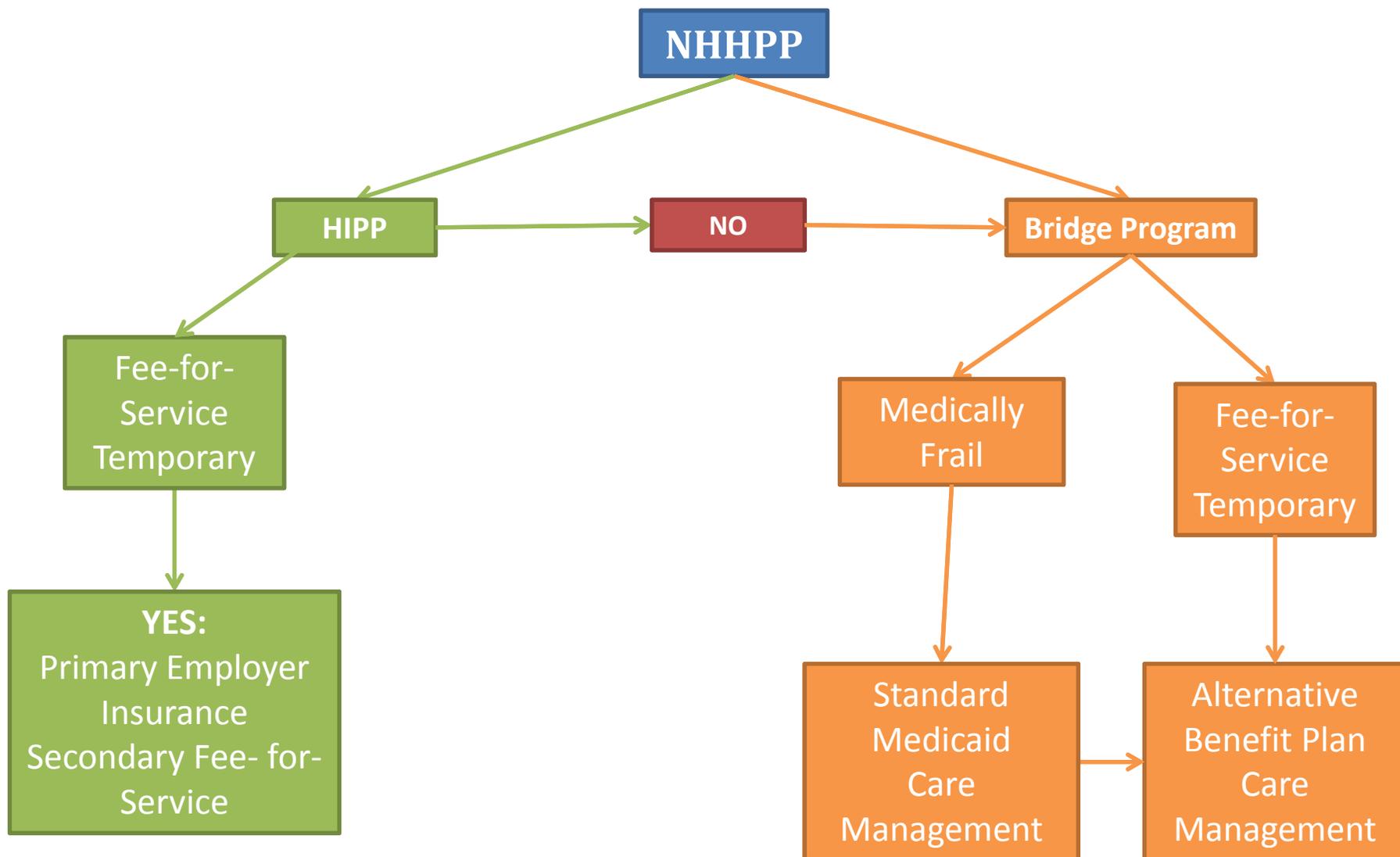
2

The Bridge Program is for those who do not have coverage available through an employer.

Clients receive services through one of the two Managed Care Organizations (MCOs) already under contract with DHHS.



Basic Program Features (Cont'd.)





Medically Frail under NHHPP

- ▶ **NHHPP Clients have an option to select medically frail on their application.**
- ▶ **One self attests to this condition; no MD evaluation is required.**
- ▶ **Medically frail have the option to choose the Standard Medicaid Benefit or the Alternative Benefit Plan.**
- ▶ **Medically frail, regardless of their benefit plan, must choose a health plan.**



Eligibility NH Health Protection Program

- **Adults age 19 to 65**
 - **Who are not:**
 - *Pregnant*
 - *Entitled to/enrolled in Medicare Part A or B*
 - *Otherwise eligible/enrolled in coverage under State's Medicaid plan*
 - Resources are excluded.
 - Applicants self-attest to income and other criteria (e.g., pregnancy, medically frail and residency).



Eligibility NH Health Protection Program

Household income is at or below the following levels:

Household Size	If Your Household Income Is This Amount or Less Each MONTH	OR	If Your Household Income Is This Amount or Less Each YEAR
1	\$1,342		\$16,105
2	\$1,809		\$21,707
3	\$2,276		\$27,310
4	\$2,743		\$32,913

For each additional household member, add \$450 per month or \$5,400 per year, up to a household size of 8 people.



Checking on Eligibility and Enrollment

To learn about a client's enrollment in the Alternative Benefit Plan(ABP) and a Health Plan, use the same methods that you do today:

- ▶ 1. Online through the Xerox MMIS Health Enterprise Portal
- ▶ 2. Electronic 270/271 enrollment transactions
- ▶ 3. Automated Voice Response
- ▶ 4. Contact the Xerox NH Provider Relations Unit at 603-223-4774 or 866-291-1674



Checking Eligibility/Enrollment in MMIS

- ▶ **Member enrolled only in Alternative Benefit Plan. Under Plan Description, System displays Alternative Benefit NHHP.**

Benefit Plan				
Plan Description	Plan From	Plan To	MCO	Phone
Alternative Benefit Plan NHHP	07/01/2014	07/23/2014		

- ▶ **Member enrolled in Medicaid ending 6/30/14 and Alternative Benefit Plan starting 7/1. System displays Medicaid Benefit Plan and Alternative Benefit.**

Benefit Plan				
Plan Description	Plan From	Plan To	MCO	Phone
Alternative Benefit Plan NHHP	07/01/2014	07/23/2014		
Medicaid Benefit Plan	06/01/2014	06/30/2014		

- ▶ **Medically Frail Member has chosen the ABP as their Benefit Plan and has Well Sense Health Plan starting 7/1/14. System displays Alternative Benefit Plan NHHP & Well Sense Health Plan.**

Benefit Plan				
Plan Description	Plan From	Plan To	MCO	Phone
Well Sense Health Plan	07/01/2014	07/23/2014	BMC Health Plan	877-957-1300
Alternative Benefit Plan NHHP	07/01/2014	07/23/2014		



NH Medicaid and NHHPP ID Card

State of
New Hampshire

Department of Health
and Human Services



Jane Z. Doe

5555555551

This New Hampshire Medicaid ID card should be used to verify the cardholder's eligibility for services.

Authorized
Signature:

For Questions:

Medicaid Clients Call 1-800-852-3345, X4344 (in state only) or

1-603-271-4344

TDD Access Call: 1-800-735-2964

Medicaid Providers Call: 1-866-291-1674

If found, please drop in U.S. mailbox. Return postage guaranteed:

Xerox State Healthcare, LLC, PO Box 2090, Concord, NH 03302-2090 NH-100



Eligibility - Retroactive Coverage

- ▶ There is no retroactive coverage **prior to August 15, 2014**; there is retroactive coverage for those eligible who request it back to August 15th, or a **maximum of 3 months**.
- ▶ Providers will not see eligibility for NHHPP in MMIS prior to August 15, 2014.
- ▶ When a client has selected a Health Plan but their coverage has not begun, the MMIS will show the client as Alternative Benefit Plan until their health plan coverage begins.



Benefits under NHHPP—Alternative Benefit Plan

**Alternative Benefit Plan
(ABP)**

=

Standard Medicaid

(excluding waivers
and long-term care)

+



- Chiropractic
- EPSDT for members between ages 19-21
- SUD Benefits phased in over next year

Benefits *Not* Included In ABP

- Adult Day Health Services for members 21 and older
- Private Duty Nursing for members 21 and older
- Personal Care Attendant services for members 21 and older



Dental Coverage in the NHHPP

- ▶ **Dental Coverage is the same as coverage in Standard Medicaid.**
 - ❖ **Remains in Medicaid Fee-for-Service. (Exception is in-hospital procedures, which are covered by health plans.)**
 - ❖ **19 and 20 year olds are eligible for dental services under EPSDT**
 - ❖ **Adults, ages 21 and older, have dental coverage limited to the treatment of acute pain or infection.**



Service Limits in the Alternative Benefit Plan (ABP)

ABP must follow guidance in the ACA and its [Essential Health Benefit \(EHB\) Benchmark Plans](#)

Service Limits are only on:

- ▶ Special Therapies: 80, 15-minute unit limit on a combination of the Special Therapies--- OT/PT/Speech
- ▶ Chiropractic services: total of 12 visits for the 4 manipulation codes. 80 unit limit (15 minutes) for the therapies.
- ▶ No limit on Mental Health or SUD.



Substance Use Disorder Benefit

Implementation/Phase-In

SUD Benefits / Services Available at Start up (8/15)

- ▶ Outpatient services / Crisis Intervention
- ▶ Opioid Treatment Program (Methadone)
- ▶ Medically Managed withdrawal management (hospital in-patient)

At Six Months:

- ▶ Prenatal Services
- ▶ Screening, brief Intervention, referral to Tx (SBIRT)
- ▶ Medication assisted treatment services
- ▶ Intensive & Partial Hospitalization Outpatient Services
- ▶ Residential treatment services

At One Year:

- ▶ Withdrawal Management (ambulatory / Med. Monitored inpatient)
- ▶ Recovery support services /Recovery Monitoring (case Management)



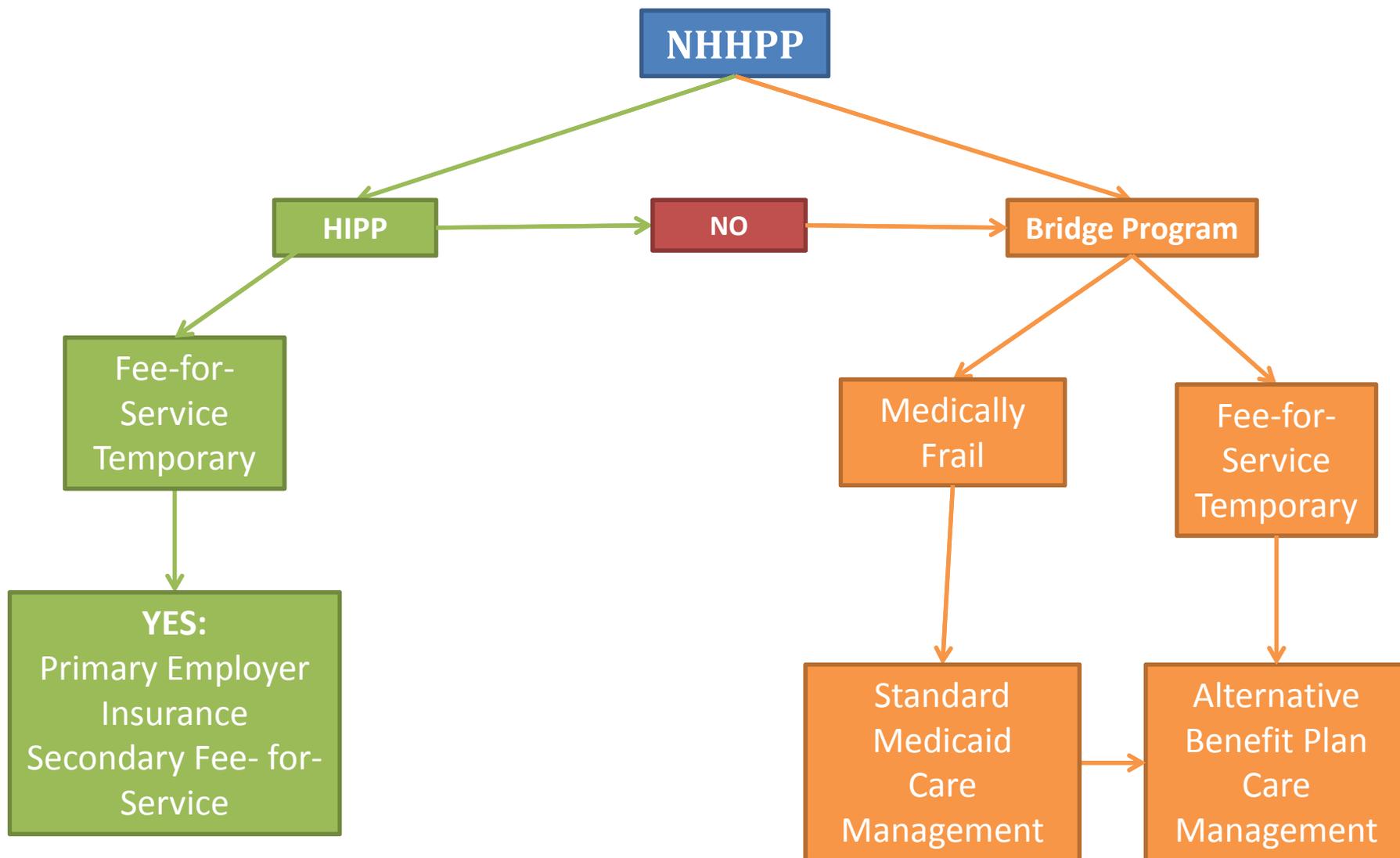
SUD Benefit (cont.)

Service Providers at Start Up (8/15)

- ▶ Opioid Treatment Program (Methadone)
 - ❖ Certified opioid treatment programs
- ▶ Medically Managed withdrawal management (hospital in-patient)
 - ❖ Acute care and psychiatric hospitals
- ▶ Outpatient services / Crisis Intervention
 - ❖ MLADCs licensed by the NH Board of Licensing for Alcohol and Other Drug Use Professionals;
 - ❖ Psychotherapists licensed by the NH Board of Mental Health Practice or the NH Board of Psychologists;
 - ❖ Physicians and APRNs;
 - ❖ Outpatient and comprehensive SUD programs, opioid treatment programs, community mental health centers, and community health centers
 - MLADCs, Psychotherapists, Physicians and APRNs
 - LADCs under MLADC supervision
 - Others under supervision of as defined by He-W 513



Basic Program Features (Cont'd.)





Health Insurance Premium Payment (HIPP)

❖ What is HIPP?

HIPP is a program which pays a NHHPP member's premiums and cost sharing of employer sponsored insurance (ESI).

❖ How does someone qualify for HIPP?

- Must be NHHPP eligible
- Must have access to (ESI), either as an employee or family member of an employee.
- ESI must be cost effective.

*HIPP is a **mandatory** program for those in NHHPP who have direct access to ESI as an employee.*

❖ Is Medically Frail treated differently for HIPP?

- Medically frail are not treated differently for HIPP processing.
- If a Medically frail person has access to ESI and the ESI is determined to be cost effective, then the person must be in the HIPP program.



HIPP: Cost Effectiveness

Under HIPP, Employer Sponsored Insurance (ESI) needs to be “cost effective” for NHHPP to cover its costs

What is “cost effectiveness”

- HIPP will determine if paying the ESI costs is less than the cost of services under Medicaid.
- Once a plan is found “cost effective” that individual will not be liable for costs associated with that ESI.
- If not cost effective, individual will go to Bridge Program.



HIPP (continued)

Approved - cost effective:

- ▶ Individual applies for the NHHPP and attest to having access to ESI on their application; letter sent with HIPP *Application* that must be returned within **30 days**.
- ▶ *Acceptance Letter* sent informing individual they are enrolled in HIPP and what happens at the doctor's office (re: co-pays and deductibles and what insurance cards to use).
- ▶ *Qualifying Event* notice goes to employer so enrollment can begin within **15 days**, if the person is not already enrolled in their employer health insurance.
- ▶ *Enrollment Letter* sent to employee telling them they must enroll in their ESI within **15 days**, if the person is not already enrolled in their employer health insurance.
- ▶ Once enrolled client must report changes within **10 days**.



HIPP (continued)

Denied – not cost effective:

- ▶ *Denial letter* sent informing individual that they are not eligible and telling them what happens next ... they are in the Bridge Program in MCM.
- ▶ *Selection Letter (Enrollment Packet)* to pick an MCO is sent (**60 days** to choose).



HIPP (continued)

ESI Plans are not required to cover the Essential Health Benefits (EHBs) in order for an individual to qualify for HIPP.

- ▶ Treat your client like anyone else who presents with a **primary insurance** card and Medicaid card (**secondary insurance**) ... submit claim first to the primary insurer and then submit claim to Medicaid for payment of the patient liability.
- ▶ Medicaid wrap around of services is not limited to the EHBs; for example, non-emergency transportation is for all NHHPP members.



HIPP Fee Schedule

- ▶ Reimbursement works the same way it does under current Medicaid HIPP—TPL Program. NH Medicaid will pay the lesser of 1) the patient responsibility amount (deductible, copay and coinsurance), or 2) the difference between the amount paid by the primary payer and the Medicaid allowed amount.
- ▶ Treat your client like anyone else who presents with a *primary* insurance card and a Medicaid card (*secondary* insurance).
- ▶ HIPP recipients **always** have Medicaid Fee-for-Service as their secondary - they do not go into one of the Health Plans.



HIPP Claims

Claim Processing & Member Responsibility

- **Provider is a Medicaid provider and in network with the ESI**
 - Claims are billed to the ESI first.
 - Any portion owed by the member from the ESI plan is billed to Medicaid.
 - Medicaid processes the claim based on Medicaid rules and limits.
 - The HIPP member is not required to pay any ESI co-pay or deductibles at time of service.

- **Provider is a Medicaid provider, but not an ESI network provider**
 - HIPP member must utilize an ESI provider if one is available in the area.
 - If the service is not available by ESI provider in the area, then the HIPP member can go to the Medicaid only provider. Providers will have to obtain approval from DHHS to perform the service prior to the service.
 - If the HIPP member chooses to go outside of ESI network, then the HIPP member is subject to pay the entire cost of the service with no reimbursement from Medicaid.



HIPP Claims (continued)

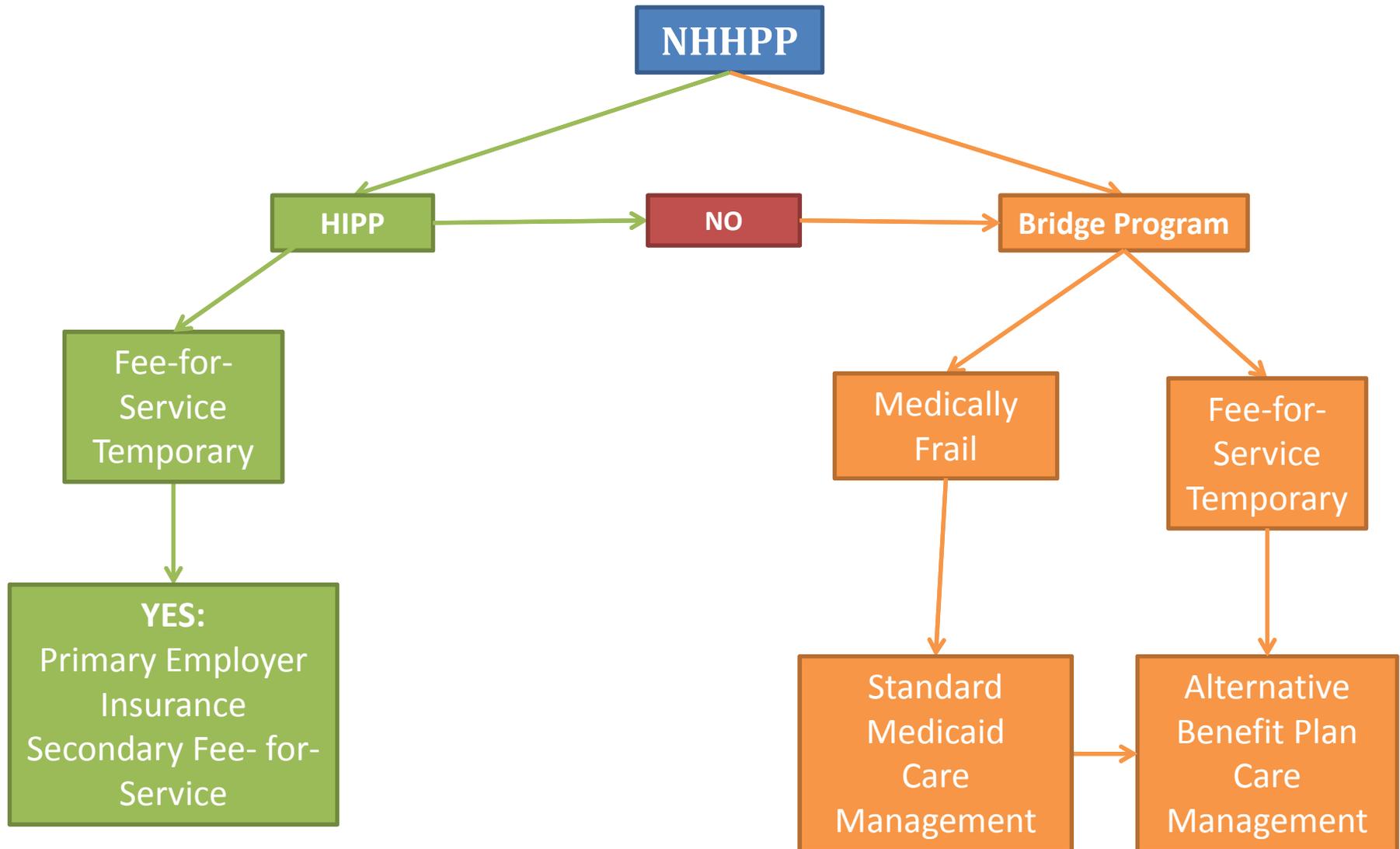
Claim Processing & Member Responsibility

- **Provider is ESI network provider, but not a Medicaid Provider**
 - Claims are billed to the ESI.
 - HIPP member is required to pay the ESI co-pay or deductible to the provider.
 - HIPP member will be reimbursed for co-pay or deductible by Medicaid.

- **Provider is not a Medicaid provider or an ESI network provider**
 - HIPP member is subject to payment for the entire service out of pocket.



Basic Program Features (Cont'd.)





The Bridge Program: Care Management

- ▶ **Mandatory** enrollment in one of two MCOs.
- ▶ Client chooses a Managed Care Organization (MCO) within 60 days from eligibility determination or denial of HIPP:
 - ❖ If a client does not choose within 60 days they will be auto-assigned an MCO.
 - ❖ During selection period, individual is in Fee-for-Service NHHPP.
- ▶ Coverage in the MCO starts on the **1st day** of the first month *after* selection.
- ▶ Client has 90 days to change MCO.
- ▶ The next time they can change is during the Annual Open Enrollment period for all individuals in an MCO.



Fee Schedule under Bridge Program

- ▶ Most services for Bridge participants in one of the Health Plans will be reimbursed at rates which are at/close to the Medicare rate (unless existing Medicaid rate is already higher.)
- ▶ DHHS issued Fee Schedules within MCO contracts - **MCOs must reimburse according to these Fee Schedules.**
- ▶ Fee schedule is posted on the MMIS website:
<https://nhmmis.nh.gov/portals/wps/portal/DocumentsandForms>



Fee Schedule under Bridge Program (cont.)

- ▶ **Only the Health Plans** can pay providers these enhanced rates for services in the Alternative Benefit Package.
- ▶ While client is in Standard Medicaid, reimbursement rates will remain the same as today's Medicaid **Fee-for-Service** rates.
- ▶ Providers will be reimbursed at current Medicaid rate for Medically Frail who choose the Standard Medicaid benefit package.

**New Hampshire Healthy Families
Well Sense Health Plan**



NEW HAMPSHIRE
HEALTH PROTECTION PROGRAM



New Hampshire Healthy Families



NH Healthy Families Current Snapshot

- Providing Medicaid benefit coverage in all 10 counties.
- Contracted with every hospital, FQHC, RHC and community mental health center including thousands of providers in NH and over the borders.
- Over 60 employees located in NH, and in the process of staffing up (primarily in the Call Center and Medical Management) to accommodate increased membership.
- Currently serving Medicaid and Health Protection Program populations.
- Membership exceeds 45,000.



Website and Secure Portal Tools

Web-Based Tools: Public Website

- Features
 - 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, provider suggestions are welcome.

Web-Based Tools: Secure Portal



The screenshot shows the homepage of the New Hampshire Healthy Families website. At the top left is the logo and tagline. To the right are navigation links for Home, Contact Us, Search, and For Providers. Below the logo is a sub-header 'Who We Are' with a paragraph of text and a photo of a woman holding a baby. To the right of this is a blue box titled 'For Providers' containing two buttons: 'Join Our Network' and 'More Information'. Below this is a 'Featured Information' section with three items: 'Product Name' with the logo, 'Sign Up for our mailing list!' with an envelope icon and a 'Join our Email Mailing ...' link, and 'Become a Provider' with a photo of a doctor.

- 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



Cenpatico (Behavioral Health) Provider Website

Our provider website allows providers and office staff access to key information at their convenience, 24 hours a day / 7 days a week. Providers may register to gain access to secure functionality which includes

- Member Eligibility Verification
- Electronic Professional & Institutional Claims Submission and status checks
- Authorization Requests & Status Inquiries
- Access to Training Information
- Claim Adjustments
- EOPs
- Email
- Downloadable Forms
- Important Links

888-282-7767

www.cenpatico.com



Member Eligibility

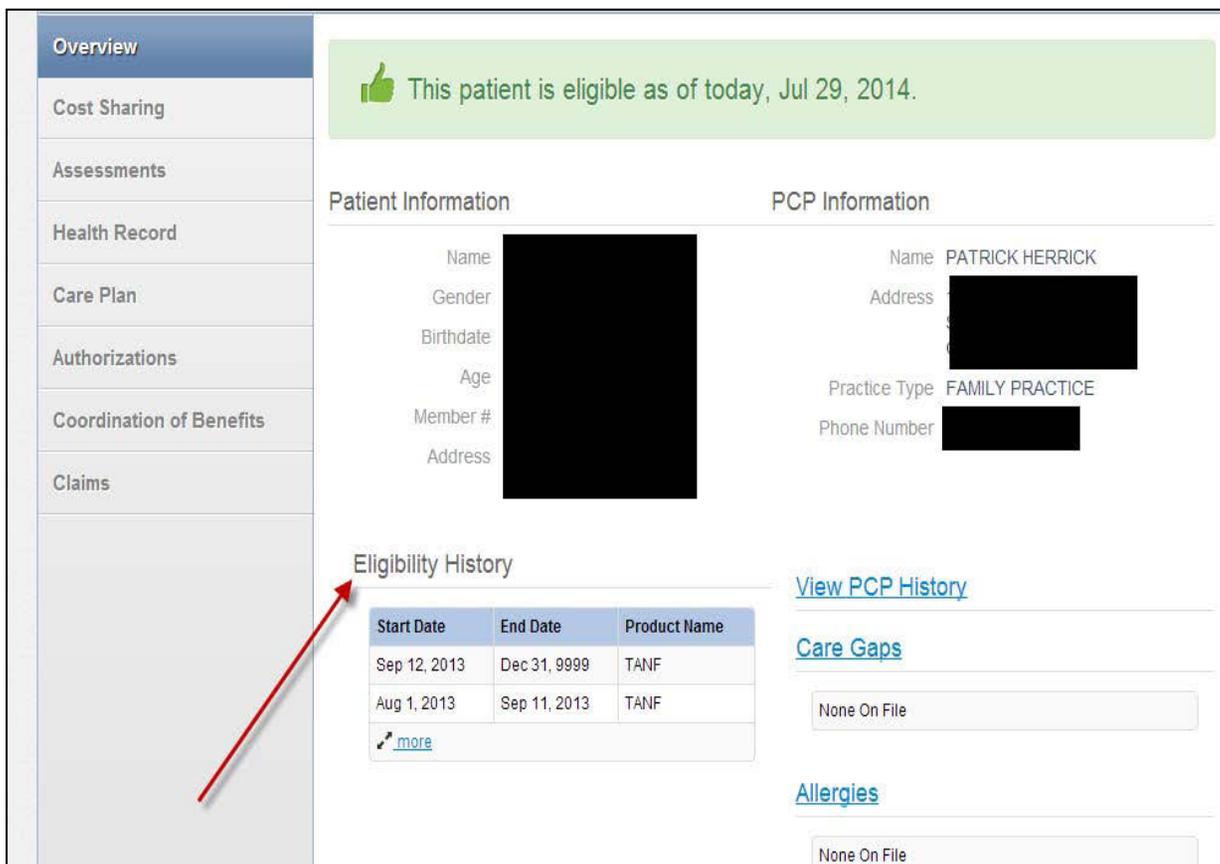
On-line HPP Eligibility Verification

www.NHhealthyfamilies.com

*Must be a registered user on the secure portal

- Go to Member Overview page
- Look at Eligibility History
- It will either say Managed Care Program or Health Protection Program under Product Name.

To check eligibility, you may also use our Interactive Voice Response (IVR) system
1-866-769-3085



The screenshot shows a member portal interface. On the left is a navigation menu with options: Overview, Cost Sharing, Assessments, Health Record, Care Plan, Authorizations, Coordination of Benefits, and Claims. The 'Overview' section is active and displays a green banner with a thumbs-up icon and the text: "This patient is eligible as of today, Jul 29, 2014." Below this, there are two columns of information: Patient Information and PCP Information. The Patient Information column lists fields for Name, Gender, Birthdate, Age, Member #, and Address, all of which are redacted with black boxes. The PCP Information column lists fields for Name (PATRICK HERRICK), Address (redacted), Practice Type (FAMILY PRACTICE), and Phone Number (redacted). Below the PCP information is a link for "View PCP History". Underneath is a section for "Eligibility History" with a table showing two entries for TANF. A red arrow points from the "Eligibility History" section back to the "Overview" menu item. Below the table is a "more" link. At the bottom of the page, there are sections for "Care Gaps" and "Allergies", both showing "None On File".

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Coordination of Benefits

Claims

Eligibility History

Start Date	End Date	Product Name
Sep 12, 2013	Dec 31, 9999	TANF
Aug 1, 2013	Sep 11, 2013	TANF

[more](#)

View PCP History

Care Gaps

None On File

Allergies

None On File



Claims

Claims Information

New Hampshire Healthy Families' Payer ID

- **68069 (medical)**
- **68068 (behavioral, Cenpatico)**

Clearinghouses (not an all inclusive list)

- Emdeon
- Gateway
- SSI

EDI Contact:

800-225-2573 ext. 25525

E-mail: EDIBA@centene.com

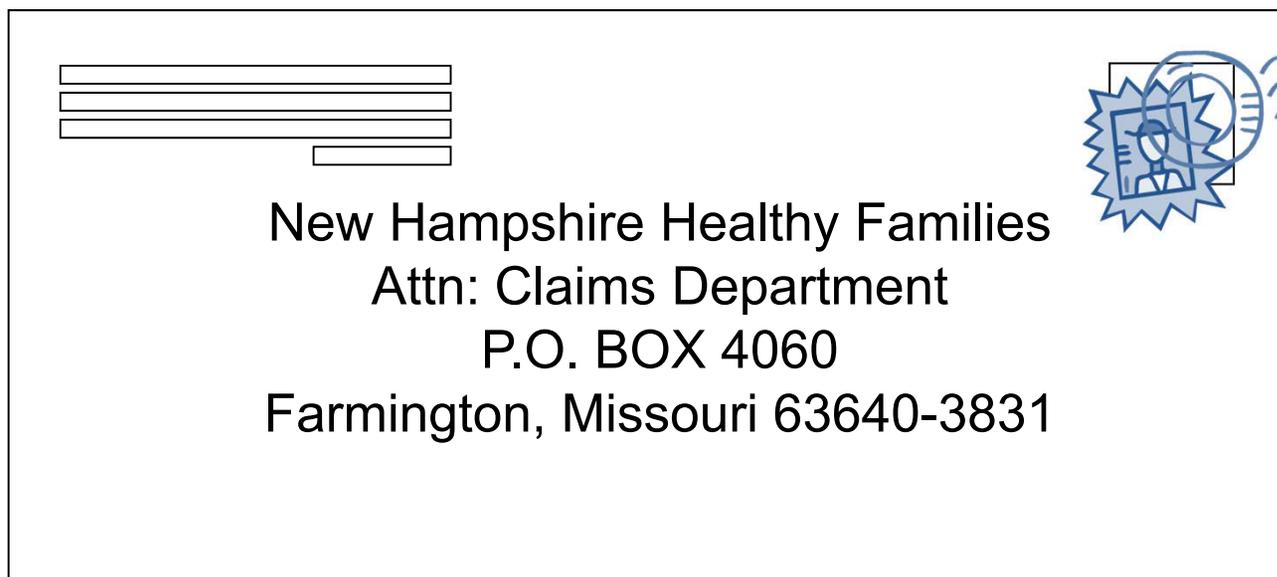


Find forms, submit claims, and check status of claims in the
Provider Secure Portal: www.NHhealthyfamilies.com



Claims Information

- Paper Claims, Corrected Claims, *Claims Disputes, Request for Reconsideration mailing address:

A rectangular box representing a mailing label. On the left side, there are four horizontal lines of varying lengths, indicating a return address. On the right side, there is a blue circular stamp with a starburst border, containing a stylized figure and some illegible text. In the center of the box, the following text is printed:

New Hampshire Healthy Families
Attn: Claims Department
P.O. BOX 4060
Farmington, Missouri 63640-3831

*Claims disputes must be accompanied by the Claim Dispute Form located at www.NHhealthyfamilies.com



Value-Added Services



Value Added Services

- Member Connections
 - Outreach program providing education and assistance to our members to access healthcare, develop healthy lifestyles, access social services.
- CentAccount Program
 - Promotes appropriate utilization of preventative services.
 - Gives rewards to members for practicing healthy behavior.
- Start Smart for Your Baby
 - For women who become pregnant while on HPP
 - Award-winning prenatal clinical and educational outreach program
- Vision Enhancement
 - Get a credit for the benefit to get the eyeglasses the member wants
- Coupon Saver Program
 - Discounts on healthy eating and living choices

Medical Management

Medical Management – Integrated Model

- Physical Health and Behavioral Health Support is integrated in the NH Healthy Families’ offices in Bedford.
- New Hampshire Healthy Families and Cenpatico Behavioral Health functions work on site together:
 - Case Managers
 - Network Contracting and Provider Relations
- Specifically Case Managers work together by:
 - Conducting “rounds” to review shared members.
 - Being immediately available to handle calls requiring multiple consultations.
 - Referring members needing additional care from NHHF/Cenpatico programs.

Medical Management – Core Functions

- Utilization Management (Prior Authorizations)
- Care Management (Complex Case Management)
 - Special Needs
 - Foster Care
 - Behavioral Health
 - OB/GYN Management
- Disease Management (Health Coaching and Education)
 - Diabetes
 - Chronic Obstructive Pulmonary Disease
 - Asthma
 - Coronary Artery Disease
 - Congestive Heart Failure
 - Smoking Cessation
 - Puff Free Pregnancy
 - In-home Telemonitoring
- Quality Review (Clinical Outcomes Review)

Medical Management hours:

- Monday thru Friday
- 8:00 am to 5:00 pm (excluding holidays)
- 866-769-3085

- After Hours & Holiday Phone Coverage:
 - NurseWise: 24-hour, toll-free phone line through which callers can reach both Customer Care Professionals and Registered Nurses.

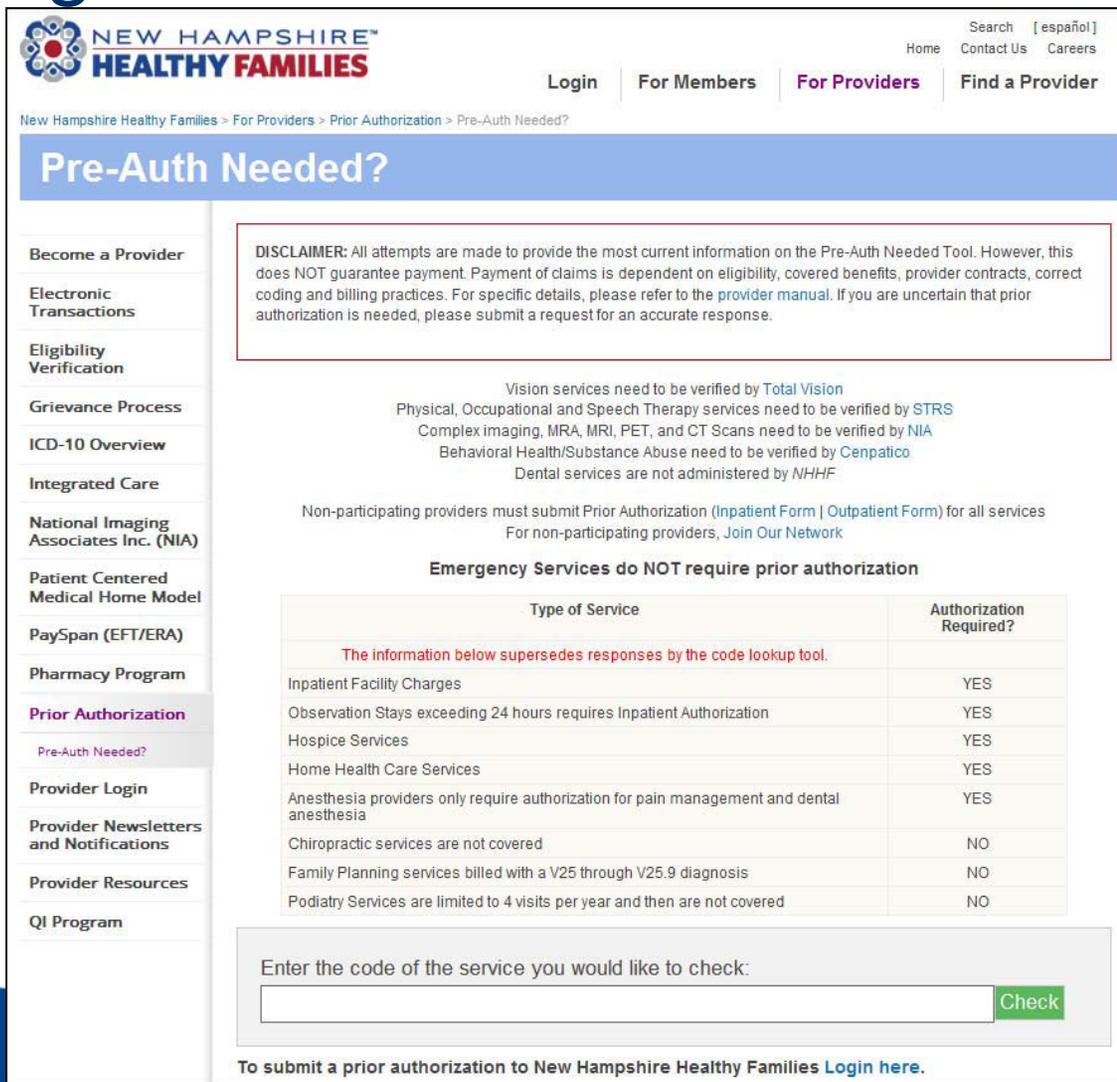


Prior Authorization Process

- New Hampshire Healthy Families utilizes InterQual® Criteria
- Urgent/Expedited Authorization requests will be processed **within 72** hours after all necessary clinical information has been received
- Standard Authorization request will be processed **within 5 days** after all necessary clinical information has been received
- Written or electronic notification of the authorization request will be received by provider
- Be sure to request Authorizations using the NPI number that will be billed on the claim
- Complete information regarding the services or procedures

Services Requiring Prior Authorization

- NHHPP Benefits are similar to Standard Medicaid (but no children in HPP).
- New HPP benefits (chiropractic and substance use disorder treatment) may have some limitations and requirements for prior authorization.
- To check prior authorization requirements use the Pre-Auth Needed? tool.



The screenshot shows the 'Pre-Auth Needed?' tool on the New Hampshire Healthy Families website. The page includes a navigation menu with links for 'Login', 'For Members', 'For Providers', and 'Find a Provider'. A disclaimer states that the tool provides current information but does not guarantee payment. It lists verification requirements for various services: Vision (Total Vision), Physical, Occupational, and Speech Therapy (STRS), Complex imaging (NIA), Behavioral Health/Substance Abuse (Cenpalico), and Dental (not administered by NHHF). It also notes that non-participating providers must submit prior authorization forms. A table lists emergency services that do not require prior authorization, and a search box is provided for checking service codes.

Pre-Auth Needed?

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision services need to be verified by [Total Vision](#)
 Physical, Occupational and Speech Therapy services need to be verified by [STRS](#)
 Complex imaging, MRA, MRI, PET, and CT Scans need to be verified by [NIA](#)
 Behavioral Health/Substance Abuse need to be verified by [Cenpalico](#)
 Dental services are not administered by [NHHF](#).

Non-participating providers must submit Prior Authorization ([Inpatient Form](#) | [Outpatient Form](#)) for all services
 For non-participating providers, [Join Our Network](#)

Emergency Services do NOT require prior authorization

Type of Service	Authorization Required?
<i>The information below supersedes responses by the code lookup tool.</i>	
Inpatient Facility Charges	YES
Observation Stays exceeding 24 hours requires Inpatient Authorization	YES
Hospice Services	YES
Home Health Care Services	YES
Anesthesia providers only require authorization for pain management and dental anesthesia	YES
Chiropractic services are not covered	NO
Family Planning services billed with a V25 through V25.9 diagnosis	NO
Podiatry Services are limited to 4 visits per year and then are not covered	NO

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

To submit a prior authorization to New Hampshire Healthy Families [Login here](#).

Services Provided by Non-Network Providers

- Reimbursement for Non Network Providers
 - All services will require prior authorization during and after Transition Period
 - Claims will be denied without prior authorization
- Covered Services by Non-Network Providers
 - Prior Authorization is required for all covered services provided by non-network providers during and after Transition Period, excluding emergency services



Specialty Companies and Services



Cenpatico Behavioral Health

- Develop networks to provide the most appropriate treatment and support choices for our members.
- Collaborate with providers to make sure the most effective treatment practices are offered.
- Manage behavioral health through comprehensive service plans including goals involving housing, education, and social involvement.
- Care managers and Care Coordinators provide clinical and social support for members.
- Intensive Care Managers and Care Coordinators to help members stay connected including providing cell phones when needed.



Cenpatico

Specialty Therapy & Rehabilitative Services (STRS)

Includes PT, ST, & OT (Physical Therapy, Speech Therapy, Occupational Therapy)

- *Initial evaluation does not require prior authorization by a participating provider*
- Fax prior authorization requests to Cenpatico at 877-658-0322
- Medical Necessity Criteria can be found at www.Cenpatico.com
- Cenpatico's specialized approach allows for real time interaction between Cenpatico and the provider to best meet the overall therapeutic needs of the members
- Please contact:

Julie Stover

Clinical Provider Trainer

jstover@cenpatico.com

(512) 876-0843

William Boyd

Provider Relations Specialist (STRS)

wiboyd@cenpatico.com

(603) 263-7139



Additional Specialty Companies

- US Script - Manages the pharmacy benefit for New Hampshire Healthy Families
- Total Vision – Manages all services billed by an Ophthalmologist or Optometrist
- National Imaging Associates, Inc (NIA) – Manages authorizations for outpatient high tech radiology services



Non-Emergent Transportation Management – Access2Care

- Access2Care will administer the non-emergent transportation benefit for New Hampshire Healthy Families
- At least 72 hours notice prior to visit
- Urgent request are honored – pick up from ER or urgent appointment
- Questions regarding the transportation benefit should be directed to New Hampshire Healthy Families at 866-769-3085 or www.NHhealthyfamilies.com



Provider Relations Services

New Hampshire Healthy Families



PROVIDER RELATIONS TERRITORY ASSIGNMENTS

Candice Haymes

Hillsborough/Cheshire/MA
chaymes@centene.com
603-263-7118

Shellie Belanger

Rockingham/Strafford/Carroll/ME
sbelanger@centene.com
603-263-7176

Misty Walsh

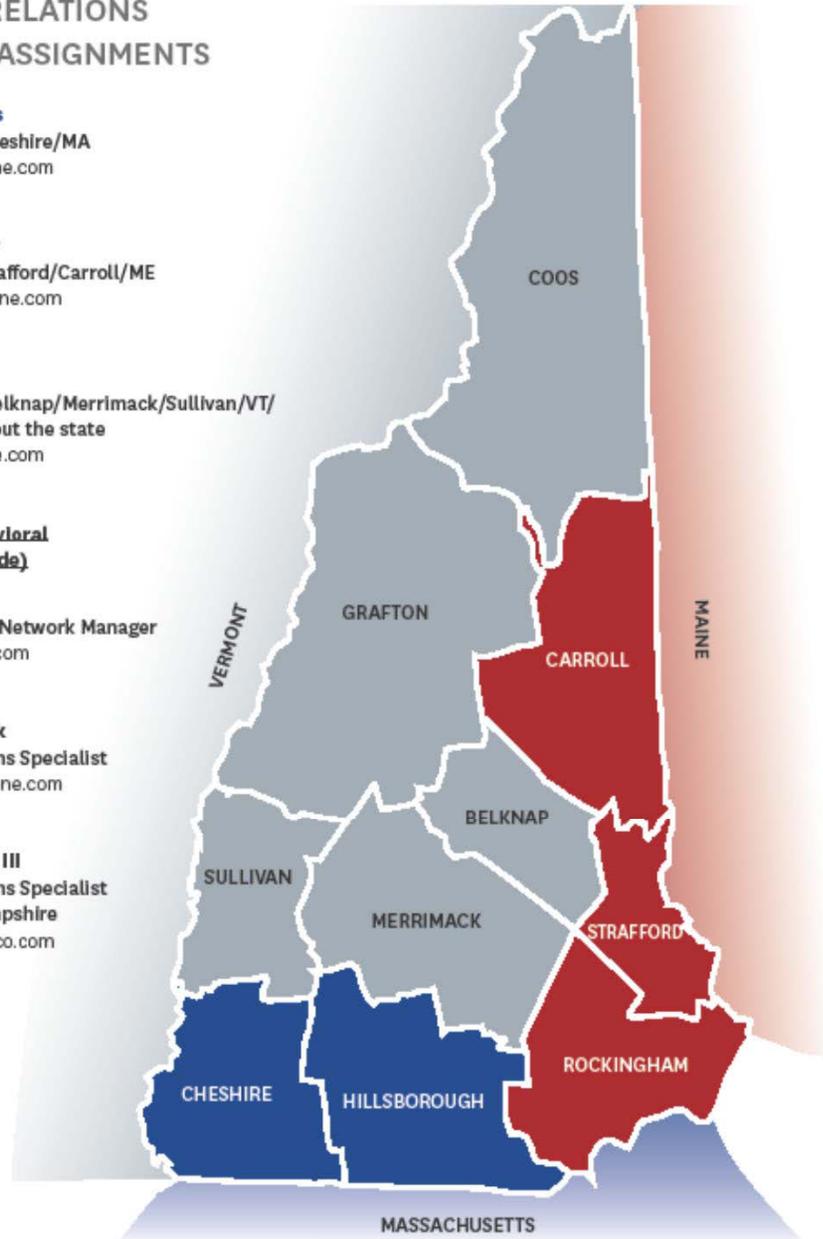
Coos/Grafton/Belknap/Merrimack/Sullivan/VT/
FQHC's throughout the state
mw Walsh@centene.com
603-263-7175

**Cenpatico Behavioral
Health (Statewide)**

Catherine Foy
New Hampshire Network Manager
cfoy@cenpatico.com
603-263-7111

Steven Stefanick
Provider Relations Specialist
sstafanick@centene.com
603-716-4677

William W Boyd III
Provider Relations Specialist
STRS - New Hampshire
wiboyd@cenpatico.com
603.263.7139





Provider Relations Specialist

- Serves as the primary liaison between the Plan and our provider network
- Coordinate and conduct ongoing Provider education, updates and training
- Demographic Information Update
- Initiate credentialing of a new practitioner
- Facilitate to inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns
- Contract clarification
- Membership/Provider roster questions
- Assist in Provider Portal registration and Payspan



To join the New Hampshire Healthy Families
Medical or Chiropractic Network:

Kristina Griffin

Director, Contracting and Network Development

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To join the Cenpatico Behavioral Health Network:

Catherine Foy

New Hampshire Network Manager
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&

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Questions?





Well Sense Health Plan

How We Do Business with Providers

New Hampshire Health Protection Program

August 2014

Agenda

- Working with Well Sense & our members
- Our partners
- Provider responsibilities
- Resources for providers

Benefits and Policies

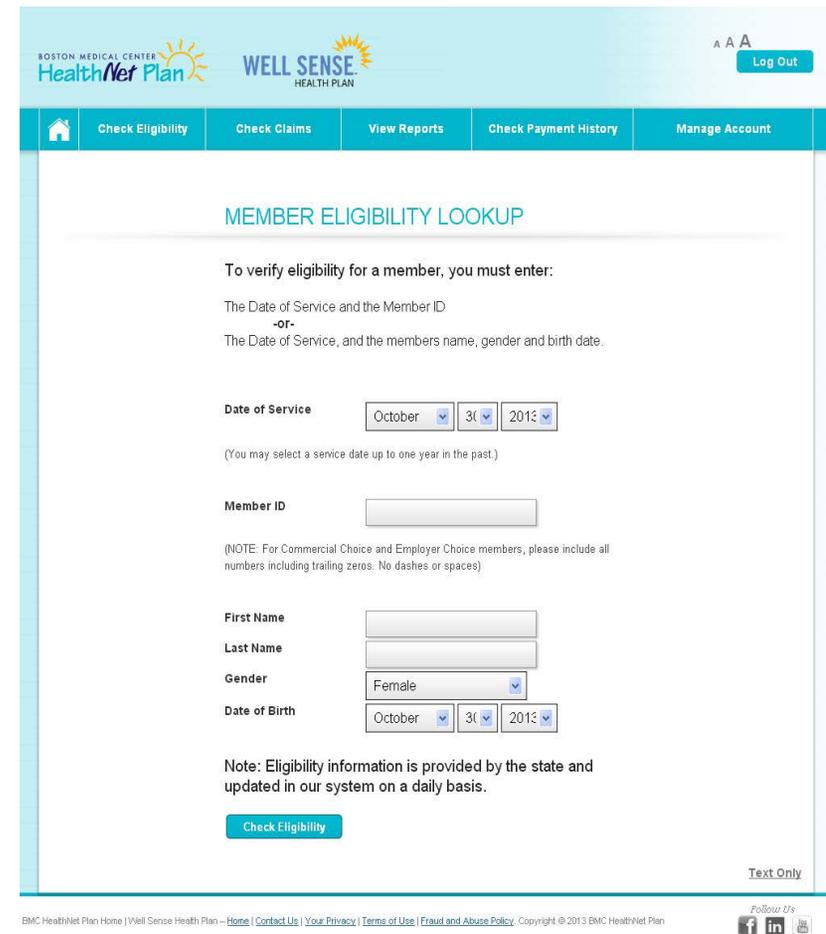
Covered Benefits for NHHPP	Exclusions for NHHPP
<ul style="list-style-type: none"> Chiropractic 	<ul style="list-style-type: none"> Adult Day Health Services for members 21 and older
<ul style="list-style-type: none"> EPSDT for members between ages 19-21 	<ul style="list-style-type: none"> Private Duty Nursing services for members 21 and older
<ul style="list-style-type: none"> Substance Use Disorder (SUD) – includes broad range of services 	<ul style="list-style-type: none"> Personal Care Attendant services for members 21 and older

Policies

- Medical and Reimbursement policies are posted on the website at wellsense.org

Member Eligibility

- Always verify at time of service
 - with DHHS via the MMIS system
 - Well Sense Health Plan options:
 - Secure provider portal: wellsense.org
 - Call the Provider Service Center at 877-957-1300, option 3



The screenshot shows the 'MEMBER ELIGIBILITY LOOKUP' form on the Well Sense Health Plan website. The form includes a navigation bar with 'Check Eligibility', 'Check Claims', 'View Reports', 'Check Payment History', and 'Manage Account'. The main content area contains the following fields and instructions:

MEMBER ELIGIBILITY LOOKUP

To verify eligibility for a member, you must enter:

The Date of Service and the Member ID
-or-
The Date of Service, and the members name, gender and birth date.

Date of Service [October] [30] [2013]
(You may select a service date up to one year in the past.)

Member ID []

(NOTE: For Commercial Choice and Employer Choice members, please include all numbers including trailing zeros. No dashes or spaces)

First Name []
Last Name []
Gender [Female]
Date of Birth [October] [30] [2013]

Note: Eligibility information is provided by the state and updated in our system on a daily basis.

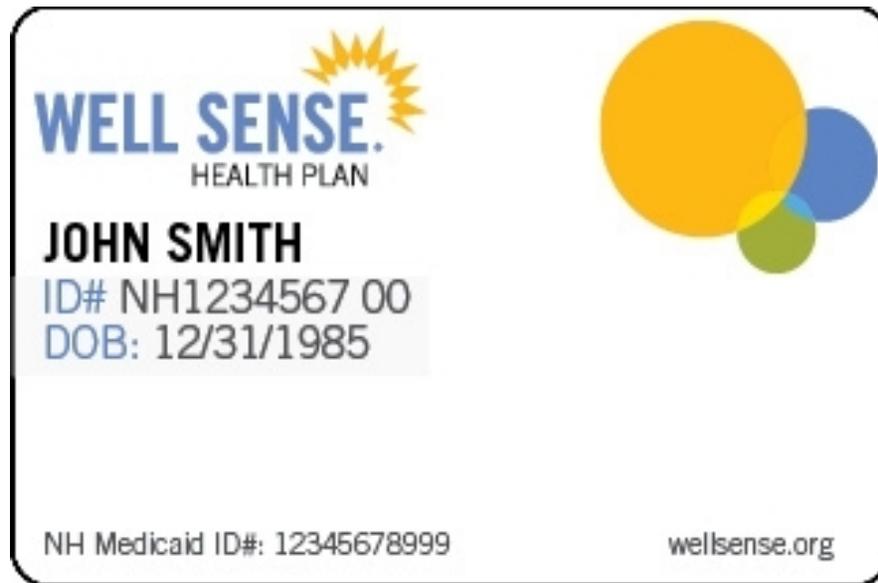
[Check Eligibility](#)

Text Only

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Standard Member ID Card



Information for:

Members

Member Services Department : 877-957-1300

Routine or Urgent Medical Care: Call your primary care physician (PCP).

Emergency: Seek emergency room care right away or call 911.

Behavioral Health Services (mental health/substance abuse):

Beacon Health Strategies: 855-834-5655

Non-emergency transportation to covered healthcare services:

CTS: 855-739-4775

Information for:

Providers and Billing Offices

▶ For medical referral, prior-authorization, hospital pre-certification, or to verify member eligibility, call 888-566-0008.

▶ Pharmacies: Submit to EnvisionRxOptions using the following data:
BIN: 009893, PCN: ROIRX. For pharmacy questions, call 800-361-4542.

▶ For behavioral health services, call 866-444-5155.

Members should present both their DHHS distributed Medicaid ID card **and** their Well Sense member ID to providers at time of service.

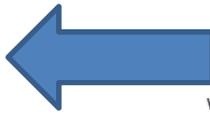
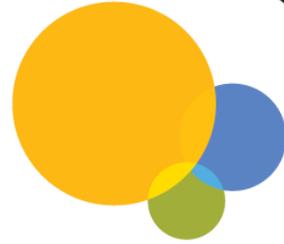
NHHPP Member ID Card (continued)



WELL SENSE
HEALTH PLAN

JOHN SMITH
ID# NH1234567 00
DOB: 12/31/1985

NH Health Protection Program
NH Medicaid ID#: 12345678999



wellsense.org

Members

Well Sense Member Services: 877-957-1300

Routine or Urgent Medical Care: Call your doctor

Emergency Care: Go to the ER right away or call 911

Behavioral Health/Substance Use Treatment (Beacon Health Strategies): 855-834-5655

Vision Services (VSP): 855-836-9216

Rides to Scheduled Appointments (CTS): 855-739-4775

24/7 Nurse Advice Line: 866-763-4829

Providers and Billing Offices

For medical referral, prior authorization, hospital pre-certification, member eligibility:
877-957-1300 (option 3)

For behavioral health services: 866-444-5155

Pharmacies: Submit to EnvisionRXOptions with BIN:009893, PCN: ROIRX, RxGrp:
WLSNS. *Questions?* Call 855-408-0011

Members should present both their DHHS distributed Medicaid ID card **and** their Well Sense member ID to providers at time of service.

Member Outreach

- Welcome call within the first month of enrollment
- Verify primary care provider
- Complete a Health Risk Assessment
- TDD/TTY and language options reviewed
- Member Services Representatives are trained to recognize urgent or crisis calls.





Prior Authorization

- Prior Authorization is required for
 - outpatient medical/surgical services
 - home health services
 - inpatient admission
 - Notification is required for
 - Emergency services
 - Observation
 - Urgent care services
 - Visit wellsense.org to review the CPT/HCPCS look up tool
-

Prior Authorization (continued)

- Specialist office visits do NOT require referrals.
- The Prior Authorization Matrix reference guide identifies services that require authorization/ notification or review the look up tool
- Authorization requests and notifications may be submitted online at wellsense.org or via fax at 603-218-6634.

Prior Authorization (continued)

- Authorization decisions are communicated online or by telephone and/or letter.
- Denial decisions will be communicated by letter to member and provider and will include member appeals rights.
- Requesting provider may seek peer-to-peer review with medical director.



Claims and Provider Appeals

- Claims must be submitted within 90 calendar days of service.
- Coordination of benefits and other party liability rules apply.
- Provider appeals must be filed within 90 calendar days from the original denial date and no later than 180 calendar days from the date of service.

Claims Submission



Provider Service Center (Including EDI questions and assistance)	877-957-1300
Electronic Claims Well Sense Payor ID: 13337	<ul style="list-style-type: none"> ▪ Submit through Direct Submission, XACTIMED, Emdeon/Web MD, McKesson, SSI (Well Sense Payor ID is 0515) and others ▪ Submit NPI within 90 days of service for all claims. Clean claims are typically processed and paid within 30 days of receipt
Professional Charges, DME or Supplies	<ul style="list-style-type: none"> ▪ Electronic claims, submit an 837 transaction ▪ Paper claims, submit a CMS 1500 form.
Facility Charges	<ul style="list-style-type: none"> ▪ Electronic claims, submit an 837 transaction ▪ Paper claims; submit a UB-04 form For claim forms and guidelines visit wellsense.org
Paper Claim Submissions	Mail to: Well Sense Health Plan Claims Department PO Box 55049 Boston, MA 02205-5049

Provider Appeals, Inquiries and Grievances

- We strive to promptly resolve member inquiries, grievances and appeals, and address provider requests for clinical reconsiderations of denials of member and provider appeals.
- Member appeals process includes the right of a member or authorized representative to use the Plan's member appeals and grievances processes.

Provider Appeals, Inquiries and Grievances (continued)

Administrative Appeal

- Requests can be made by a provider for reconsideration of a denied claim or retrospective review for authorization after services have been rendered.
- Reviews include, but are not limited to, evaluating a claim denial for clinical editing, late submission or unauthorized services (e.g., failure to request Plan prior authorization).

Partnerships and Strategic Relations

- We work with our vendors to build our New Hampshire network of behavioral health, pharmacy, radiology, durable medical equipment, non-emergent medical transportation and vision providers.
 - Beacon Health Strategies (behavioral health)
 - EnvisionRx (pharmacy)
 - Med Solutions Inc. (high end radiology)
 - Northwood Inc. (DME)
 - Coordinated Transportation Solutions (CTS) (non emergency medical transportation)
 - VSP (vision services)



Behavioral Health



Beacon Health Strategies

Network Affiliation

- Request participation through beaconhealthstrategies.com
 - Provider Section - How to Become a Provider
- Initial credentialing is 45 day turnaround for all clean submissions
- Individual providers, groups and facilities are required to re-credential with Beacon every three years
 - You will be notified by mail



Behavioral Health (continued)

- Providers must document continued compliance with eligibility requirements through participation in a performance review process. Additional information can be found in the Beacon Provider Manual located on the Beacon Health Strategies website
- We ask providers to update Beacon regarding any provider additions or deletions to the clinician roster and office contacts.



Behavioral Health (continued)

Traditional Outpatient Services

Services

Individual/Family Therapy

Diagnostic Evaluation

Group Therapy

Therapeutic Behavioral Services Group

IMR Group (Psycho-educational)

Emergency Visit

Comprehensive Medication Check

Medication Management

Opioid Replacement

ECT

Psychological Testing

Initial Encounters

*24 Initial Encounter's for Children up to age 18

*18 Initial Encounter's for Adults 18+

No Prior Auth Required

Telephonic Prior Auth Required

Online Prior Auth Required

***Online Outpatient Request Form required beyond Initial Encounter's**



Behavioral Health (continued)

SUD Benefit

Diversionsary Services Require Telephonic Prior Authorization

Description	Code	Modifier	Auth required
Alcohol and/or Drug Services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education	H00015	N/A	Yes
Alcohol and/or drug treatment program, per diem	H2036	HH	Yes
Alcohol and/or drug abuse halfway house services, per diem (Adult)	H2034	HA	Yes
Alcohol and/or drug abuse halfway house services, per diem (Adolescent)	H2034	N/A	Yes
Behavioral health; short-term residential (non hospital residential treatment program), without room and board, per diem	H0018	HA	Yes



Behavioral Health (continued)

SUD Benefit

Diversionary Services Require Telephonic Prior Authorization
(continued)

Description	Code	Modifier	Auth required
Behavioral health; short-term residential (non hospital residential treatment program), without room and board, per diem	H0018	N/A	Yes
Alcohol and/or substance abuse services, family/couple counseling	T1006	N/A	Yes



Behavioral Health (continued)

SUD Benefit

Inpatient Services Require Telephonic Prior Authorization

Description	Code	Auth required
Alcohol and/or drug services; ambulatory detoxification	H0014	Yes – initial via Notice Of Admission (NOA) eServices with 24 hours
Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	H0010	Yes – initial via Notice Of Admission (NOA) eServices with 24 hours
Alcohol and/or drug services; medically managed withdrawal management (acute hospital care)	DRG	Yes – initial via Notice Of Admission (NOA) eServices with 24 hours



Behavioral Health (continued)

Claims Submission

- Beacon must receive all claims within 180 calendar days from date of service
- All clean claim submissions (meaning no missing or incorrect information) are processed by Beacon within 30 days.



Behavioral Health (continued)

Three ways to submit your claims:

1. Claims may also be submitted via eServices (<https://provider.beaconhs.com>) for contracted providers, or via EDI submission
2. Beacon participates with all clearing houses for EDI submissions
3. Mail to Beacon at:
Attn: Claim Department
Beacon Health Strategies
500 Unicorn Park Drive, Suite 401
Woburn, MA 01801



Behavioral Health (continued)

Beacon Health Strategies Important Numbers

- Member & Provider Call Center: 855-834-5655
- Provider Relations: 781-994-7556
- Provider Relations fax: 781-994-7639
- Provider Relations email:
provider.relations@beaconhs.com
- Credentialing fax: 781-994-7667
- Claims Hotline: 888-249-0478
- Website: beaconhealthstrategies.com
- eServices Helpline: 866-206-6120
- IVR: 888-210-2018



Website: wellsense.org

Affordable Health Insurance x
www.wellsense.org

[About Us](#) | [Contact](#) | [News](#) | [Member Login](#) | [Provider Login](#) | 877-957-1300

WELL SENSE HEALTH PLAN

 Select Language

[Need Insurance](#) | [Members](#) | [Providers](#) | [Health Topics](#) | [Find a Provider](#)

Well Sense Makes Great Sense

We can help you get and stay healthy with complete medical, behavioral health, and prescription drug coverage. If you qualify for New Hampshire Medicaid, Well Sense Health Plan is here for you!

[Become a Member](#)
[Already a Member](#)

Free Healthy Extras

Get extras, like car seats, bike helmets and dental kits, to help keep you safe and healthy.

[Learn about our Freebies!](#)

Get Started

Learn how to get started with our plan and become your healthiest you!

[Learn About Next Steps](#)

Facebook

"LIKE US" ON FACEBOOK

Find us on Facebook for health tips, healthcare updates and local events!

["Like" Us on Facebook](#)

Provider Resources

- Our website – wellsense.org – offers:
 - Provider Manual, including a forms section
 - Provider Directory
 - Check member eligibility, claims status, remittance history and get important reports online through the provider portal
 - Clinical and reimbursement policies
 - Quick reference guides
 - Benefit summaries
 - News and updates
 - And much more



Go to **wellsense.org** and sign up for your provider portal login to become a registered provider.

Training Opportunities

Call your Provider Relations Consultant for:

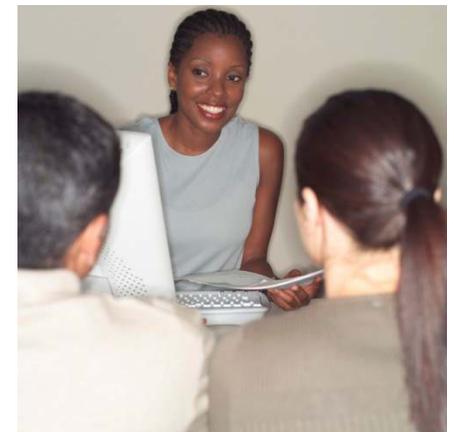
- New-Provider Orientations
- Requests for materials
- General Plan questions
- Participation status
- Requests to join the Plan
- Re-education
- Policies and procedures





Community Outreach

- Collaborate with local community-based organizations
- Support of special events
- Partnership on wellness initiatives
- Encourage and work with providers to post state-approved marketing materials





Questions?



Thank You
Provider Relations:
nhproviderinfo@wellsense.org