



# New Hampshire Healthy Families & Cenpatico



## 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 a link 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' with two buttons: 'Join Our Network' and 'More Information'. Below this is a 'Featured Information' section with three items: 'Product Name' (with a 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



# Member Eligibility



# Member ID Card

## Standard Medicaid



NAME: Jane Doe  
 MEDICAID ID#: XXXXXXXXXXXX      BIN: 008019  
 PCP Name:                                      PCP Phone:  
 PCP Address:                                      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](http://www.NHhealthyfamilies.com)

### IMPORTANT CONTACT INFORMATION

**Members:**  
 Member Services: 1-866-769-3085  
 TDD/TTY: 1-855-742-0123  
 24/7 NurseWise: 1-866-769-3085  
 Vision: 1-866-769-3085  
 Pharmacy: 1-866-769-3085  
 File a Grievance: 1-866-769-3085

**Providers:**  
 Provider Services: 1-866-769-3085  
 IVR Eligibility Inquiry - Prior Auth:  
 1-866-769-3085  
 Vision: 1-877-865-1527  
 Pharmacy: 1-866-862-8615

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

EDI/EFT/ERA please visit  
 Provider Resources at  
[www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

**Medical Claims:**  
 New Hampshire Healthy Families  
 Attn: Claims  
 PO Box 4060  
 Farmington, MO 63640-3831

## Health Protection Program



NAME: Jane Doe  
 MEDICAID ID#: XXXXXXXXXXXX      BIN: 008019  
 Plan Type: Health Protection Program      DOB:  
 PCP Name:                                      PCP Phone:  
 PCP Address:                                      Copay:

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](http://www.NHhealthyfamilies.com)

### IMPORTANT CONTACT INFORMATION

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New Hampshire Healthy Families  
 Address:  
 2 Executive Park Drive, Suite 223  
 Bedford, NH 03110

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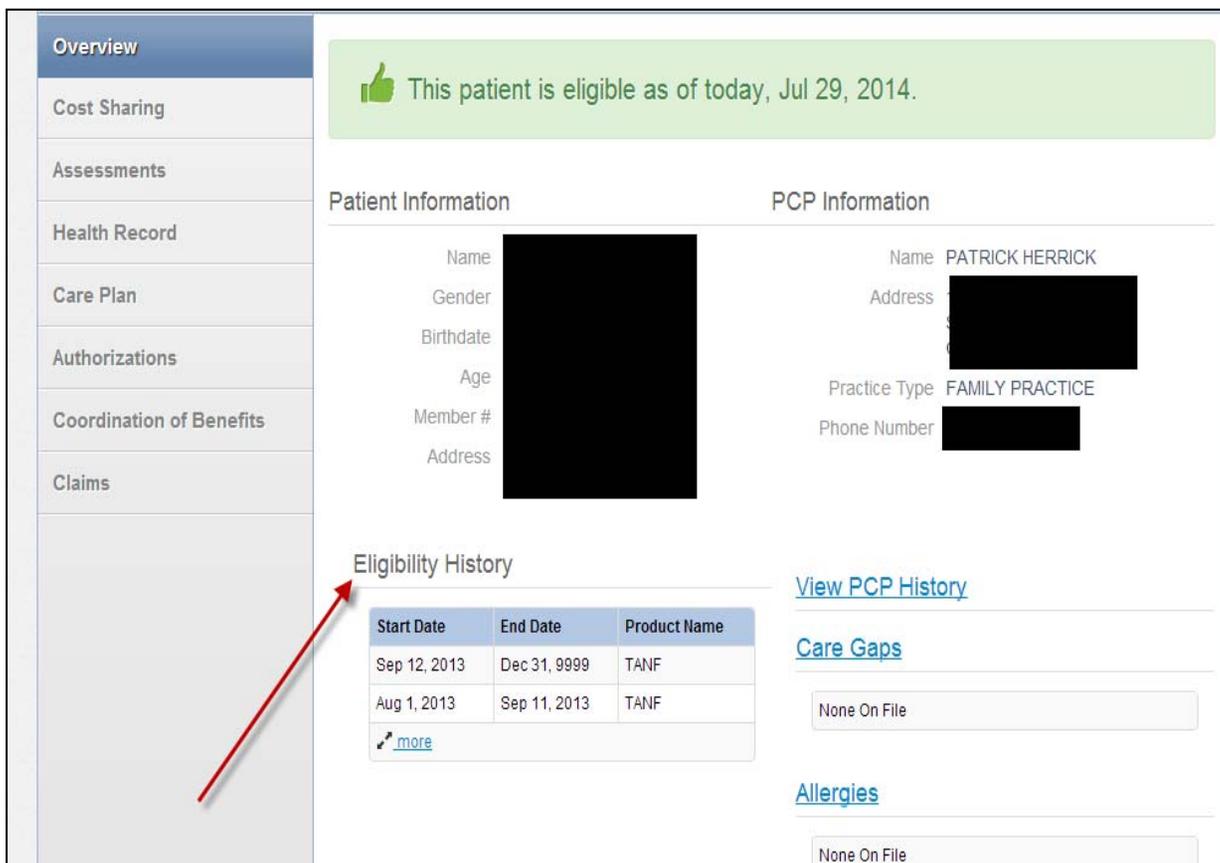
# On-line HPP Eligibility Verification

[www.NHhealthyfamilies.com](http://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



**Overview**

- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Coordination of Benefits
- Claims

**Eligibility Status:** This patient is eligible as of today, Jul 29, 2014.

**Patient Information**

Name: [REDACTED]  
 Gender: [REDACTED]  
 Birthdate: [REDACTED]  
 Age: [REDACTED]  
 Member #: [REDACTED]  
 Address: [REDACTED]

**PCP Information**

Name: PATRICK HERRICK  
 Address: [REDACTED]  
 Practice Type: FAMILY PRACTICE  
 Phone Number: [REDACTED]

**Eligibility History**

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

[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)**

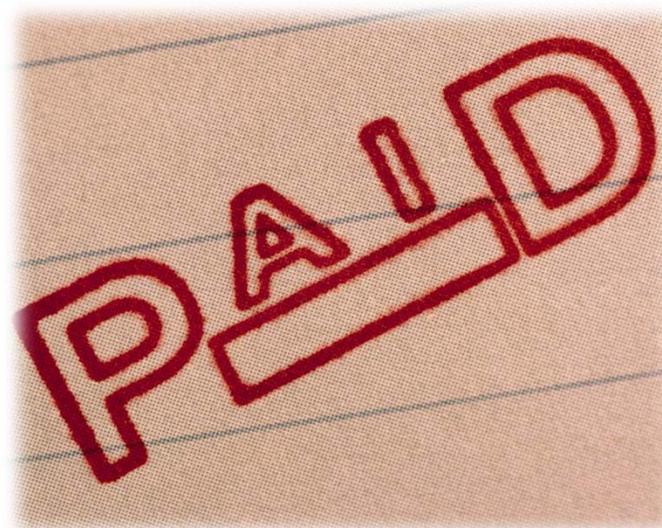
Clearinghouses (not an all inclusive list)

- Emdeon
- Gateway
- SSI

EDI Contact:

800-225-2573 ext. 25525

E-mail: [EDIBA@centene.com](mailto:EDIBA@centene.com)

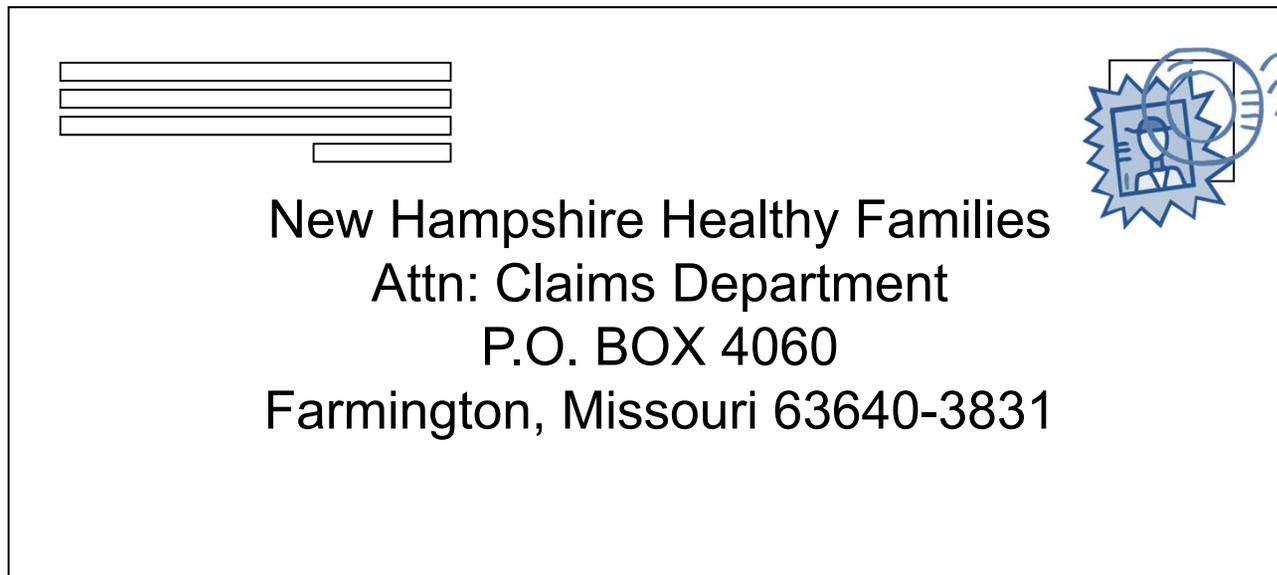


Find forms, submit claims, and check status of claims in the  
Provider Secure Portal: [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)



## 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, representing 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](http://www.NHhealthyfamilies.com)

# 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.

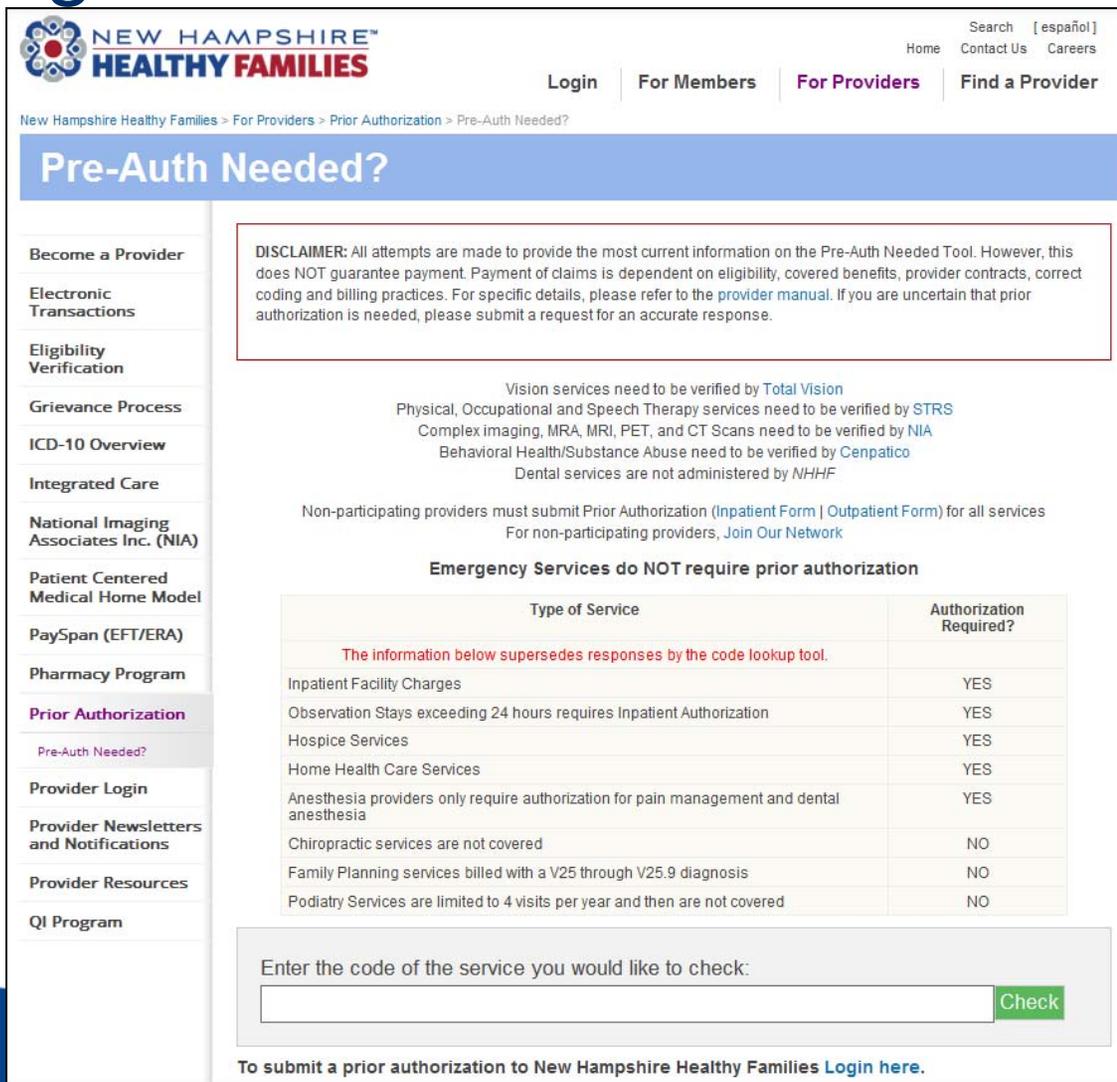


## Prior Authorization Process

- 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. A list of services requiring verification is provided, including Vision, Physical, Occupational, and Speech Therapy (verified by STRS), Complex imaging (verified by NIA), and Behavioral Health/Substance Abuse (verified by Cenpalico). A table lists emergency services that do not require prior authorization, such as Inpatient Facility Charges, Observation Stays, Hospice Services, Home Health Care Services, and Anesthesia. A search box at the bottom allows users to enter a service code and click 'Check'.

**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?
<b>The information below supersedes responses by the code lookup tool.</b>	
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



## 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](http://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**

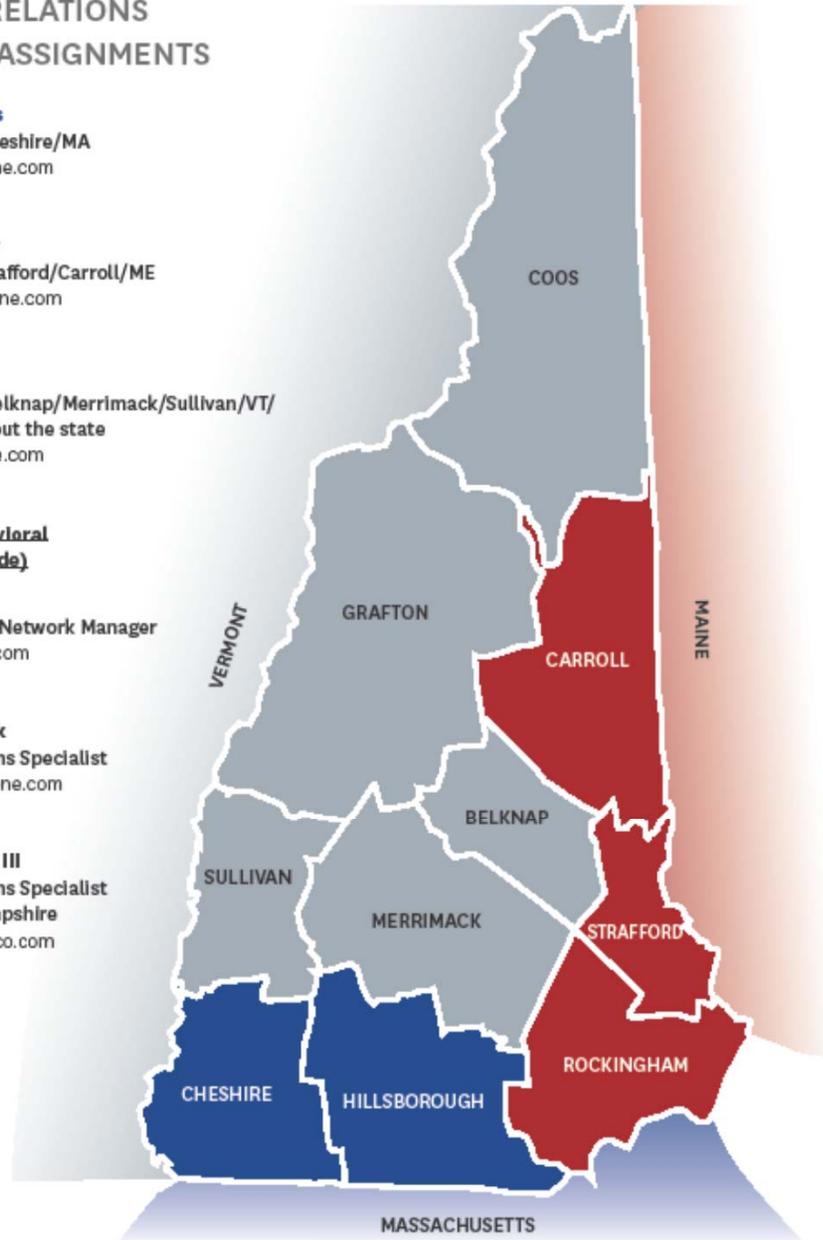
Coos/Grafton/Belknap/Merrimack/Sullivan/VT/  
FQHC's throughout the state  
mw Walsh@centene.com  
603-263-7175

**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

603-263-7139

[krgriffin@centene.com](mailto:krgriffin@centene.com)

# Questions?





## Cenpatico Provider Orientation

*Eric Goldstein, Senior Manager Network Operations*

Please make sure you complete the sign-in sheet for today's  
orientation session



# Welcome to Cenpatico

Welcome to the Cenpatico provider network. We are glad to have you as a part of our comprehensive behavioral health network. Our orientation session will cover:

- Overview of Cenpatico's Philosophy
- Provider Network Composition and Provider Responsibilities
- Member Appointment Standards
- Overview of Provider Manual
- Online Provider Resources
- Verifying Member Eligibility
- Overview of Member Services
- Cultural Competency
- Covered Services
- Integration with Physical Health
- Prior Authorizations
- Case Management
- Completing an OTR Form
- Claims Overview
- Common Billing Errors



## Recovery, Resiliency, Results

- **Recovery** is a consumer-centered approach to the process of healing that shapes our clinical philosophy, provider networks and motivates our team.
- **Resiliency** is defined by how well a person can bounce back from illness, trauma, or circumstances.
- **Results** Our care management initiatives employ comprehensive means of tracking and reporting functional outcomes so that we can ensure the most appropriate, high quality care for our members.



## Provider Participation Responsibilities

Cenpatico emphasizes its commitment to quality of care for our members by ensuring our providers adhere to the following criteria:

- Provide New Hampshire Healthy Families members with a professional level of care and efficiency consistent with community standards.
- Prepare and maintain complete medical records and other required documents for all member care.
- Participate in quality improvement activities, utilization review activities, orientations, continuing education and other medical management components.
- Abide by ethical principles of their profession.

Cenpatico will communicate with providers to inform them of their participation responsibilities, credentialing and application status and network requirements.



# Provider Manual

Our Provider Manual offers information on our policies and procedures for serving our Members. This Manual is part of your Agreement with us and will help you ensure compliance with all regulatory authorities and program requirements.

The Provider Manual covers:

- Claims program
- Authorization processes
- Eligibility verification
- Credentialing policies
- Medical Necessity Criteria
- Clinical Practice Guidelines
- Appeals/Denials processes
- Complaints
- Utilization Management guidelines
- Quality Improvement guidelines
- Forms

A copy of the Provider Manual can be found online at [www.cenpatico.com](http://www.cenpatico.com).



# What We Do for Members

Our staff are available 24 hours a day, 365 days a year by calling the following number:

**888-282-7767**

## Customer Service Center

- Staff available 7 a.m. - 7 p.m. EST
- Eligibility Verification
- Referrals
- Integrated Case Management between providers of varying levels of care
- Care Coordination to assure Members have adequate access to providers

## NurseWise

- Nurse triage & other services available 24/7/365



# Customer Service

We strive for customer satisfaction on every call by doing the right thing the first time.

The Cenpatico Customer Service department (**888-282-7767**) assists Network Providers with the following:

- Verifying member eligibility
- Verifying member benefits
- Providing authorization information
- Referrals
- Trouble-shooting any issues related to eligibility, authorizations, referrals, or researching prior services



# Customer Service – Cenpatico Provider Portal

A proprietary web-based system that allows unsecure and secure data access to providers, including, but not limited to the following:

Provider Search

Formulary

Clinical Standards and Practice Guidelines

Secured Access allows the provider to access the following:

- ❖ Ability to check Member Eligibility
- ❖ Claim status
- ❖ Claims submission
- ❖ Payment history

In order to register and utilize the provider portal, the provider must be effective (or “PAR”) in Cenpatico’s system.



# Covered Services

We cover a wide array of behavioral health services in order to promote a full continuum of care for Granite State Members.

- Inpatient hospitalization including detox services
- Private Non-Medical Institutions
- Crisis Stabilization Services
- Observation
- PHP
- Case Management
- SUD Services for New Hampshire Health Protection Program members (only)
- Medication Management
- Outpatient Therapy (Individual, Family and Group sessions)
- Psychological Testing
- Functional Support Services:
- Supported Employment



# Case Management

We recognize that multiple co-morbidities will be common among our membership. The goal of our program is to collaborate with the member and all treating providers to achieve the highest possible levels of wellness, functioning and quality of life.

Cenpatico's case management model uses an integrated team of:

- Licensed mental health professionals
- Registered nurses
- Social workers
- Non-clinical staff

Cenpatico's case management model is designed to:

- Educate members on the importance of treatment compliance
- Help members obtain needed services
- Assist in coordination of covered services, community services, or other non-covered venues

**To contact our Case Management Department, call: 1-888-282-7767**



# Monitoring Clinical Quality

- Access to care standards
- Adherence to Clinical Practice Guidelines
- Communication with PCPs and other behavioral health practitioners
- Critical Incidents
- Quality of Care (QOC) concerns
- Member confidentiality
- High-risk member identification, management and tracking
- Inpatient discharge follow-up
- Inpatient admissions, readmissions and lengths of stay
- Provider grievances
- Service utilization patterns
- Provider satisfaction
- Member satisfaction



# Claims Submission

## EDI Submission

Cenpatico partners with the multiple EDI vendors i.e:

- Emdeon (800) 845-6592
- Capario/Proxy Med (800) 792-5256
- Availity (800) 334-8446

Providers can contact the vendors at the phone numbers listed above to sign up for electronic claims submission.

**Providers should use Payer Identification Number (68068) when filing electronic claims.**

## Paper Claims Submission (mail to)

Cenpatico

P.O. Box 7200

Farmington, MO 63640-3818



# Common Billing Errors

9 out of 10 Billing Errors are on the Provider Side. Examples include:

- Billing Multiple Counts
- Billing date spans in error
- Billing Duplicate Claims
- Other Insurance Checked

1500  
HEALTH INSURANCE CLAIM FORM  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA  PICA

1. MEDICARE  MEDICAID  TRICARE  CHAMPVA  GROUP HEALTH PLAN  FECA BENEFIT  OTHER   
(Medicare #) (Medicaid #) (Spouse's SSN) (Member ID) (SSN or ID) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
SMITH, JAN

3. PATIENT'S BIRTH DATE  
MM DD YY 11 02 1999 F  M

4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
SMITH, JANE

5. PATIENT'S ADDRESS (No., Street)  
3401 VALLEY RD

6. PATIENT RELATIONSHIP TO INSURED  
Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)  
3401 VALLEY RD

8. PATIENT STATUS  
Single  Married  Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
OTHER INSURANCE IS CHECKED YES

10. IS PATIENT'S CONDITION RELATED TO:  
a. OTHER INSURED'S POLICY OR GROUP NUMBER  
b. AUTO ACCIDENT? YES  NO   
c. OTHER ACCIDENT? YES  NO

11. INSURED'S POLICY OR GROUP OR FECA NUMBER  
0001113333

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
ON FILE DATE 06/20/08

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
ON FILE

24. A. DATES OF SERVICE From 06 17 08 To 06 17 08 B. PLACE OF SERVICE EMS 11 C. PROCEDURE, SERVICE, OR SUPPLIER (Specify Unusual Circumstances) 96101 D. DIAGNOSIS (ICD-9-CM) MOODER 1 E. CHARGES POINTER 1 F. CHARGES 100 00 G. DISC OR DISC QUAL 0 H. ICD-9-CM PROC. QUAL ZZ I. RENDERING PROVIDER ID # 100TC0000 J. RENDERING PROVIDER ID # 1234567890

1 2 3 4 5 6

FIRST CLAIM

25. FEDERAL TAX ID NUMBER 777-777-747 26. PATIENT'S ACCOUNT NO. BERT10002 27. ASSIGNMENT? YES  NO  28. TOTAL CHARGE \$ 100 00 29. AMOUNT PAID \$ 100 00 30. BALANCE DUE \$ 100 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Clearly print the signature on the reverse.) JOHN P. ROVIDER 06202008 32. SERVICE FACILITY LOCATION INFORMATION HAPPY MENTAL HEALTH SVCS 123 MAIN ST JUPITER, FL 33478 33. BILLING PROVIDER INFO & PH # (514) 555-1212

SIGNED DATE 06/20/08 NUICC Instruction Manual available at: www.nuicc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

24. A. DATES OF SERVICE From 06 17 08 To 06 17 08 B. PLACE OF SERVICE EMS 11 C. PROCEDURE, SERVICE, OR SUPPLIER (Specify Unusual Circumstances) 96101 D. DIAGNOSIS (ICD-9-CM) MOODER 1 E. CHARGES POINTER 1 F. CHARGES 100 00 G. DISC OR DISC QUAL 0 H. ICD-9-CM PROC. QUAL ZZ I. RENDERING PROVIDER ID # 100TC0000 J. RENDERING PROVIDER ID # 1234567890

1 2 3 4 5 6

SECOND CLAIM

25. FEDERAL TAX ID NUMBER 777-777-747 26. PATIENT'S ACCOUNT NO. BERT10002 27. ASSIGNMENT? YES  NO  28. TOTAL CHARGE \$ 100 00 29. AMOUNT PAID \$ 100 00 30. BALANCE DUE \$ 100 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Clearly print the signature on the reverse.) JOHN P. ROVIDER 06202008 32. SERVICE FACILITY LOCATION INFORMATION HAPPY MENTAL HEALTH SVCS 123 MAIN ST JUPITER, FL 33478 33. BILLING PROVIDER INFO & PH # (514) 555-1212

SIGNED DATE 06/20/08 NUICC Instruction Manual available at: www.nuicc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)



# Questions

Thank you for participating in today's discussion.

Catherine Foy  
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Fax: 866-739-3424  
[cfoy@cenpatico.com](mailto:cfoy@cenpatico.com)

Steven Stefanick  
Provider Relations Rep.  
Phone: 603-716-4677  
Fax: 866-739-3424  
[sstefanick@cenpatico.com](mailto:sstefanick@cenpatico.com)