



nh healthy families™



Medicaid



Marketplace



Medicare

Twin States Conference June 9, 2023

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Agenda

- Partnership In Practice
- Provider Terminations
- Provider and Practitioner Trainings
- Documentation and Coding
- CPT II coding
- Risk Adjustment and Quality + the addition of Availity
- Care Management
- Accessibility
- Portal changes




PARTNERSHIP IN PRACTICE

SPRING 2023



REDETERMINATION

Our Redetermination efforts have been in full swing since 2021, bringing Redetermination education and resources to the overall Medicaid community.

Here is a snapshot of our full outreach to date. 



Over the past two months, we have worked with you, our providers, NH Navigators for health insurance assistance and DHHS with resource tables reaching and redetermining dozens of individuals in our communities.

- Conducting outreach since August 2021
- Redetermination member incentive ran July 2022 - March 31, 2023 – 6,500 rewards issued to date
- Partnering with community organizations, provider organizations, DHHS, and NH navigators to hold events across the state to educate and provide redetermination support
- Community events supporting redetermination efforts:
 - Green-to-Go
 - Member Movie Nights
 - Healthy Hour

COMMUNICATION OUTREACH

- Email communications
- Direct mail (postcards/letters)
- SMS (Text) campaigns
- POM (Robo calls) campaigns
- Paid media/radio spots
- Live telephonic outreach
- Inbound call center contacts
- IVR messaging
- Social media campaigns
- Provider flyers
- Provider outreach
- Care Management engagement

OUTREACH STATISTICS

Outreach attempts made to date (8/2021-2/2023):	475,000
Electronic:	225,000
Direct Mail:	31,000
POM:	59,000
Live Telephonic:	≥ 125,000
Provider:	35,000



PARTNERSHIP IN PRACTICE

SPRING 2023



PRACTICING OUR PURPOSE THROUGH GATEWAY SERVICES

Our Gateway Services allow us to provide events and resources beyond our membership to the overall community. Supporting the social determinants of health, our teams provide direct social supports to communities throughout the Granite State with an investment of more than \$250,000 annually.

Food Insecurity: Green To Go!

The Green to Go! van delivers fresh fruits and vegetables, lean meat, nutrition education, local resources and supports to underserved communities throughout NH (8 events per year, 2,500+ bags of food distributed every year.) The Green to Go! Food Club offers healthy food boxes to approximately 100 YMCA youth members and their families each month.



SUD Healthy Hour: Events offering smoothies, fresh fruit and SUD resources. Held at shelters and food pantries – educating communities about SUD prevention, intervention and recovery.

Homeless Community Support: Quarterly distribution of program items (self-care kits, Bombas socks, sleeping bags, cold weather/warm weather items) reaching 1,000+ individuals throughout NH. More than \$20,000 in annual sponsorships supporting Homeless outreach.



Member Movie Night: Community events designed to promote family recreation. Members who register for Movie Night are given passes for a movie, popcorn and water.



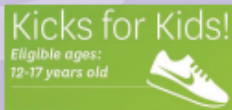


PARTNERSHIP IN PRACTICE

SPRING 2023



IMPROVING MEMBER HEALTH WITH INNOVATIVE PILOT PROGRAMS



Kicks for Kids: Monthly program to bolster wellness visits exclusively for youth ages 12-17. All qualifying members who complete an annual wellness exam are entered into a monthly drawing of 10 Nike gift cards valued at \$100 each.



Future Is Now: Helping youth members ages 15-17 with transition to adulthood. Three consecutive education modules: life skills, health care, finances and more My Health Pays® rewards: \$50 for completion of each module (\$150 total).



Welcome Home Program: Welcome Home package delivered to recently placed members. Includes pots/pans, bathroom items, self-care items, \$50 Walmart Gift Card and more. Also includes information and contacts for local resources.



Good Measures: Pilot nutrition program offering up to 100 Members diagnosed with Depressive disorder personalized nutrition coaching and meal planning for improving physical and mental wellbeing.

ON THE MOVE SURVEY

Our teams are constantly evolving our programs and processes to strengthen our partnerships and to improve engagement with our members. Please take a moment to complete this two-question survey that will help us plan for the future.

1. Are you interested in learning more about (choose all that apply)

- Redetermination
- Gateway Services
- Kicks for Kids
- Future is Now
- Welcome Home
- Recent Operational Enhancements

2. Would you like your NH Healthy Families provider representative to contact you to schedule a brief discussion?

- Yes
- No

Name:

Facility:

Phone:

Please return to:

NHProviderRelations@CENTENE.COM

Thank you!



Provider & Practitioner Terminations



Plan terminations from ALL NPIs associated with the TIN are processed within 10 days upon notification to the plan



Plan terminations are final – no retroactive eligibility. Providers will need to submit a CAQH (medical only) / PSP (BH) to request re-enrollment with an effective date 30 days post clean enrollment documents.



Notification methods to Health Plan include:

Provider Change Form
Provider email

Provider Education & Resources



Provider Trainings

FREE

Virtual Instructor-Led

CEs (select trainings)

On Demand

- Substance Use Disorder
- Mental Health
- Suicide Risks & Prevention
- NH SBIRT
- Physical Health
- Disease Conditions
- Coding
- Risk Adjustment
- And many more...

Provider Trainings

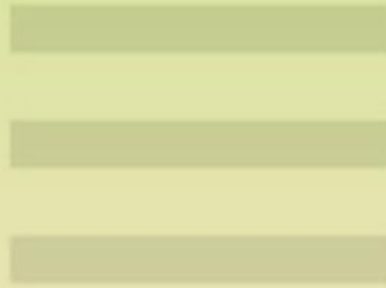
Plan Resources

On-Site

Zoom

FREE!

- Member Resources
- Provider Resources
- BH Resources
- Care Management programs
- Provider Accessibility Initiative
- EPSDT
- Provider Portal
- Coding Webinars
- Train the Trainer 1:1 Coding
- Risk Adjustment
- Quality / HEDIS
- And many more...



Documentation & Coding



FREE Provider Code Training

What can the CDI team do for you?

Our Mission

- ❑ Help providers understand and apply risk adjustment concepts. We can also help in the application of documentation and coding best practices to workflows.
- ❑ Protect the integrity and accuracy of risk adjusted diagnosis and improve outcomes.



Our Services

- ❑ Live Webinars
 - Risk Adjustment Concepts 101
 - RA Documentation & Coding Best Practices
 - Avoiding Common Documentation Errors
 - Yearly ICD-10-CM Updates
 - Disease Specific
- ❑ Train the Trainer
 - 1:1 Coder training
 - RA Documentation Requirements
- ❑ Chart reviews
 - Baseline reviews
 - On-boarding for new providers
 - General assessment for practice/provider
 - Targeted review
 - Disease/HCC/ICD-10 specific
 - Tailored education based on chart review findings
 - Share identified opportunities to provide greater specificity to coding and documentation
 - Address gaps in documentation
- ❑ Disease-Specific Coding Reference Material
 - HIV, DM, CHF, and many more

The Goal

- ❑ Engage staff and entire team in learning
- ❑ Increase HCC proficiency
- ❑ Enhanced communication support between coding staff, administrative staff and providers
- ❑ Increase awareness of implications related to inaccurate coding

Services are complimentary.
Email requests to:
Anna.Lake@Centene.com



Medicare & Medicaid Penny Billing Program

SELECT HEDIS RELATED CPT II AND HCPCS CODES

- Fewer dropped codes due to non-payable codes
- Better Reporting of open/closed risk care gaps
- Increase in Payment for Quality (P4Q)
- Year-round collection of HEDIS measure data
- Fewer chart requests



Risk Adjustment (RA) : Comprehensive Exam Medical Records (CPEs)

Wellcare Agendas & CPEs

Email:

Agenda@Wellcare.com
Anna.Lake@Centene.com

Fax: 1.813.464.8879

Ambetter Marketplace
Agendas & CPEs
&
NHHF Medicaid Agendas
(CPEs not accepted)

Email:

Agenda@Centene.com
Anna.Lake@Centene.com

Fax: 1.813.464.8879



Comprehensive Exam

The items below must be part of the medical record in order to meet the requirements. Use the Appointment Agenda as a reference to ensure active and coexisting conditions are documented and assessed.

Patient's name and date of birth must be on all pages.

Date of service must be on all pages.

Per CMS, CoC RA claims can not include labs or x-rays



HISTORY:

- ✓ Chief complaint
- ✓ History of present illness
- ✓ Review of systems (ROS)
- ✓ Past medical, family, and social history



PHYSICAL EXAMINATION:

- ✓ Height, weight, BMI, and blood pressure
- ✓ Amputations, ulcers, dialysis shunt, temporary / permanent stomas, abnormal findings, and/or functional deficits



ASSESSMENT:

- ✓ All known conditions, including chronic conditions that affect the care and treatment of the patient

CoC CPEs: Must include at least 1 coded RA condition



TREATMENT:

- ✓ Document the initiation of or changes in treatment, which can include:
 - Medication: statins, insulin, chemo, radiation, ACE/ARBs, DMARD for RA, etc., linked to diagnoses
 - Patient instructions
 - Therapy
 - Referral: specialist, mammogram, eye exam, colonoscopy, etc.
 - Review and summarize
 - Diagnostic, radiology, pathology results, etc.

Provider name, signature, credentials, and date of signature must be present.

Risk Adjustment CoC 2023 Bonus Opportunity

Appointment Agenda Threshold %	NHHF Medicaid	Ambetter Marketplace	Wellcare Medicare	Wellcare 2023 Bonus Increase	Provider CoC Potential Bonus \$'s
<50%	\$100	\$100	\$100	\$100	???
>50% - <80%	\$200	\$200	\$200	\$100	???
>80%	\$300	\$300	\$300	\$100	???

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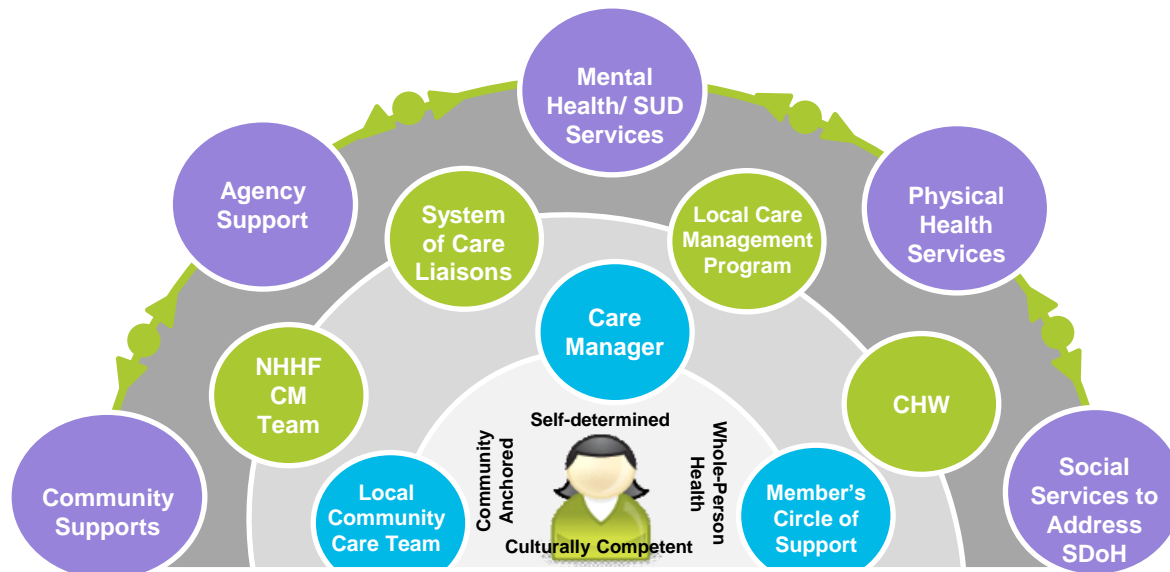


NH Healthy Families Risk Condition Validation (RCV) Tool

Live
April 2023

- Complete NHHF CoC / RCV in Availity for **Marketplace & Medicare** Members
- Availity role requirement: Clinical Risk & Quality Role (must be assigned by your Account Administrator)
- Availity “Help & Training” courses: RCV Recorder Webinar and RCV Training Demo

NHHF Care Management Model



Nearly 50% of NHHFs NH Based Employees are part of our Care Management Model

NHHF Integrated Service Coordination Model

NHHF Tools and Resources

- NHHF Care Management Team
- Training
- Workforce development
- Local Community Service Coordination
- Community Connector Tool
- Employment supports
- Evidence-based BH Integration Models
- Practice transformation/technical assistance
- Data and analytics
- Technology solutions for Health Information Exchange

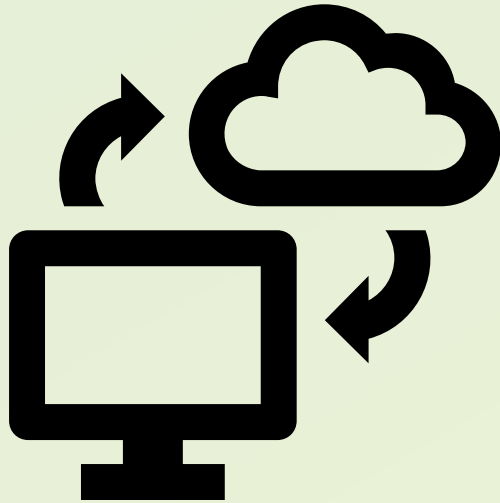
- OUR MODEL:**
- Integrated (Medical/Behavioral Health)
 - Person-Centered
 - Local and Experienced-Based
 - Data-Driven
 - Evidenced-Based
 - Collaborative
 - Reflects National Best Practices



Centene Launched PAI in 2017

- Assist those living with disabilities & their companions in equal access to quality healthcare.
- Designed in collaboration with the National Council on Independent Living
- PAI was the first of its kind
- Focuses on transitioning healthcare delivery into a fully accessible system by removing barriers to care in healthcare settings
- ADA Barrier-free Health Care Initiative – list of case [Enforcement Efforts](#)
- Complete your [Provider PAI Survey](#) today on the Provider Portal home page or request a paper copy from your Provider Engagement Administrator.





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Provider Portal Redesign

- Appeals
- Void / Recoup
- Claims show all reference #s
- Search by claim #
- View 10 Claims at once
- Management Tab to update demographics
- More to come...

Welcome, Martha!

Get familiar with the dashboard, here are some ways to get started.

The update includes a personalized welcome message with the ability to update messages as new releases become available.



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Explanation of Payments Issues
 Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience.

Welcome, Steven!

Get summaries of claims data at a glance and easy access to the options you use most.

Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name:
 Member Date of Birth:
 Select Action Type:

Claims Overview

Shows claims for the last 30 days from today's date.



Authorization Overview



Useful Links

Reports This repository contains reports that are uploaded and maintained by the health plan.	Provider Analytics Used by PCP groups to get direct access to reports/dashboards that assist in providing better outcomes and lower costs.	Patient Analytics This is a P4M tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.
Care & Risk Gaps Providers are directed to Interplay, where they can view data for high-risk/high impact members in the selected population.	ITC Provider Dispute Form Use if claim is processed and a PRA has been issued or you received a letter subsequent to the reconsideration.	Clinical Payment Policies Guidelines used to assist in administering provider benefits.
PAI Provider Survey This survey enables providers to update their accessibility information.	COVID-19 Latest updates and news related to the COVID-19 virus.	

! EOP Issues

Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience as we improve our web sites to serve you better.

⚠ This is how the title will look with a limit of 60 character

This is how the notification will look with a limit of 250 characters. As you can see the space allows you to write some information but not a whole lot of words. It really depends on how much information you want to spell out in a limited amount of

i Network Upgrade Scheduled

We will be updating our network from Dec 30th at 11:00pm until Jan 3rd at 7:00am (Central Time). Some features may not be available during this time. We apologize for any inconvenience this may cause. Thank you for your patience as we improve our web sites to serve you better.

Time-based options for notifications to disappear on a pre-set basis, along with a 250-character limit to make messages clearer to the user. Includes a well-defined color scheme based on the urgency of the message (Critical, Warning, Info).



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Viewing Claims For :

TIN

Plan Type

NH Healthy Families

GO

Most Recent Payment details do not show final claim status until a payment date is available. Check back before your timely filing deadline.

Claim: W135NHE03736

Status: PAID



Member

Member Name

REDACTED

Date of Birth

REDACTED

Member ID

REDACTED

Medicaid ID

Plan Type

Medicaid

Type and Dates

Type

UB-04

Service Dates

05/11/2023 - 05/11/2023

Received Date

05/15/2023

Payment

Billed

\$1,506.00

Paid

\$105.94

Payment Date

05/24/2023

Check # / EFT

040900270023

Check Date

05/23/2023

Total Check Amount

\$104,168.09



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Medicare

+ COPY

+ VOID/RECOUP

DISPUTE

Claim Info

Original Claim W135NHE03736
Status Paid
Type UB-04
Service Dates 05/11/2023 - 05/11/2023
Received Date 05/15/2023

Provider

Ref/Account # ██████████
Billing Provider ██████████
Billing NPI ██████████
TIN ██████████

Service Lines

Line	Date of Service	Proc	Diag	Mod	Place of Service	Charged	Paid	Check #	Payment Codes	Status
1	05/11/2023	85025	F1120		LC22	\$102.00	\$7.31	040900270023	92	🇸 Paid
2	05/11/2023	87389	F1120		LC22	\$268.00	\$29.34	040900270023	92	🇸 Paid



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+ COPY + VOID/RE

Claim Info

Original Claim

Status

Type

Service Dates

Received Date

Provider

Ref/Account #

Billing Provider

Billing NPI

N

Service Lines

Dispute Claim: W135NHE03736



[Redacted]

SELECT

Option 1: Correct the Claim

Most providers use this option when there is a mistake on the submitted claim

SELECT

Option 2: Informally Dispute the Claim

A dispute is an informal review performed by the claims department

- A response will be issued within **30 calendar days** of submission.
- You will still have the option to select **Option 3: Appeal the claim** if the decision is upheld.
- You should **Not** use this option if an authorization is not obtained and/or need to review for medical necessity.
- Please refer to the [Provider Manual](#) on filling a necessity medical appeal.

SELECT

Option 3: Appeal the claim

An appeal is a formal review of your claim

- Appeal responses will be issue in writing within **30 calendar days** of submission in accordance with 405 IAC 1-1-6
- Your appeal will be review by a panel of one or more individual who are knowledgeable in the policy, legal, and/or clinical issues in the matter subject of the appeal.
- The panel was not involved in any previous consideration of the matter of the appeal.
- Please refer to the [Provider Manual](#) for more information.



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Most Recent Payment details do not show final claim status until a payment date is available. Check back before your timely filing deadline.

Claim: W097NHE03698

Status: DENIED



Submitted

W097NHE03698



Denied

W097NHE03698



Reconsideration
In Process

CLIX-1170664

Member

Member Name

[REDACTED]

Date of Birth

[REDACTED]

Member ID

[REDACTED]

Medicaid ID

Plan Type

Medicaid

Type and Dates

Type

CMS-1500

Service Dates

04/02/2023 - 04/02/2023

Received Date

04/07/2023



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Claims

From To [CHANGE DATES](#)

MM/DD/YYYY MM/DD/YYYY

REJECTED 0 View All	DENIED 0 View All	PENDING 20 View All
---	---	---

Shows claims for the last 30 days, from today's date.

Search for Claims

[ADVANCED SEARCH](#)

The data available for Search by Member Info is limited to the last 30 days. For specific date range search, please use the advanced search.

Check Status by Claim Number

Enter Claim Number [CHECK](#)

Enter up to 10, separated by commas

Search by Member Info

Enter Last Name or Member ID Date of Birth [SEARCH](#)

MM/DD/YYYY

Create Claims

[Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim](#)

[Recurring Claim](#)

[Upload EDI / Batch](#)

DRAFT CLAIMS 1 View All



Create Claims

[↪](#) Start a CMS 1500 / Professional or
CMS UB-04 / Institutional Claim

[↪](#) Recurring Claim

[↪](#) Upload EDI / Batch

DRAFT CLAIMS

1

[View All](#)

Last 30 days, from today's date.

Manage Finances

Explanation of Payment (EOP)

View all recent payment transactions, including downloadable EOPs, check numbers, dates and payment amounts.

[↪](#) View all EOP

Reports & Tools

[↪](#) Batch Claims Report

[↪](#) Claim Audit Tool



PAID CLAIMS

78

[View All](#)

Last 30 days, from today's date.

Resources

[Updated Instruction Manual \(PDF\)](#)

[CMS-1500 Claim Form \(PDF\)](#) [↗](#)

[CMS-UB-04 Claim Form](#) [↗](#)

[EDI Guide \(PDF\)](#) [↗](#)



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Medicare

CLAIM ENTRY

Claim Type ▼

Gender Male Female

Date of Birth

ICD Code Set ICD9 ICD10

Diagnosis Codes 1 2 3 4

Bill Type

For quick entry, use your Down Arrow key after you enter a procedure code. Qty will default to 1, Billed Amount will default to 100, Date of Service From and To will default to today's date, and Place of Service will default to 11 (Office). Tabbing through these same fields will give you the same defaults.

LINE	PROCEDURE	MOD1	MOD2	MOD3	MOD4	QTY.	REV. CODE	BILLED AMT.	DOS FROM	DOS TO	PLACE OF SERVICE	PROVIDER STATE	LINE DIAG. 1	LINE DIAG. 2	LINE DIAG. 3	LINE DIAG. 4	LINE DIAG. 5	LINE DIAG. 6
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="11"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="11"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="11"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="11"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="11"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add More Procedures >>](#)



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Questions?



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*Thank
you*

