



**THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

21 SOUTH FRUIT STREET SUITE 14
CONCORD, NEW HAMPSHIRE 03301

Christopher R. Nicolopoulos
Commissioner

David J. Bettencourt
Deputy Commissioner

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Dear Providers,

This letter serves as a follow up to Governor Chris Sununu's correspondence of March 16, 2021. First and foremost, on the Governor's behalf we want to thank you for your strong response to our request regarding how New Hampshire can better address the workforce shortage in our mental health system and specifically for our community based providers. Like most industries in our state, the need for adequate workforce remains a main priority.

However, given the urgency to address children and adults who are in emergency departments waiting for mental health services it is imperative that we innovate and take new approaches. Providers previously indicated that some services that could help divert individuals away from Emergency Departments into other mental health services are ineligible for insurer reimbursement because of workforce credentialing requirements.

As mentioned in the Governor's letter, the New Hampshire Department of Insurance was tasked to work with the Governor's Office and with providers to better understand how commercial insurers could provide reimbursement to supervised bachelor degree level employees without professional certification. The feedback that you provided in your responses was very helpful and we enjoyed working directly with insurers to understand the opportunities and options available.

In discussions with commercial insurers, they identified that direct payment barriers do exist for some provider staff. The credentialing policies the National Committee for Quality Assurance (NCQA) create barriers to separately recognizing many of these providers. Health plan accreditations help insurers establish the quality of their plans in the market. Further, RSA 420-J:4 also requires that in-network providers are licensed and credentialed.

That said, in talking with insurers, we identified opportunities that would allow them to reimburse for some services without conflicting with NCQA standards or state law. Every insurer we spoke with indicated they had no objection to finding ways to broaden reimbursements for additional services. In fact, it is in their financial best interest to invest in services that guard against individuals needing to access more expensive levels of acute care, such as hospital emergency rooms.

One opportunity is a behavioral health service that could be eligible for reimbursement under a global payment. This form of reimbursement would filter down to and include un-credentialed workers.

Another prominent opportunity that would address many concerns raised by providers is for them to invest in a certified mental health clinician that can supervise the work rendered by bachelor degree employees. Structuring the rendering of services in this way would make the work provided by those employees eligible for reimbursement.

By structuring services in this way, it provides the opportunity for the services those employees provide to be eligible for reimbursement and ensures accountability that health care staff are providing services of value to the patient, especially since they are not providing traditional medical services. Some providers have already structured their services in this manner and insurers have indicated that they will reimburse for them.

We strongly encourage service providers to immediately begin billing for any service they provide that is structured in that manner, regardless of whether they have been eligible for reimbursement in the past. As you can imagine, it is difficult for us to understand any reimbursement gaps for services if providers are not attempting to bill for them.

Finally, some responses indicated challenges with the provider credentialing process. As you know, provider credentialing is the process by which insurance companies ensure the providers in their network meet certain criteria and qualifications. We have been made aware that some providers are experiencing significant delays with the credentialing process which has subsequently caused delays in reimbursements.

To address that problem, we issued a bulletin reminding insurers that they are required by law to have written policies and procedures for credentialing verification. The credentialing process must be finalized within 30 days of receipt of a complete application for a primary care provider and 45 days for a specialist. If the provider submits an incomplete application, the health insurer must notify the health care provider of any deficiencies within 15 business days of receiving a credentialing application.

It is our expectation that this bulletin will ensure that any credentialing delays are addressed. However, any provider who is experiencing issues with credentialing should reach out to the Insurance Department's Consumer Division and file a complaint.

Once again, we want to thank you for your feedback. Addressing the emergency room boarding challenge is going to take a series of solutions and the legislature continues to bring additional investments and solutions forward. However, there is no doubt that addressing workforce is an important aspect of this challenge and we appreciate the time you took to share your experiences.

We encourage you to keep in touch with us as issues emerge and if we can be helpful in any way.

Sincerely,



Christopher Nicolopoulos
Commissioner



D.J. Bettencourt
Deputy Commissioner