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nh healthy families.

2 Executive Park Drive
Bedford, NH 03110

NHhealthyfamilies.com

1-866-769-3085

TDD/TTY: 1-855-742-0123

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Introducing Our New Provider Relations Supervisor



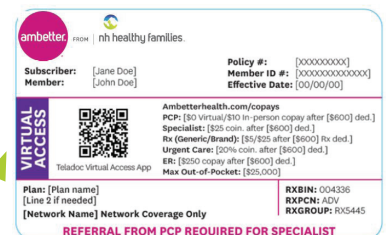
NH Healthy Families is excited to announce an addition to our team, **Renee Allen** who has filled the position of Provider Relations Supervisor. Renee previously worked for one of our local FQHC partners for over ten years where she lead strong dedicated teams and achieved ambitious outcomes. She was born into an entrepreneurial family, so naturally, she also spent time fulfilling a lifelong goal of Entrepreneurship and opened 4 businesses over the past 3 years. Renee values building communities and giving back to the community. When she is not working she enjoys spending time with her family.

Ambetter Virtual Access and Member ID Card

Ambetter from NH Healthy Families offers Virtual Access plan effective 1/1/2023. It is important for providers to properly identify a member's plan and its referral requirements before administering services to ensure accurate claims payments. **Referrals are required for care outside of the PCP.** Members will be assigned to a Babylon PCP.

WHAT TO CHECK

All members will receive an Ambetter member identification card. Please note that presentation of a member ID card is not a guarantee of eligibility. Providers must always verify eligibility on the same day services are rendered.



While all Ambetter plan cards may appear similar, they do have key differences to note to ensure proper member identification. Please see the example of the member ID card above to indicate if they are under a Virtual Access plan.

Preferred Pharmacy Network



A member's cost-share may be lower when prescriptions are filled through one of our preferred retail pharmacies or our preferred mail order pharmacy, CVS/Caremark. However, members may have prescriptions filled at any network pharmacy.

New in 2023! Amazon is now a preferred retail pharmacy, along with Walgreen's, CVS, and most large grocery chains! As a preferred retail pharmacy, Amazon will offer Wellcare members:

- **Home Delivery** - Trusted, familiar Amazon ordering and delivery process with fast, no cost shipping (retail copays apply).
- **Compliance Packaging** - PillPack multi-pack dispenser option sorts medicine into convenient, time-of-day packets.
- **Day Supply Fulfillment** - Up to 90-day supply fill options.
- **Multiple ways to enroll** - visit www.amazon.com/pharmacy, Amazon mobile app, or call 1-855-745-5725.

RXEffect Adherence Tips

DRUG HOLIDAYS DECREASE ADHERENCE

Taking medication consistently as prescribed can be more challenging during the busy holiday season. Patients may get caught up in travel and festivities and forget to take care of themselves. However, encouraging patients to be adherent over the holiday season is extremely important.

According to a recent study of women undergoing osteoporosis treatment, drug holidays can be one of the biggest factors contributing to non-adherence. Of patients that took a drug holiday (≥ 3 consecutive missed days), overall adherence was only 59%, while patients without a drug holiday were fully adherent to their medications. This shows disruptions to taking medications daily has a significant impact on adherence.

The holiday season makes for a great conversation starter with a patient. Ask and discuss what their plans are and how they will manage their medications throughout the end of the year. Remind them of important travel tips like never packing medication in checked baggage or receiving extra medication through a vacation override at the pharmacy to ensure they have medication on hand throughout the year.

Pharmacy Medication Shortages

At NH Healthy Families we have been made aware of numerous medication shortages impacting supplies at pharmacies around New Hampshire. Pharmacies will have different supplies of medications on hand and it may be beneficial to check with other local pharmacies to see if they have the required medication in stock. If your member is still unable to obtain the requested medication, please consider alternatives that may exist within that therapeutic drug category. The NH Healthy Families Pharmacy Team is here to assist and can be reached Monday through Friday 8AM – 5PM by calling **1-866-769-3085** and ask for the Pharmacy Team.



Statin Use Measures



At WellCare, we value everything you do to deliver quality care to our members – your patients. We appreciate your commitment to their positive healthcare experience. That’s why we’re asking you to join us in efforts to help improve patient outcomes and quality scores!

Quality Measures

Below are two examples of CMS Star measures which use statin therapy to evaluate health plans.

Quality Measure	Description
Statin Use in Persons with Diabetes	Percentage of patients aged 40–75 years with at least 2 diabetes medications dispensed who also received a statin medication fill during the year.
Statin Therapy for Patients with Cardiovascular Disease	Percentage of males aged 21–75 years and females aged 40–75 years who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the year.

Quality care is a team effort.
Thank you for playing a starring role!



Action

For your convenience, we have listed the moderate- and high-intensity statin medications which are preferred on our 2020 Medicare Advantage formularies:

Preferred Tier 1 Formulary Statins	
High-Intensity	Moderate-Intensity
atorvastatin 40, 80 mg	lovastatin 40 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg
	simvastatin 20, 40 mg
	atorvastatin 10, 20 mg
	rosuvastatin 5, 10 mg

Tier 1 medications have the lowest co-pays, which could even be \$0 for a 90-day supply through Medication Home Delivery through CVS Caremark®. CVS Caremark is currently our only preferred home delivery service. Prescribers can fax or e-prescribe member prescriptions to CVS Caremark. Please use the prescription form and contact information listed below:

- www.caremark.com/portal/asset/NewRX_Fax_Form_v91.pdf
- Fax: **1-800-378-0323**
- E-prescribe to CVS Caremark Mail Order Electronic, NCPDP ID 322038

Members must create an account with CVS Caremark online or by telephone at:

- www.caremark.com
- **1-866-808-7471**

Rationale

The rationale behind these recommendations is to promote ASCVD primary and secondary prevention in high-risk populations, such as patients with diabetes.

American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Management of Blood Cholesterol	
Patient Risk Category	ACC/AHA Recommendation
Patients 40-75 years of age with diabetes and LDL-C \geq 70 mg/dL	A moderate-intensity statin
Patients 40-75 years of age without diabetes with LDL-C \geq 70 mg/dL and ASCVD risk \geq 7.5%	A moderate-intensity statin
Patients with severe hypercholesterolemia (LDL-C level \geq 190 mg/dL)	A high intensity statin
Patients with established clinical ASCVD	A high intensity statin

We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients.

Reference

Grundy SM, Stone NJ, Bailey AL, Beam C, Birtcher KK, Blumenthal RS, Braun LT, de Ferranti S, Faiella-Tommasino J, Forman DE, Goldberg R, Heidenreich PA, Hlatky MA, Jones DW, Lloyd-Jones D, Lopez-Pajares N, Ndumele CE, Orringer CE, Peralta CA, Saseen JJ, Smith SC Jr, Sperling L, Virani SS, Yeboah J. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2018;0:1-120. DOI: 10.1161/CIR.0000000000000625.



CPT II Codes and HCPCS Billing for Medicaid

IMPORTANT INFORMATION ON CPT II AND HCPCS CODES

We're asking our providers to make sure to use accurate CPT Category II codes and HCPCS codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you're confirming that you're giving the best of quality care to our members.

NH Healthy Families has made a change to CPT II code payment to assist in the pursuit of Quality.

NH Healthy Families has added CPT II and HCPCS codes to the fee schedule at a price of \$0.01. This allows billing of these important codes without a denial of "non-payable code".

How does this help you, our Providers?

- Fewer dropped codes by Billing Companies
- Collection of HEDIS® measure data year round, due to non-payable codes resulting in fewer chart requests during chart
- Better reporting of open and closed care collection season needs for your assigned members

- Gap closure is reflected more timely with code
- Increase in Payment for Quality (P4Q) due submission versus medical records to submission of additional codes

What measures do these codes apply to?

- Controlling Blood Pressure (Including Diabetics)
 - Blood pressure results
- Care of Older Adults
 - Advanced Care Planning
 - Pain Assessment
 - Medication List and Review
- Comprehensive Diabetes Care
 - Functional Status Assessment
 - Hba1c levels
 - Diabetic Retinal Eye Exams
 - Medication Reconciliation Post Discharge
 - Medication List and Review after hospital discharge

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Please use the following documents to alert your Billers and Billing Companies.

Attention Billers: NH Healthy Families will be paying \$0.01 for CPT II and HCPCS codes associated with Quality Measures. The following codes must be billed on all claims and encounters when applicable.

CATEGORY OF CODES	CPT II CODES	HCPCS CODES
HbA1c Results	<ul style="list-style-type: none"> • 3044F Most recent hemoglobin A1c (HbA1c) <7% • 3046F Most recent hemoglobin A1c (HbA1c) >9% • 3051F Most recent hemoglobin A1c (HbA1c) result >=7% and <8% • 3052F Most recent hemoglobin A1c (HbA1c) result >=8% and <=9% 	
Eye Exams	<ul style="list-style-type: none"> • 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed • 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2024F Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • 2025F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2026F Eye Imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy • 2033F Eye Imaging validated to match diagnosis from seven standard field stereoscopic photos, results documented and reviewed; without evidence of retinopathy • 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) 	<ul style="list-style-type: none"> • S0621 Diabetic Retinal Screening • S0620 Diabetic Retinal Screening • S3000 Diabetic Retinal Screening

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CPT II Codes and HCPCS Billing for Medicaid, *Continued*:

Advance Care Planning	<ul style="list-style-type: none"> • 1123F Advance Care Planning discussed and documented advance care plan or surrogate maker documented in the medical record • 1124F Advance Care Planning discussed and documented in the medical record, patient or was not able to name a surrogate decision maker or provide an advance care • 1157F Advance care plan or similar legal document present in the medical record • 1158F Advance care planning discussion documented in the medical record 	
	<ul style="list-style-type: none"> • 3074F Most recent Systolic <130mm Hg • 3075F Most recent Systolic 130–139mm Hg • 3077F Most recent Systolic ≥140mm Hg • 3078F Most recent Diastolic <80mm Hg • 3079F Most recent Diastolic 80–89mm Hg • 3080F Most recent Diastolic ≥90mm Hg 	
Medication Review (2 codes: Review and List)	<ul style="list-style-type: none"> • Medication List <ul style="list-style-type: none"> – 1159F Bill with 1160F Medication list in the medical record Medication List – 1160F Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record 	<ul style="list-style-type: none"> • G8427 Medication List
Functional Status Assessment	<ul style="list-style-type: none"> • 1170F Functional status assessed 	

UPDATE Corner



Call NH Healthy Families Provider Services at **1-866-769-3085** if you have any questions or concerns about these changes.



Pharmacy Updates:

Visit NHhealthyfamilies.com for the latest changes to our Pharmaceutical Policies and Formulary that may affect your patients.

If you have any questions, call Provider Services at **1-866-769-3085** and ask for the Pharmacy team.



Provider Updates:

You can find the complete list of Provider Update Notifications at NHhealthyfamilies.com under “Provider News”

- [Sympathetic Nerve Block with Interventional Pain Management Effective March 1, 2023](#)
- [Provider Portal Claims Redesign](#)
- [Prior Authorization Update: Rendering Provider Requirement for SUD Outpatient Treatment Request \(OTR\)](#)

Thank you for your continued support of our members and being a partner in our network.

NH Healthy Families PROVIDER SERVICES: **1-866-769-3085**, Monday to Friday 8 a.m. to 5 p.m.
Ambetter from NH Healthy Families: **1-844-265-1278**

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