



nh healthy families™

provider bulletin

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Diabetes: The Good News and the Bad News

November is National Diabetes Awareness Month.

Here's the good news: Diabetes rates may be reaching a plateau, according to researchers from the U.S. Centers for Disease Control and Prevention. In a study in the Journal of the American Medical Association, **researchers note that while both type 1 and type 2 diabetes rose from 1990 to 2008, those rates leveled off between 2008 and 2012.**

But here's the bad news: Among Hispanic and black people, incidence of diabetes continues to increase. Continued focus on diabetes screening and prevention as well as ongoing patient education therefore remain critical—particularly among these higher-risk populations. Noting the documented link between obesity and diabetes, researchers pointed out that obesity rates have leveled off as well. But even with the plateau, the rates remain a cause for concern, especially given the serious risks associated with diabetes, such as heart disease, blindness, end-stage renal disease and more. So, while we may be headed in the right direction, it's important to continue to talk to patients about lifestyle factors that affect their diabetes risk, such as diet and exercise. **In addition, be sure to follow the HEDIS measure for comprehensive diabetes care, which includes adult patients with type 1 and type 2 diabetes:**

HbA1c testing—completed at least annually

- HbA1c result > 9.0 = poor control
- HbA1c result < 8.0 = good control
- HbA1c result < 7.0 for selected population

Dilated retinal eye exam—annually, unless prior negative exam; then, every 2 years

Nephropathy screening test—at least annually (unless documented evidence of nephropathy)



NH Healthy Families' Out-of-Network helpline

This line is available **Monday through Friday from 8:00 A.M. to 5:00 P.M.** The NH Healthy Families' Out-of-Network helpline provides the option for providers to contact a member of our Health Plan staff to assist with redirection to one of our network or preferred providers. A member of our staff is ready to assist you. Please call the NH Healthy Families Out-of-Network helpline at **1-844-699-6840**.

Updated HEDIS Guidelines

To provide you with the most up-to-date information, we recently updated the HEDIS guide on the NH Healthy Families website.

You can find the updated version on our website by going to: NHhealthyfamilies.com/providers/resources/forms-resources.html and choosing the HEDIS guide.

HEDIS Guideline Spotlight

This month, NH Healthy Families is highlighting the BMI HEDIS measure. The BMI Assessment measure demonstrates the percentage of members, aged 18 to 74, who had their BMI documented during any outpatient visit in the past two years. The recommendation is for adults to have BMI assessed at least every two years.

- 1) For patients 21 and over: Code the BMI value on the date of service.
- 2) For patients younger than 21, code the BMI percentile value set on the date of service.

Ranges and thresholds do NOT meet criteria; a distinct BMI value or percentile is required.

ICD-10	
ICD-10 BMI Value set Z68.1-Z68.45	ICD-10 BMI Percentile Value Set Z68.51-Z85.54

Practice Guidelines

Preventive and clinical practice guidelines are based on the health needs and opportunities for improvement identified as part of the Quality Assurance Program Improvement (QAPI) program. Whenever possible, NH Healthy Families adopts preventive and clinical practice guidelines that are published by nationally recognized organizations or government institutions as well as state-wide collaborative and/or a consensus of healthcare professionals in the applicable field.

Preventative and clinical practice guidelines cover a wide range of topics including, but not limited to:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Asthma
- Diabetes
- Immunizations
- Tobacco Cessation
- Weight Management

To view the full list, or read the Preventative and Clinical Practice Guidelines visit the QI Program page of our website at:

NHhealthyfamilies.com/providers/quality-improvement/practice-guidelines.html

How to Refer to Case Management

Medical case management is a collaboration that coordinates and evaluates options and services to meet an individual's health needs and promote quality, cost-effective outcomes. Case management is intended for high-risk, complex or catastrophic conditions—including transplant candidates and members with special health care needs/chronic conditions such as asthma, diabetes, HIV/AIDS and congestive heart failure. Case managers help identify and mitigate barriers to care and work with members to understand why they need to follow treatment plans you outline. Our case management team is here to support members who are non-adherent to treatment plans, have social barriers and complex multiple comorbidities. Call [1-866-769-3085](tel:1-866-769-3085) or speak to your Provider Relations representative.

Credentialing Spotlight

Keeping our provider directory complete and accurate for our members, your patients, is our priority. At the time of enrollment with NH Healthy Families, and on an on-going basis, we may ask you for information relating to your sub-specialty and patient demographic, such as member age and gender. This important information helps to ensure we are referring members to the most appropriate provider for their specific health care needs. In addition, this information is displayed in our online Find a Provider tool that members use to choose their primary care providers. **Has your sub-specialty or patient demographics changed?** Please let us know by emailing: providerupdatesnh@centene.com

Also, we've updated our credentialing forms!

Find the updated HCAS form here:

<https://www.NHhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/CAQH%20Form%20-%20Final%2008102017.pdf>

Accessibility Survey

As part of our commitment to our members, your patients, we have made available our Access and Availability survey. NH Healthy Families follows the accessibility requirements set forth by applicable regulatory/accrediting agencies. We monitor compliance with these standards on an annual basis and use the results of appointment standards monitoring to ensure adequate appointment availability and reduce unnecessary ED utilization. Please take a moment to fill out our accessibility survey, and thank you to those providers who have done so in 2017. Please visit:

NHhealthyfamilies.com/providers/resources.html

Maintaining Records

Consistent and complete documentation in medical records is essential to providing quality patient care. Participating practitioners are required to maintain uniform, organized medical records that contain patient demographics and medical information regarding services rendered to members. Medical records must be: maintained in an organized system that complies with our documentation and record-keeping standards; protected from public access, and any information released must comply with HIPAA guidelines; maintained for at least seven years from the date of service—unless federal or state law or medical practice standards require a longer retention period; and, upon request, must be made available for Utilization Management and Quality Improvement initiatives.

For a complete list of record documentation standards refer to our [Provider Manual](#), which is available online at: NHHealthyFamilies.com.

NH Healthy Families Pharmacy Formulary

Do you have questions about the formulary?

Did you know that NH Healthy Families utilizes a company known as Epocrates to host our formulary on their system?

Epocrates is a handheld app and desktop based program that allows access to thousands of medications with information such as mechanism of action, side effects, drug interactions, and more. One of the major benefits of Epocrates is their formulary hosting service which allows providers instant access to coverage limitations for medications while their patients are sitting in the office. Through utilization of their mobile app the provider could check the status on the formulary before the patient leaves the office assuring them of coverage of the medication.

In order to obtain Epocrates, download the free mobile app and upload formularies to their device. Uploading a formulary must occur from a desktop computer and requires you to create a sign in. You can then just search for available formularies under the state and plan name. Once you have done this the formularies will be available for your utilization for checking prior authorization requirements, quantity limits, age limits, and alternative medications available to treat a specific condition.

For information about Epocrates, or any of our pharmacy policies, visit our website at NHHealthyFamilies.com/Providers/Pharmacy.html or call your Provider Relations representative at 1-866-769-3085.

Revised Timely Filing Requirements Effective January 1, 2018

Effective January 1, 2018 NH Healthy Families is revising our filing limit from 365 days to 90 days for initial claims.

The timely filing requirements for claim reconsiderations, claim disputes and corrected claims will remain at 180 days from original date of notification of payment or denial, not to exceed 15 months from the original date of service. Additional reconsiderations, claim disputes or corrected claims submitted 15 months from the original date of service will not be considered for payment.

Initial Claims		Reconsiderations or Dispute/Appeals		Coordination of Benefits	
Calendar Days		Calendar Days		Calendar Days	
Par	Non-Par	Par	Non-Par	Par	Non-Par
90	90	180	90	180	90

Initial Claims: Days are calculated from the Date of Service to the date received by NH Healthy Families.

Claims Reconsiderations or Dispute/Appeals: Days are calculated from the date of the Explanation of Payment issued by NH Healthy Families to the date received.

Coordination of Benefits: Days are calculated from the date of Explanation of Payment from the primary payers to the date received by NH Healthy Families.

All claims received outside of the above timeframes will be denied for untimely submissions.

If you disagree with how a claim was adjudicated, you must first file a Reconsideration Request with a detailed description as to why you are disputing the denial as well as any supporting documentation (medical notes, etc.).

If you feel you have received an unsatisfactory decision on the Reconsideration Request, then you can file a Claim Dispute Form as a second level appeal. Be sure to include any additional documentation and detailed explanation as to why you disagree with the Reconsideration decision.

If the Claim Dispute decision is still unfavorable, you have the option to file an escalated appeal letter and include all documentation included in the Reconsideration and Dispute forms.

Send supporting documentation to:

NH Healthy Families, 2 Executive Park Drive, Bedford, NH 03110
Attn: Grievances & Appeals

The [Claim Reconsideration and Dispute process](#) are outlined on pages 6-7 in the [Provider Billing Manual](#). The applicable forms are located in the same location.

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](tel: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](#).”

NH Healthy Families is committed to ensuring our members have timely access to quality care. As a valued provider in our network, we appreciate your commitment to meeting the New Hampshire State Standards for Access and Availability. Please take a few minutes to complete the electronic survey by visiting:

[NH Healthy Families.com](http://NHHealthyFamilies.com) > [For Providers](#) > [Provider Resources](#).

Click on the applicable survey (Specialist or PCP) under the Accessibility Survey header.

For your information, the standards are listed below:

Primary Care:

- **Urgent Care** – within 48 hours of the Enrollee’s request
- **Non-urgent, Symptomatic Care** – within 10 days of the Enrollee’s request
- **Non-Symptomatic Care** – within 45 calendar days of the Enrollee’s request
- **An option to patient’s for after-hours care** - Acceptable care being: 24 Hour Answering Service, On-Call Physician, or Referral to Emergency Room

Specialty Care Standards:

- **After-Hours Care** – Acceptable care being: 24 Hours Answering Service, On-Call Physician, Referral to Emergency Room
- **Emergency Care** – Member inquiry regarding emergency care, immediate appointment or referral to emergency room
- **Urgent Care** – with 48 hours of the Enrollee’s request
- **Non-Urgent, Symptomatic Care** – within 10 calendar days of the Enrollee’s request
- **Non-Symptomatic Care** – within 45 calendar days of the Enrollee’s request

Please contact your Provider Network Specialist or reach out to nhproviderrelations@centene.com with any questions.



Call NH Healthy Families Provider Services at [1-866-769-3085](tel:1-866-769-3085) if you have any questions or concerns about these changes. Thank you for your continued support of our members and being a partner in our network.

Are you on our Email List?

If not, visit our website at [NH Healthy Families.com](http://NHHealthyFamilies.com) and sign up for our email mailing list. It’s the fastest way to stay informed about NH Healthy Families news, events and provider updates. Or call provider services at [1-866-769-3085](tel:1-866-769-3085).

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



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