



nh healthy families™

provider bulletin

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HEDIS® for Cardiovascular Disease

February is American Heart Month. **Did you know that heart disease is the leading cause of death for both men and women in the United States?** The good news: it is also one of the most preventable. Working with your patients to manage their heart health is an integral aspect of saving lives from this often silent killer.

The high blood pressure control HEDIS measure applies to patients who have been diagnosed with hypertension (excluding individuals with end-stage renal disease and pregnant women). The HEDIS measure evaluates the percentage of patients with hypertension with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg, or 140/90). For patients ages 60-85, adequate control is defined as less than 150/90.

The HEDIS measure for persistence of a betablocker treatment regimen after heart attack applies to patients who were hospitalized and discharged after an acute myocardial infarction (AMI). This measure calls for treatment with beta-blockers for 6 months after discharge. Patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure. Despite strong evidence of the effectiveness of drugs for cardiac problems, patient compliance remains a challenge.

The HEDIS measure for statin therapy for patients with clinical atherosclerotic disease applies to males 21-75 years of age and females 40-75 years of age. Members need to remain on a high or moderate-intensity statin medication for at least 80% of the treatment period.

What providers can do:

- Continue to suggest and support lifestyle changes, such as quitting smoking, losing excess weight, beginning an exercise program and improving nutrition
- Stress the value of prescribed medications for managing heart disease. NH Healthy Families can provide educational materials and other resources addressing the above topics
- Please encourage your NH Healthy Families patients to contact NH Healthy Families for assistance in managing their medical condition

NH Healthy Families care management staff members are available to assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions. If you have a member you feel could benefit from our care management program, please contact NH Healthy Families member services at [1-866-769-3085](tel:1-866-769-3085) and ask for medical care management.



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](tel:1-844-699-6840).

We've updated our provider and billing manuals

NH Healthy Families thanks you for continuing to be a valuable partner in our network. With the New Year upon us, we wanted to take this opportunity to let you know that we have revised our Provider Manual and Billing Manual. You can find the updated versions by going to NHhealthyfamilies.com/providers/resources/forms-resources.html. If you need additional information or have questions, please contact our Provider Relations staff at 1-866-769-3085.

Medical record retention requirements

As a partner in our network, NH Healthy Families requires that you keep accurate and complete medical records. Such records will enable providers to render the highest quality healthcare service to members. They will also enable NH Healthy Families to review the quality and appropriateness of services rendered.

To ensure the member's privacy, medical records should be kept in a secure location. NH Healthy Families requires providers to maintain all records for members for at least 10 years. To view complete details of the Medical Records policy, including requirements and Member Rights, please refer to your Provider Manual which can be found in the Provider Resources page of NHhealthyfamilies.com.

Payment policy update

In late September we sent communication notifying you of several payment policies that would go into effect on 12/1/17. We would like to notify you that the policy listed below, "Physician's Consultation Services" was not implemented on 12/1/17. The payment policy will remain as it was prior to 12/1/17. Please contact your Provider Relations Specialist with any specific questions regarding this policy.

Policy Number	Policy Name	Description
CC.PP.054	Physician's Consultation Services	The purpose of this policy is to define payment criteria for consultation services to be used in making payment decisions and administering benefits.

Follow the script: Updates to our pharmacy coverage

NH Healthy Families is committed to providing high-quality, appropriate and cost-effective drug therapy to its members. While our pharmacy program does not cover all medications, we work with providers like you, as well as pharmacists, to ensure that medications used to treat a variety of conditions and diseases are covered. Some medications require prior authorization or have limitations on age, dosage and maximum quantities.

What's covered?

NH Healthy Families follows a Preferred Drug List (PDL), a list of covered medications, also known as the formulary. The PDL applies to medications members can get at pharmacies and is evaluated regularly by our Pharmacy and Therapeutics (P&T) Committee to encourage the appropriate and cost-effective use of medications. The P&T Committee is made up of the NH Healthy Families medical director, NH Healthy Families pharmacy director, and several other physicians, pharmacists, and healthcare professionals.

For questions about coverage for prescription medications not identified on the PDL, please call **Involve Pharmacy Solutions** at [1-800-460-8988](tel:1-800-460-8988). If you disagree with a decision regarding coverage of a medication, you may inquire about the appeal process by calling [1-866-769-3085](tel:1-866-769-3085). Please be sure to include all relevant clinical information with the prior authorization request so as to not delay processing.

The latest PDL

For the most up-to-date formulary—including information about pharmacy procedures, prior authorization, restrictions, step therapy, quantity limits, generic medications, and exclusions - go online to www.NHhealthyfamilies.com/providers/pharmacy.html.

You may also call [1-866-769-3085](tel:1-866-769-3085) for a printed copy of the latest formulary.

Revised timely filing requirements effective January 1, 2018

NH Healthy Families would like to take a moment to remind you that **we have revised our filing limit from 365 days to 90 days for initial claims**, effective January 1, 2018.

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	365	365

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 a grievance 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, located on our website under Provider Resources. The applicable forms are located in the same location.

<https://www.nhhealthyfamilies.com/providers/resources/forms-resources.html>

Please contact NH Healthy Families Provider Services at: **1-866-769-3085** with any questions.



*NH Healthy Families would like to clarify that under Coordination of Benefits, for Par and Non-Par the timely filing guideline remains 365 days.

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.”

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.

- 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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