



nh healthy families™

provider bulletin

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Care Managers Connect the Dots

Care managers are advocates, coordinators, organizers and communicators. They are trained nurses and practitioners who can support you and your staff, as well as your patients.

Support and Communication

A care manager's goal is to promote quality, cost-effective outcomes by supporting patients and their caregivers. They are often assigned by the health plan to a member when the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own. A care manager connects the member

with the healthcare team by providing a communication link between the member, his or her primary care physician, the member's family and other healthcare providers such as physical therapists and specialty physicians.

On Your Team

Care managers do not provide hands-on care, diagnose conditions or prescribe medication. **The care manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician.** In this way, they become the eyes and ears for the healthcare team, and a resource for physicians, the member and the member's family.

Our team is here to help your team with:

- Non-adherent members
- New diagnoses
- Complex multiple co-morbidities
- Social and economic hardships such as food and shelter.

Providers can directly refer members to our case management group. Providers may call **1-866-769-3085** for additional information about the case management services offered by NH Healthy Families. ■



Spring forward—right into HEDIS® season!

Our goal is to make HEDIS easier on you and your staff!

Here are some ways we can streamline this process in the months ahead:

- Request NH Healthy Families HEDIS Quick Reference Guide from your provider representative.
 - ◆ It provides detail about specific codes and specific treatment required for each measure.
 - *Please also refer to NH DHHS Medicaid fee schedule for specific approved procedure codes applicable for the state.
- Do you have an Electronic Medical Record (EMR) system?
 - ◆ Can we work with you and your IT Department to find a way to collect information from it so we do not have any requests at all next year?

Work smarter, Not Harder!

- Do you want to learn more about how to improve your HEDIS® rates?
- Would you like to see a “Report Card” with your rates?

Reach out to your Provider Representatives to find out how! ■

Disease Management Supports Healthy Outcomes

As part of our medical management and quality improvement efforts, we offer members disease management programs. A major goal of our disease management program is to support the member’s ability to self-manage chronic conditions. We strive to achieve this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers, and encouraging adherence. Disease Management includes personal telephonic coaching for conditions like:

- Asthma
- Back Pain Management
- COPD
- Diabetes
- High Blood Pressure
- Heart Failure
- Tobacco Cessation
- Weight Management

Learn more about our disease management services at NHhealthyfamilies.com or by calling **1-866-769-3085**. ■

Asthma Education: Go Back to Basics

A comprehensive medication plan is critical in order to successfully manage asthma. When discussing the basics with patients who are struggling to control their asthma symptoms, ask them if they understand when and how to take their everyday maintenance medication, their quick-relief medication and any nebulizer medications.

Also, take advantage of this online resource to help educate patients and their caregivers: The American Lung Association’s (AHA) free interactive online course, [“Asthma Basics.”](#)

Medication Management for People with Asthma: Members ages 5 to 85

Two measures reported:

1. Members remaining on asthma controller medication for at least 50% of their treatment period.
2. Members remaining on asthma controller medication for at least 75% of their treatment period.

Codes ICD-10: J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 ■





Notes on Cervical Cancer Screening

Cervical cancer screening is a Healthcare Effectiveness Data and Information Set measure (HEDIS Measure). HEDIS is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA).

As providers, we know you strive to take the best possible care of your patients, our members, and we want to be able to capture all that information. Along with the guidelines below, you will find coding that may serve as a reference for capturing these services in your HEDIS rates. As always, please follow State and/or CMS billing guidance to direct you. The Cervical Cancer Recommendations are as follows:

Women age 21-64 who were screened for cervical cancer using either of the following:

1. Cervical cytology performed every 3 years for women ages 21-64.

CPT Codes: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175

HCPCS Codes: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

2. Cervical cytology/Human Papillomavirus (HPV) co-testing performed every 5 years (must occur within 4 days of each other) for women ages 30-64.

*** Reflex testing or testing in response to a positive cervical cytology test is not compliant.

CPT Codes: 87620, 87621, 87622, 87625

HCPCS Codes: G0476

3. Women who have had a hysterectomy without a residual cervix are exempt from this measure.

ICD10 Codes: Q51.5, Z90.710, Z90.712

If you have any questions about screening recommendations, standards that are used or how to improve your HEDIS scores, please reach NH Healthy Families at **1-866-769-3085** and ask for the HEDIS Coordinator. ■

Pharmacy Updates

Visit NHhealthyfamilies.com/PharmacyUpdates 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

Pharmacy Policy Development Process

NH Healthy Families strives to maintain clear lines of communication with our provider network and trusted partners. We want to share our process to develop prior authorization and medical necessity policies for pharmacy services. The development of policies is a multistep process that often takes months and follows evidence-based guidelines along with input from medical experts in their respective specialties.

First, the Clinical Pharmacy Advisory Committee (CPAC), a Centene corporate committee with more than 40 experts including physicians and pharmacists, reviews evidence-based medical guidelines from clinical trials, the FDA, and specialty colleges. This becomes the foundation of a policy.

NH Healthy Families through its local Pharmacy & Therapeutics committee has the ability to modify the policy based on local practice patterns. Once reviewed by the local Pharmacy & Therapeutics committee, the policy must be approved by the Centene corporate Pharmacy & Therapeutics committee. Only after review and approval by all committees, and communication of updates to the provider network, is the policy instituted and utilized by NH Healthy Families. Each policy is reviewed at least annually.

NH Healthy Families understands that individual patient circumstances may dictate treatment regimens falling outside of policy guidelines. The Prior Authorization process allows for consideration of these situations. Please refer to your Provider Manual for instructions on the Prior Authorization process or contact us at **1-866-769-3085**, Monday through Friday, 8:00 a.m. to 5:00 p.m. if you have any questions.

Continued

Preventing and Resolving Claims Denials – Important Reminders

NH Healthy Families wants to remind providers of the health plan's filing limit requirements and the process to have claim payment concerns reviewed.

The NH Healthy Families Provider *Billing Manual* describes general billing and claim submission guidelines. Please visit our website at NHHealthyFamilies.com for the complete Provider Billing Manual.

Timely Filing Guidelines:

- NH Healthy Families (NHHF) reminds providers that best efforts should be made to submit first time claims within **180 days** of the date of service; however, claims will not be accepted for payment after **365 days** from the date of service.
- When NH Healthy Families is the secondary payer, the claims must be received within **365 days** from the date of disposition (final determination) of the primary payer. Claims received outside of this timeframe will be denied for untimely submission.

Claim Requests for Reconsideration, Claim Disputes or Corrected Claims:

All reconsideration, disputes, and corrected claims must be submitted within **180 days** from the original date of notification of payment or denial but not to exceed 15 months from the original date of service.

If a provider has a question or is not satisfied with the information s/he has received related to a claim, there are five ways in which the provider can contact NH Healthy Families:

1. Review the claim in question in the secure Provider Portal
2. Contact Provider Services at 1-866-769-3085
3. Submit an Adjusted or Corrected Claim to NHHF
(*did you know you can submit a corrected claim through the Provider Secure Portal?*)
4. Submit a "Request for Reconsideration" to NH Healthy Families:
(Attn: Claims Dept, P.O. Box 4060 Farmington, MO 63640-3831)
5. Submit a "Claim Dispute Form" to NH Healthy Families:
(Attn: Claims Dispute, P.O. Box 3000 Farmington, MO 63640-3800)

If your submission does not meet the above timeline, NH Healthy Families will deny your request as not meeting timely filing guidelines. Please refer to the NH Healthy Families' Provider Billing Manual for detailed information on submitting claim disputes, reconsiderations, corrected claims or viewing claims in the secure provider portal.

Need further assistance? Reach out to your Provider Network Specialist or contact the Provider Relations Team at nhproviderrelations@centene.com. ■

***Call NH Healthy Families Provider Services at 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, Monday to Friday, 8 a.m. to 5 p.m.
- **Ambetter from NH Healthy Families 1-844-265-1278**



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