



Update: InterQual 2015

New Hampshire Healthy Families has updated to InterQual 2015 to make medical necessity determinations. This update includes more specific diagnostic testing and uses an algorithmic approach allowing our staff doctors and nurses to be more accurate when determining medical necessity when evaluating prior authorization requests for services you want to provide to your patients. Our medical staff also completes an annual interrater reliability test to ensure consistency and objectivity.

New Hampshire Healthy Families is happy to share specific InterQual criteria with you if you have concerns about a decision made by the health plan. Please contact the Medical Management department at **1-866-769-3085**.

Hours of operation policies

Review your hours of operation policy to ensure that you are offering Medicaid members the same hours as commercial members, as required by the National Committee for Quality Assurance (NCQA).

Medicaid law requires that providers give equal offerings in terms of hours and appointments to Medicaid and non-Medicaid patients. If you are a provider that only sees Medicaid patients, you must provide parity of hours to Medicaid managed care members and Medicaid fee-for-service members.

Please note that NCQA will review provider contracts, manuals and marketing materials for any language that suggests hours of operation are different for Medicaid and non-Medicaid patients.



REVIEW OF DENIALS

New Hampshire Healthy Families sends you and your patients written notification any time a decision is made to deny, reduce, suspend or stop coverage of certain services. The denial notice includes information on the availability of a medical director to discuss the decision.

Peer-to-peer reviews

If a request for medical services is denied due to lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling New Hampshire Healthy Families at **1-866-769-3085**. A case manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Filing appeals

The denial notice will also inform you and the member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to allow for New Hampshire Healthy Families to make timely medical necessity decisions based on complete information.

New technology, new coverage

New Hampshire Healthy Families evaluates the inclusion of new technology and new applications of existing technology for coverage determination on an ongoing basis. We may provide coverage for new services or procedures that are deemed medically necessary. This may include medical and behavioral health procedures, pharmaceuticals or devices.

Requests for coverage will be reviewed and a determination made regarding any benefit changes that are indicated. When a request is made for new technology coverage on an individual case and a plan-wide coverage decision has not been made, New Hampshire Healthy Families will review all information and make a determination on whether the request can be covered under the member's current benefits, based on the most recent scientific information available.

For more information, please call **1-866-769-3085**.

Help your patients, help our **HEDIS** scores

HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most of America's health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year. Through HEDIS, NCQA holds New Hampshire Healthy Families accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. New Hampshire Healthy Families also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates. It's an important part of our commitment to providing access to high-quality and appropriate care to our members.

Please consider the HEDIS topics covered in this issue of the provider newsletter: diabetes and cardiovascular disease. Also, review New Hampshire Healthy Families' clinical practice guidelines at NHhealthyfamilies.com.



HEDIS FOR CARDIOVASCULAR DISEASE

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 beta-blocker 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.

A new HEDIS measure this year is statin therapy for patients with clinical atherosclerotic disease and 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. New Hampshire Healthy Families can provide educational materials and other resources addressing the above topics.
- Please encourage your New Hampshire Healthy Families patients to contact New Hampshire Healthy Families for assistance in managing their medical condition. New Hampshire 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 New Hampshire Healthy Families member services at **1-866-769-3085** and ask for medical care management.

HEDIS for diabetes

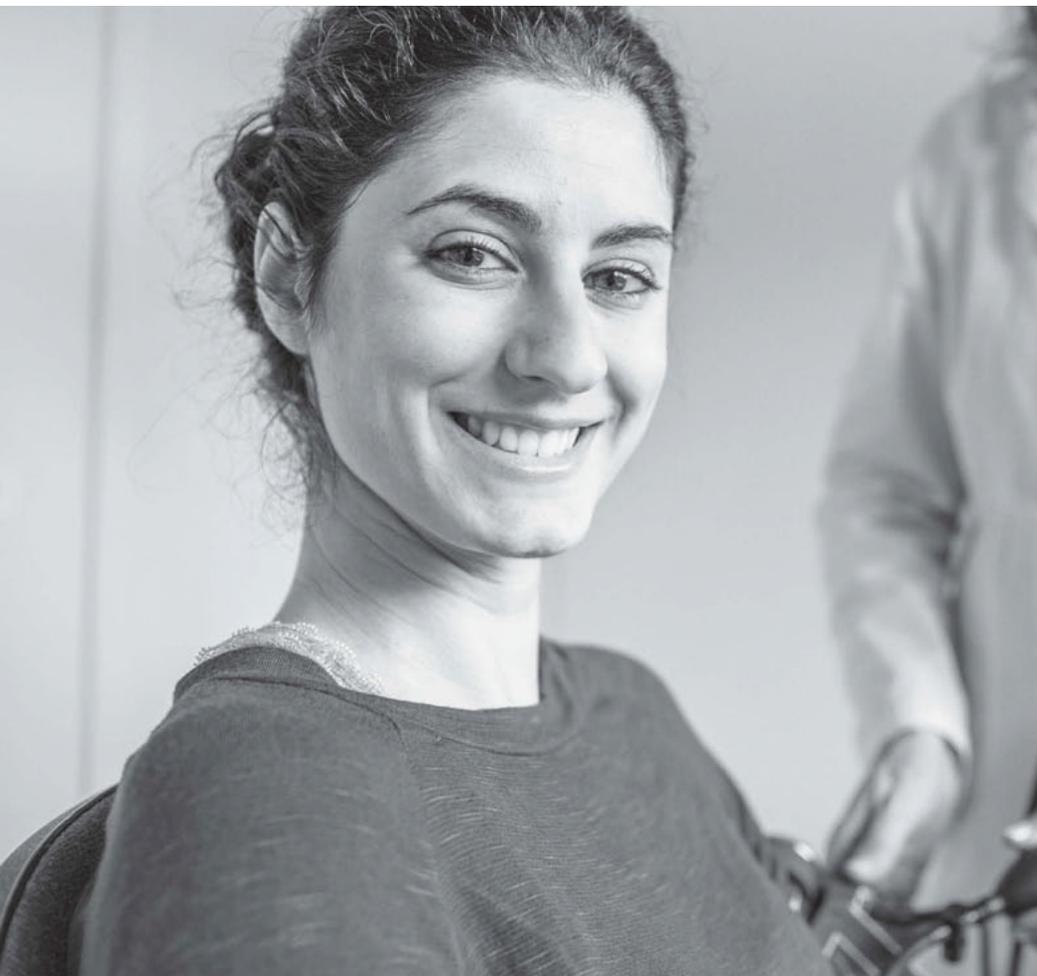
The HEDIS measure for comprehensive diabetes care includes adult patients with Type I and Type II diabetes. There are multiple sub-measures included:

- HbA1c testing — completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- HbA1c level —
 - HbA1c result > 9.0 = poor control
 - HbA1c result < 8.0 = good control
 - HbA1c result < 7.0 for selected population
- Blood pressure control — < 140/90
- Dilated retinal eye exam — annually, unless the exam the year prior was negative, then every two years

- Nephropathy screening test — macroalbumin or microalbumin urine test at least annually (unless documented evidence of nephropathy)

What providers can do

1. Dilated retinal eye exam: New Hampshire Healthy Families can assist your office with finding a vision provider. Our vision vendor supports our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
2. Nephropathy screening test: Did you know a spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening?



We are here to help

Contact us at 1-866-769-3085 to speak with our provider services team. Explore our site for tools and tips about utilization management, quality improvement, prior authorization and more.

To learn more about our provider services, please check our provider manual, available at **NHhealthyfamilies.com**.

If you or one of our members would like a paper copy of anything found on our site, please call **1-866-769-3085**.



NEW HAMPSHIRE HEALTHY FAMILIES PROVIDER SERVICES: 1-866-769-3085, Monday to Friday, 8 a.m. to 5 p.m., NHhealthyfamilies.com

GET IT ON PAPER: If you would like a paper copy of anything in this newsletter or our site, please call Provider Services.

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