

# PROVIDER bulletin



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Medicaid



Marketplace



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## Important Pharmacy Claims Processing Change, Effective January 1, 2024

*This message applies to Medicaid  
but Ambetter and Wellcare are also  
transitioning to Express Scripts for 1/1/24.*

We are pleased to announce that, effective January 1, 2024, Express Scripts® will begin processing pharmacy claims for our plan members.

Express Scripts is a pharmacy benefit management (PBM) company serving more than 100 million Americans. Express Scripts Pharmacy delivers specialized care that puts patients first through a smarter approach to pharmacy services.

Members will be notified in advance and will receive a new ID card with updated pharmacy information, so that they are prepared to begin having their prescriptions filled at participating network pharmacies when this change occurs.

Providers can direct members to call the Member Services phone number listed on their ID card should they have questions about this change.

Please read the [FAQ](#) or contact your Provider Relations Representative with any additional questions.

*Thank you for the care you provide to our members.*

## Appointment Accessibility Standards

NH Healthy Families follows the [accessibility requirements](#) set forth by applicable regulatory and accrediting agencies. NH Healthy Families monitors compliance with these standards on an annual basis through a Provider Survey. It is the expectation that all providers will comply with the survey request. We will use the results of appointment standards monitoring to ensure adequate appointment availability, and reduce unnecessary emergency room utilization.

# New Webpage!

The Provider Engagement team is thrilled to present our new [Provider Engagement Administrator](#) webpage located on the NH Healthy Families website.

This page showcases all of our Provider Engagement Administrators with the providers they service. There is also a zip code look up tool that will help guide you to who they are assigned with if not listed above.



# Reminder

NH Healthy Families, Ambetter from NH Healthy Families and Wellcare would like to remind all providers of their contractual obligation to submit updates regarding their provider demographic information within thirty days of the occurrence. Timely submission of changes helps to ensure that our provider directory is accurate and up to date for members utilizing the directory to locate providers. Changes requiring notification to the plan include demographic changes, panel status changes, age limitations, phone and location updates. Changes can be emailed to the following email address dependent upon line of business:

NH Healthy Families & Ambetter from NH Healthy Families: [nh\\_providernetworkoperations@centene.com](mailto:nh_providernetworkoperations@centene.com)  
Wellcare: [nhcredinquiries@wellcare.com](mailto:nhcredinquiries@wellcare.com)

# Continuing Focus on Quality

As part of our ongoing focus on quality, we are highlighting Wellcare this quarter for our partnership in improving health outcomes for our members. According to <https://data.cms.gov>, there were approximately 330,000 total people enrolled in Medicare in NH in January 2023, which is about 23% of the total population. Partnering with you, their providers, to identify and close care gaps for these members is critical in improving their health and wellbeing. There are often members with dual coverage (Medicare/Medicaid) in such a health plan who could benefit from health plan care coordination or joint partnership.

## Medicare Incentive Programs

(contact Provider Engagement team member for full list of conditions on these programs):

### Partnership for Quality (P4Q) Bonus Program

This program rewards PCPs for improving quality and closing gaps in care. The P4Q Program includes a bonus enhancement to better align payment with quality. Providers can now potentially earn a 50% bonus increase by achieving an aggregate STAR Rating of 4.0 or higher across HEDIS® and Pharmacy measures listed in the table to the right (includes bonus amount). The measurement period is 1/1/23 to 12/31/23. Upon completion of the examination, document care and diagnosis in the patient's medical record and submit the claim/encounter containing all relevant ICD-10, CPT and/or CPT II codes by Jan. 31, 2024.

BCS – Breast Cancer Screening: \$50
CBP – Controlling High Blood Pressure: \$50
Diabetes – Dilated Eye Exam: \$40
Diabetes HbA1c <= 9: \$50
COA – Care for Older Adults – Pain Assessment (SNP members only): \$25
COA – Care for Older Adults – Review (SNP members only): \$25
COL – Colorectal Cancer Screen: \$50
FMC – F/U ED Multiple High Risk Chronic Conditions: \$40
Medication Adherence – Blood Pressure Medications: \$50
Medication Adherence – Diabetes Medications \$50
Medication Adherence – Statins: \$50
OMW – Osteoporosis Management in Women Who Had Fracture: \$50

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## Peak Performance Program

This program offers an additional incentive to support your efforts to close care gaps members may have before the end of the year. It is part of Wellcare's initiative to recognize providers who improve the overall health outcomes of our members. Bonuses are triggered through the normal Provider/Plan submission of claims/encounters. Bonuses are in addition to the compensation you may receive under the Partnership for Quality (P4Q) Program. The measurement period is 10/1/23 to 12/31/23 (claims submitted by 1/31/24), and payment will be made in summer 2024. Providers can potentially earn a bonus by scheduling appointments with members to address the target measures listed in the table below (includes bonus amount).

BCS – Breast Cancer Screening: \$100
CBP – Controlling High Blood Pressure: \$100
COA – Care of Older Adult – Medication List and Review*: \$100
COA – Care of Older Adult – Pain Screening*: \$100
COL – Colorectal Cancer Screen: \$100
Diabetes – Dilated Eye Exam: \$100
Diabetes HbA1c ≤ 9: \$100
FMC – F/U ED Multiple High Risk Chronic Conditions: \$100
OMW – Osteoporosis Management in Women Who Had Fracture: \$100
SPC – Statin Therapy for Patients with CVD: \$100
TRC – Medication Reconciliation Post Discharge: \$100
TRC – Patient Engagement after Inpatient Discharge: \$100

## Medicare Member Rewards

Wellcare members are eligible to receive rewards each year for healthy behavior. Help remind members of the rewards available to them for the following (My Rewards Customer Service # 1-866-550-1590)

- Annual Wellness Visit
- Diabetic HbA1c Testing
- Diabetic Retinal Eye Exam
- Bone Density Screening
- Diabetic Kidney Evaluation
- Breast Cancer Screening
- Colon Cancer Screening
- Annual Flu Vaccine

- Learn & Earn
- Program Registration Incentive – Digital



## Annual Wellness Visits

Preventative care visits assist with identifying and treating health care conditions. Earlier diagnoses, as well as detection of changes in current conditions, leads to earlier treatment and better outcomes for the members. These visits also provides an opportunity to discuss challenges your patients may be facing that prevent them from taking care of themselves as recommended.

Ensure your medical record documentation captures all the components of an Annual Wellness Visit completed during the visit, including but not limited to:

- Vital Signs
- BMI Assessment: Calculate and record patient's height and weight.
- For patients with diabetes, document preventive care checks such as an annual eye exam, kidney function test and A1C lab tests.
- Physical activity, nutrition, mental health, care gaps, etc.
- Complete Medication Reviews: including prescription, non-prescription, vitamins, etc.
- Medication Adherence: Ensure the patient is taking medication to control diabetes, hypertension, cholesterol, and mental illness.
- Functional Status Assessment & Pain Screening: how well is your patient able to perform daily living activities and are they experiencing any pain?
- Discuss any substance use by the member that may be harmful to their health, and provide guidance and resources as appropriate.
- Discuss and schedule screening tests that are due (e.g. Colorectal Cancer Screening, Mammogram, Cervical Cancer Screening, lab work, etc.)
- Review immunization status- discuss importance and administer/ schedule as needed.
- Children & Adolescents- Order Lead Screening test to occur prior to age 2. For members ages 3-17, document BMI percentile, and counsel for nutrition and physical activity. Ensure Immunizations are up to date.

Remember if it's not documented, it never happened. Record everything in the patients' medical record.

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## Member Experience

CAHPS is an annual survey that assesses patients' satisfaction with their providers, as well as their health and drug plan. While satisfaction is subjective, there are some ways you can positively influence your patients' perception of the care they receive: Try to see your patients within expected timeframes, check the formulary to ensure coverage of prescriptions, share test results as soon as you get them; help coordinate and manage care to other health services; refer patients to network specialist; etc.



## Closing Member Care Gaps Why is it so important?

- Improves the health and wellbeing of our members
- Transforms the health of the overall community, one person at a time.
- Increases reimbursement to providers for certain value-based care programs (e.g. P4Q, CPT II code reimbursements, etc.)
- Improves quality scores (HEDIS, STAR ratings, CAHPS, etc.)
- Improves health and economic outcomes, including health equity



## CPT II Codes and HCPCS Billing for Medicaid and Medicare

- CPT II codes are available to be billed for \$.01 for our NH Healthy Families and Wellcare lines of business and can reduce your need to send medical records upon request, therefore reducing administrative burden on your practice.
- If you have questions about the program (including specific CPT II coding), please contact your Provider Engagement team member.



## Care Coordination Reminder

Collaboration and coordination of care for our members is available through care management.

- NH Healthy Families (Medicaid)- 1-866-769-3085
- Wellcare (Medicare)- 1-855-733-8114
- Ambetter (Marketplace)- 1-844-265-1278



## HEDIS Measure Spotlight:

### Transitions of Care (TRC)

This measure focuses on documentation of four quality indicators for patients who received inpatient care.

- Evidence that the inpatient admission was documented in the medical record of the primary care practitioner within two days of the admission
- Evidence that discharge information is recorded in the medical chart within 2 days after the discharge (3 total days).
- Follow-up appointments are scheduled within 30 days after discharge.
- Medication reconciliation occurs within 30 days after discharge.

These TRC qualifying visits can be performed as an office visit, telephone, e-visit or virtual check in. Please consider using CPT II coding when completing the recommended care as it allows for administrative identification that the care was received and potentially prevents request for medical record review.

### Follow-up After Emergency Dept Visit for People with Multiple High-Risk Chronic Conditions (FMC)

- The purpose of this measure is to assess whether or not members living with multiple chronic conditions who are seen in the ED received follow-up care within seven days of discharge. Diagnoses included in the measure are COPD and asthma, Alzheimer's disease, Chronic kidney disease, Depression, Heart failure, Acute myocardial infarction, Atrial fibrillation, Stroke and transient ischemic attack. Outpatient visits, a behavioral health visit, a telephone visit, transitional care management services, case management visits, and Complex Care Management Services that occur on the day of the ED visit or within seven days all qualify.

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## Smoking Cessation

Cigarette smoking continues to be the number one cause of preventable death in NH and the US (dhhs.nh.gov). Let's work together to help our members develop a plan to quit smoking.

### Available Resources

- Quit Now NH: 1-800-Quit-Now- Provides free gum, patches, and lozenges delivered to the person's home at no cost if they enroll in coaching sessions. A Quit Coach will work with the member over the phone to develop a plan to quit that works for their lifestyle. (State resource)
- Quit Works-NH: Quit Works-NH is for use by any provider with any patient willing to make a quit attempt, regardless of health insurance status. Quit Works-NH offers professional development eLearning modules to fit peoples busy schedules. The modules are FREE, On-Demand, Self-Paced, and offer Continuing Education Credits. If your office is interested in becoming a participant in Quit Works-NH, please contact NH Tobacco Prevention & Cessation Program (Teresa Brown) at (603) 271-8949 or electronically at [Teresa.Brown@dhhs.nh.gov](mailto:Teresa.Brown@dhhs.nh.gov). (State resource)
- NH Healthy Families/Wellsense/Ambetter- Smoking Cessation assistance available. Contact

Member Services (see Care Management section previous page for phone numbers). Example- Ready for My Recovery- this NH Healthy Families program provides access to substance use disorder services, including care management, resources and rewards for members who are committed to entering a substance misuse program.



## 2023 HEDIS Quick Reference Guide & At-A-Glance Star

### Measures Guide-

The [Quick Reference Guide](#) has been updated to reflect NCQA HEDIS MY 2023 Technical Specifications and is now available on our website under Provider Resources (Quality). “As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies’ efforts to improve preventive health outreach for members.” The HEDIS At-A-Glance Star Measures Guide has also been updated to provide the tools to meet, document and code HEDIS Measures for 2023. “Together, we can improve our Star Ratings by ensuring optimum care and service to our members.”

# Resources for Improving the HPV Vaccine Rate in Your Clinic

NH Healthy Families has been conducting a year-long performance improvement project aimed at increasing the HPV vaccine rate for our members ages 9-13. As part of this project, the team completed a comprehensive resource review on the subject. Below are three resources that we recommend for building a framework to increase the HPV vaccine rate for your patients ages 9-13.

### [STARTS AT 9 TOOLKIT \(hpvroundtable.org\)](https://www.hpvroundtable.org/)

The American Cancer Society’s National HPV Vaccination Roundtable has developed the “Start at Age 9” toolkit that can be used in your practice. The kit includes Posters, Vaccination Schedule, Cue Cards for Clinic Staff and HPV Vaccination reminder cards. The materials in this toolkit may be freely copied, printed and distributed as long as the toolkit website address is included.

### [Steps for Increasing HPV Vaccination in Practice \(cancer.org\)](https://www.cancer.org/healthy/prevention-and-screening/immunization/starting-hpv-vaccination-at-age-9.html)

This is a step-by-step action guide developed by the American Cancer Society as part of their Mission:HPV Cancer Free initiative to Implement Evidence-Based Strategies in Clinics. This nationwide public health initiative aims to increase US adolescent HPV vaccination rates to 80% by 2026.

### [Start HPV Vaccination at Age 9 - National HPV Roundtable](https://www.cancer.org/healthy/prevention-and-screening/immunization/starting-hpv-vaccination-at-age-9.html)

The American Cancer Society has compiled a collection of articles on the impact of initiating HPV vaccination at ages 9-10, including population studies, quality improvement projects, brief reports, and commentaries from experts in the field. The collection of 10+ published articles shows the benefits, effectiveness, and acceptability of routinely recommending HPV vaccination for all preteens starting at age nine.



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# It May be Time for Your Patients to Redetermine Their Medicaid Eligibility

## Continuous Medicaid Coverage Has Ended

The COVID-19 federal public health emergency providing continuous Medicaid coverage has ended. Your patients have/will receive letters from DHHS including the date by when they must complete their Medicaid redetermination. If they do not complete their Medicaid redetermination by the date in their DHHS yellow letter, they will lose health coverage.

**Please note: Be sure your patients wait until their redetermination month (will be noted on their letter or NH EASY account) to take action.**

### Let your patients know:

If they no longer qualify for Medicaid, they may be eligible for health insurance coverage through a Marketplace or a Medicare Advantage plan, including our Marketplace plan Ambetter ([Ambetter.NHhealthyfamilies.com](https://Ambetter.NHhealthyfamilies.com)) or our Medicare Advantage plan Wellcare ([Wellcare.com/en/New-Hampshire](https://Wellcare.com/en/New-Hampshire)).

If they have questions about, or lose their health insurance coverage, they have options. New Hampshire offers enrollment assistance through NH Navigator programs at no cost. Navigators can help with private insurance or Medicaid. To contact an insurance navigator, call 1-877-211-6284 or 800-208-5164.

- First Choice Services, [acanavigator.com/nh/home](https://acanavigator.com/nh/home)
- Health Market Connect, [www.hmcnh.com](https://www.hmcnh.com)

### Ways they can complete their redetermination or provide requested information:

1. Online: <https://nheasy.nh.gov>
2. By mail: Centralized Scanning Unit, PO Box 181, Concord, NH 03302.
3. In person: Visit one of DHHS District Offices, locations can be found at <https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations>

### If they need help:

They can visit one of DHHS District Offices in person or contact the DHHS Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3447) and select option #3 or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 8:00 a.m. to 4:00 p.m. ET.

**Thanks for all that you do for the health and wellbeing of your patients. If you have any questions, email us at [NHProviderRelations@centene.com](mailto:NHProviderRelations@centene.com) or call 1-866-769-3085 today.**

# Fluvention is in Full Swing!



Remind your NH Healthy Families patients the importance of getting the flu vaccine. They can also get rewarded!\*\* Your NH Healthy Families patients can get more information and find a doctor or pharmacy\* near them to get their flu shot by visiting: [nhhealthyfamilies.com/flu](https://nhhealthyfamilies.com/flu).

NH Healthy Families members ages 6 months and up can **earn \$20\*\*** in *myhealthpays*® rewards just for getting the flu vaccine!



\*Only members age 18 or older can receive the flu vaccine at a pharmacy.  
\*\*Some restrictions and limitations apply. Each member can earn up to \$250 in cash and non-cash goods and services through June 30 each year.



## UPDATE Corner



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.

### **Pharmacy Updates:**

Visit [NHhealthyfamilies.com](https://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](https://NHhealthyfamilies.com) under “Provider News”

- [Pharmacy Policy Update Effective January 1, 2024](#)
- [Important Pharmacy Claims Processing Change Effective January 1, 2024](#)
- [NEW DATE! Harm Reduction 101 and Naloxone Administration](#)
- [Enhancing Care Coordination for Patients with Medical and Behavioral Needs](#)

*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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