



nh healthy families™

provider bulletin

2017 Vol. 1, No. 7



Availability of our Providers

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate you working with us to accommodate our members' clinical needs. In order to ensure appropriate care, we have adopted the availability standards below.

| TYPE OF APPOINTMENT | SCHEDULING TIME FRAME |
|---|--|
| Transitional care after inpatient stay (medical or behavioral)— PCP, specialist or CMHC | Within 7 calendar days of discharge |
| Transitional care after inpatient stay (medical or behavioral)—home care | Within 2 calendar days of discharge—must be ordered by PCP, specialty care provider or as part of discharge plan |
| PCP non-symptomatic office visit | Within 30 calendar days of request |
| PCP non-urgent, symptomatic visits | Within 10 calendar days of request |
| PCP or other provider urgent, symptomatic office visits | Within 48 hours |
| Specialist Routine | Within 45 days of the request |
| Specialist Urgent | Within 48 hours of the request |
| Mental health providers | Care within 6 hours for a non-life threatening emergency; care within 48 hours for urgent care; appointment within 10 business days for a routine office visit |
| Post discharge from New Hampshire Hospitals | Contact with community mental health center within 48 hours of psychiatric discharge from a New Hampshire hospital and follow-up appointment to occur within 7 calendar days |
| Private hospital psychiatric discharge | Follow-up appointment within 7 calendar days |
| Emergency providers (medical and behavioral) | Immediately (24 hours a day, 7 days a week) and without prior authorization Primary Care and Specialist Providers must provide either an answering service or after-hours message with information on how to access after-hours care. |

Thank you for complying with these guidelines and providing the highest quality care for our members.

Billing the Member

A provider may bill a member for a claim denied as not being medically necessary, not a covered benefit, or the member has exceeded the program limitations for a particular service only if the following condition is met. Prior to the service being rendered, the provider has obtained and kept a written member acknowledgement statement. The member acknowledgement statement, which must be signed by the member, should read as follows:

I understand that, in the opinion of (provider's name), the services or items that I have requested to be provided to me on (dates of service) may not be covered under NH Healthy Families Network program as being reasonable and medically necessary for my care. I understand that NH Healthy Families through its contract with the New Hampshire Department of Health and Human Services determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and receive if these services or items are determined not to be reasonable and medically necessary for my care.



Member Story: Bridging the Gap to Specialized Services

A member was brought to the Emergency Department by her mother in March. She has several behavioral health concerns including anxiety and an Autism Spectrum Disorder diagnosis. Her mother had been trying for years to find an outpatient provider that can support the member with no success. After 5 days in the Emergency Department the mother was very upset and reported that "no one wants to help her and her child."

"K," an Integrated Care Manager with NH Healthy Families worked with the mother and the Dartmouth Nurse Coordinator from the member's PCP. "K" researched providers in New Hampshire that specialize in Autism, then cross-referenced that list with the in-network providers. A provider was identified as an appropriate provider but they had a 4-week wait list. "K" advocated, with the permission of the mother, to have the member considered for an urgent intake to establish treatment.

Within 2 days of "K" calling the facility the member had an appointment set up with a specialist for spectrum disorders and she was discharged from the Emergency Department observation bed after spending 8 days. The member feels very supported with this new provider. In addition, she has in-home supports and was connected to a psychiatrist in Dartmouth as well. The Mother has expressed great appreciation for the support she received by NH Healthy Families and "K" in particular.

NH Healthy Families'
Announcement
on a network or
preferred Provider
→ **1-844-699-6840**

As a part of our ongoing improvement initiatives, we have made the NH Healthy Families Out of Network helpline available to our providers.

This line can be accessed **Monday through Friday from 8:00 A.M. to 5:00 P.M. EST.**

The NH Healthy Families Out of Network helpline gives 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 will be able to assist you with the following:

- Searching for, and locating an alternative in network or preferred provider
- Researching the specific member situation, to allow for ease of transfer of care
- Providing guidance and assistance on the out of network process

The NH Healthy Families Out-of-Network helpline is available to you at
1-844-699-6840.

HEDIS for Cardiovascular Disease

The Controlling High Blood Pressure (CBP) HEDIS measure applies to patients 18-85 years old who have been diagnosed with hypertension (required exclusion for individuals living in a SNF during the measurement year. Optional exclusions are available for individuals with end-stage renal disease and pregnant women). The HEDIS measure evaluates the percentage of patients who have hypertension whose blood pressure is in adequate control. For patients age 18-59 & patients with a diagnosis of diabetes, adequate control is 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 years of age, adequate control is defined as less than 150/90.

The Presentence of Beta Blocker Treatment after a Heart Attack (PBH) HEDIS measure

measures members 18 years of age and older who were hospitalized and discharged after an acute myocardial infarction (AMI) who received persistent beta-blocker treatment 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.

Statin Therapy for Patients with Cardiovascular Disease (SPC) measures the percentage of males 21-75 years of age and females 40-75 years of age who were identified as having clinical atherosclerotic cardiovascular disease who receive at least one high or moderate intensity statin therapy medication during the year and those who are adherent to the therapy 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 us at **1-866-769-3085** and ask for medical care management.



Incentives Statement

NH Healthy Families does not reward practitioners, providers, or employees who perform utilization reviews, including those affiliated with delegated entities for issuing denials of coverage. Utilization Management (UM) decisions are based only on appropriateness of care, service, and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

NH Healthy Families and its delegated health plan partners have utilization and claims management systems in place in order to identify, track, and monitor the care provided and to ensure appropriate healthcare is provided to our members.

NH Healthy Families has implemented the following measures to ensure appropriate utilization of health care:

- A process to monitor for under and overutilization of services and take the appropriate intervention when identified.
- A system in place to support the analysis of utilization statistics, identification of potential quality of care issues, implementation of intervention plans and evaluation of the effectiveness of the actions taken.
- A process to support continuity of care across the health care continuum.

If you have any questions please call a NH Healthy Families Provider Relations representative at **1-866-769-3085**.

Pharmacy Updates

Visit NHhealthyfamilies.com/providers/pharmacy.html 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 under “**Provider News**.”

Prior Authorization Correction Enteral Supplies

Beginning on June 1st, 2017, NH Healthy Families inadvertently enforced prior authorization requirements on the enteral supply codes listed (shown right).

Services outlined below do not require authorization for participating providers in the NH Healthy Families network. Any claims denied in error will be reprocessed by NH Healthy Families.

| CODE | DESCRIPTION |
|-------|---|
| B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape (Enteral feed supkit syr by day) |
| B4035 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape (Enteral feed supp pump per day) |
| B4036 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each |
| B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each |

*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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