

# PROVIDER bulletin



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nh healthy families.



Medicaid



Marketplace



Medicare

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## Continuity of Care (CoC) Program



The Continuity of Care (CoC) program is designed to support outreach to members for annual visits and condition management, which will help us better identify members who are eligible for case management. The program achieves this goal by increasing visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn bonus payments for proactively coordinating preventive medicine and for thoroughly addressing patients' current conditions to improve health and clinical quality of care. Our members benefit from this program by receiving more regular and proactive assessments for their chronic conditions, reducing healthcare costs and improving quality of care.

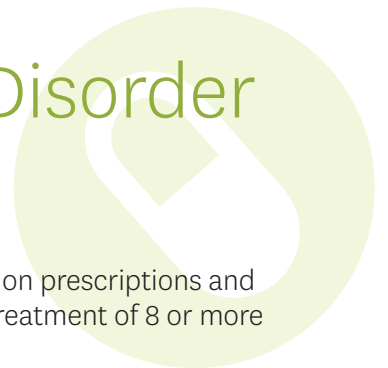
### INTRODUCING SARAH O'CONNOR-WILLMOTT

With our focus on care gap closure, ensuring current and accurate member health data is captured, and the need to develop meaningful Quality initiatives, we have several team members that support these efforts. One of those team members is Sarah O'Connor-Willmott, Risk Adjustment Manager. Sarah has been with NH Healthy Families for eight years and worked in the NH Medicaid space for fourteen. Over the years she has supported the Provider Network team, worked on resolving claim escalation and generally gained a broad knowledge of information systems, policies, enrollment, and claims. This background lends well to her current role as a Manager that oversees several areas of focus; risk adjustment, claims encounter data and quality data needs.



When it comes to quality, her focus is providing analytical support to promote successful program and intervention outcomes, investigate any potential barriers so they can be addressed, and partner in the development of new opportunities to address quality improvement.

# Pharmacotherapy for Opioid Use Disorder (POD)



## WHY IS THE POD MEASURE IMPORTANT?

Pharmacotherapy, the treatment of a disorder with medication, has been identified as a critical part of treatment for individuals challenged with opioid use disorder (OUD). Less than 40% of U.S. residents over age 12 with an OUD diagnosis receive pharmacotherapy.<sup>1</sup> Encouraging pharmacotherapy is critical because individuals with OUD who engage in treatment with pharmacotherapy are less likely to exhibit withdrawal or craving symptoms and use illicit opioids and are more likely to remain in treatment and engage in mental health therapy.<sup>2,3</sup>

## WHAT CAN YOU DO TO HELP?

- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- Inform of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.

- Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- Offer mutual help like peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.)
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.
- Encourage coordination of care and communication between the physical and behavioral health providers, including transitions in care.
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.

See our [information sheet](#) on our website for more details.

1. Wu, L.T., Zhu, H., & Swartz, M.S. (2016). Treatment utilization among persons with opioid use Disorder in the United States." *Drug and Alcohol Dependence* 169, 117–27.  
 2. NIDA. (2016). Effective treatments for opioid addiction. <https://www.drugabuse.gov/effective-treatments-opioid-addiction-0>  
 3. Connery, H.S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions." *Harvard Review of Psychiatry*, 23(2):63–75. doi:10.1097/HRP.000000000000075.

## How We Make Utilization Management (UM) Decisions



NH Healthy Families affirms that UM decision making is based on appropriateness of care and service and the existence of coverage. NH Healthy Families does not reward practitioners or other individuals for issuing denials of service or care. Financial incentives for UM decision makers does not encourage decisions that result in underutilization. For more information about how NH Healthy Families makes UM decisions please refer to your [NH Healthy Families Provider Manual](#) (pages 35-36) available on our website.

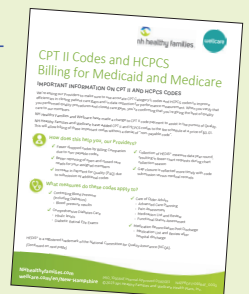
## CPT II Codes and HCPCS Billing



### IMPORTANT INFORMATION ON CPT II AND HCPCS CODES

We're asking our providers to make sure to use accurate CPT Category II codes and HCPCS codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you're confirming that you're giving the best of quality care to our members.

Please refer to the [Quick Reference Guide HEDIS® MY 2023](#) or our [CPT II Codes and HCPCS Billing information sheet](#) available on our website for these codes. *\*Note: most codes also apply to our Ambetter Marketplace product.*



# Grievance and Appeals Process

## GRIEVANCES

The grievance process allows the member, (or the member's authorized representative (family member, etc.) acting on behalf of the member or provider acting on the member's behalf with the member's written consent), to file a grievance either orally or in writing. A member grievance is defined as any member expression of dissatisfaction about any matter other than an "adverse action." Types of grievances include but are not limited to dissatisfaction with the quality of care or services the member received, dissatisfaction with the way the member was treated by the plan or its network providers, or dispute of an extension of time proposed by the plan to make an authorization or appeal decision. Grievance Resolution will occur within 45 calendar days from the date of the initial receipt of the grievance. Expedited grievance reviews will be available for members in situations deemed urgent.

## MEDICAL NECESSITY APPEALS

An appeal is the request for review of a coverage decision, such as the denial or limited authorization of a requested service, including the type or level of

service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or part of payment for a service excluding technical reasons; the failure to render a decision within the required timeframes; or the denial of a member's request to exercise their right under 42 CFR 438.52(b)(2)(ii) to obtain services outside the NH Healthy Families network. The member has 60 calendar days from the date of notice of action or inaction to file an appeal. The review may be requested in writing or orally, however all requests for appeals within the standard timeframe must be resolved within 30 calendar days of receipt of the appeal, with a 14 day extension possible. Expedited appeals may be filed. Decisions for expedited appeals are issued within 72 hours from the initial receipt of the appeal. NH Healthy Families may extend the timeframe by up to an additional 14 calendar days.

NH Healthy Families will provide assistance to both members and providers with filing a grievance or appeal by contacting our Member/Provider Services Department at **1-866-769-3085**. Please reference [Provider Manual](#) (pages 69-72) for further information.

# Kicks for Kids!

*Eligible ages: 12-17 years old*

## HOW IT WORKS:

When a NH Healthy Families Medicaid teen member visits their pediatrician for a well child exam any time this year they will be entered to win a **\$100 Nike® gift card\***!

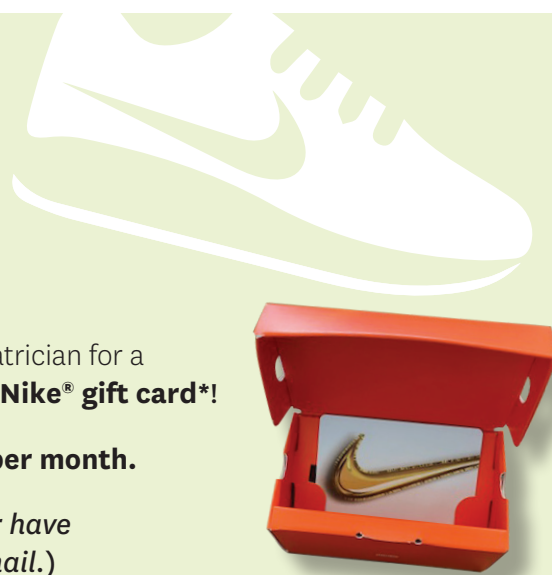
**Drawings will be held monthly, a total of 10 Nike® gift cards\* per month.**

*(Teens who have already completed their well child visit this year have been entered in the first drawings. Winners will be notified by email.)*

*There's no form to fill out or raffle entry to complete, they will automatically be entered just by completing their well child visit with their pediatrician.*

Remember, with My Health Pays® rewards they will earn \$30\* just for going to their well child visit!

\*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.





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FOR PROVIDERS

# Lead Test Little Ones!

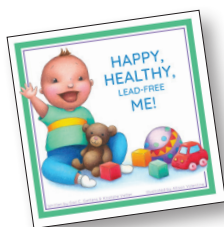


All NH children need to be tested for lead to help them stay healthy.

1. The first test should be completed around the child's first birthday.
2. The second test should be completed around the child's second birthday.

Toxic lead can be in dust, air, dirt, paint, or toys. **A lead screening test is quick and easy** – it can be completed at a child's wellness visit.

**Be sure to let parents or guardians of your very young patients know of the importance of lead testing at their next wellness visit. Thank you!**



Some great resources for them are available at [leadfreekidsnh.org](http://leadfreekidsnh.org) including the Happy, Healthy, Lead-Free Me! read along book!

## NEW IN MARCH 2024 THROUGH AUGUST 2024!

Eligible\* Children who complete a testing March 2024 - August 2024 will qualify for one of three \$100 Amazon gift card\*\* drawings each month.



**All qualifying members who completed testing in January and February are eligible to win. Winners will be notified via email and gift cards will be express mailed.**

\*Only NH Healthy Families members whose birthdays fall between 1/1/2023 and 8/31/2023, and/or 1/1/2022 and 8/31/2022 are eligible for this promotion.

\*\*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.

## Did you know?



New Hampshire has some of the oldest housing of anywhere in the United States with 55% of its homes built before 1978, the year lead-based paint was banned.

Source: Courtesy of NH DHHS

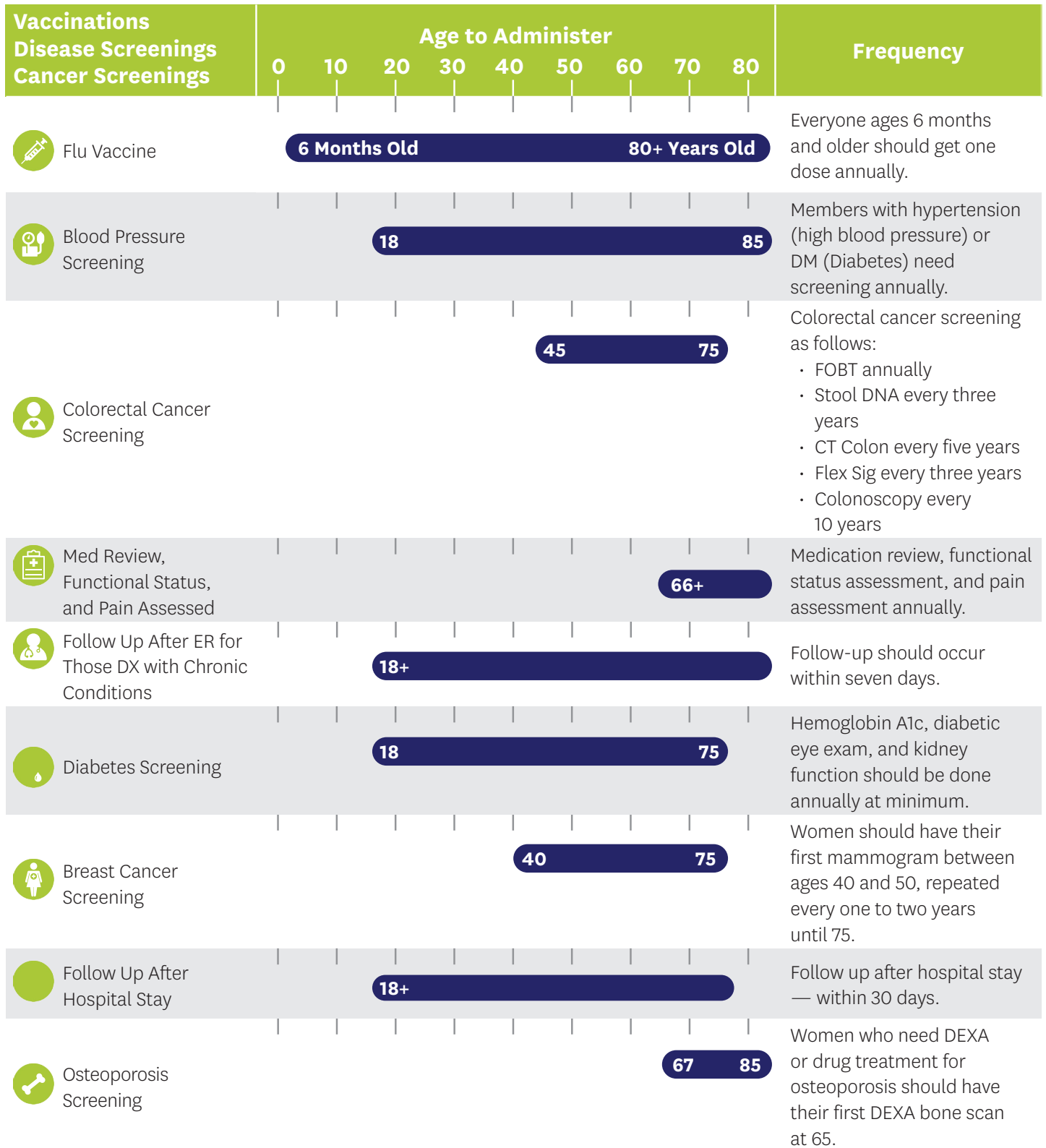
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[NHhealthyfamilies.com](http://NHhealthyfamilies.com)

# Preventive Health Screenings by Age



With your valued partnership we can work to minimize any gaps in care for your patients, our members, by encouraging them to get their preventive screenings at their annual wellness visits. **Thank you!**





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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](http://Ambetter.NHhealthyfamilies.com)) or our Medicare Advantage plan Wellcare ([Wellcare.com/en/New-Hampshire](http://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](http://acanavigator.com/nh/home)
- Health Market Connect, [www.hmcnh.com](http://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.**

# Annual Diabetic Eye Exam Reminder for Patients with Diabetes

Help us meet our Quality Measure for our members 18-75 years of age with diabetes (type 1 and type 2) and the importance of having retinal eye exam.

Some best practices:

- Refer diabetic members to an acceptable eye care professional annually.
- Educate members on the eye damage that could be caused by their diabetes.
- Help members to schedule their annual diabetic eye exam appointments.

Please refer to our [Quick Reference Guide HEDIS MY 2023](#) (page 17) for more information and coding. **Thank you!**



## Our Fax Notices Will Have a New Look Soon!



Be on the lookout for future fax notices with our updated Partnership in Practice theme!

## 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](http://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](http://NHhealthyfamilies.com) under “Provider News”

- [Resolving Payment Discrepancies on Claims](#)
- [Provider Alert: Change Healthcare Cybersecurity Incident and Its Impact to NH Healthy Families, Ambetter from NH Healthy Families and Wellcare](#)
- [Substance Use Disorder \(SUD\) ECHO: Core and Emerging Topics in Ambulatory Care](#)

*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**

Like us on Facebook and Twitter to stay in touch with initiatives and happenings around the state. #NHhealthy

