



# PARTNERSHIP IN PRACTICE

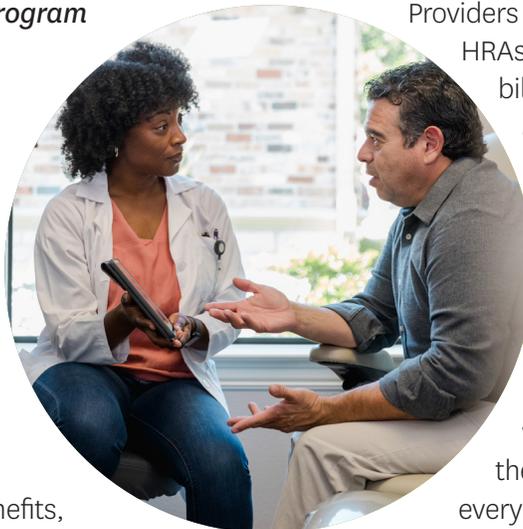


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## The Primary Care Connect Program (PCC) is Still a Key Focus for Our Health Plan

*The Primary Care Connect (PCC) Program Supports the Primary Care and Prevention Focused Care Model (PCPFCM).*

We remain committed to supporting providers in adopting and adhering to the model of care set forth by DHHS. We have launched a brand-new Health Insurance Portal mobile app for NH Healthy Families members. Through the app, members can update their PCP, search for care, review their benefits, and complete a Health Risk Assessment (HRA).



Providers can download member completed HRAs from the secure provider portal and bill CPT 96160 for reimbursement without an associated E&M code. For more information on how to download and review member completed HRAs, reach out to your [Provider Engagement Account Manager \(PEAM\)](#) or visit the resources page via our [website](#). Integrating the PCC model is challenging, but essential, work in addressing the health needs of the communities we serve. We appreciate everyone's efforts and look forward to continued collaboration.

### Accuracy Matters

**Enrollment and Roster Management –** Accurate provider rosters and member panels are essential for ensuring correct claims processing, appropriate member assignments, and a positive patient experience, while inaccuracies can lead to denied claims, misaligned member assignments, and negative impacts on quality and value-based outcomes. Please see the full details on [roster and member panel tips](#).



### Notification of Pregnancy



NH Healthy Families members may earn up to **\$160** in My Health Pays® Rewards during their first trimester of pregnancy. Members should work with their provider to complete the [Notification of Pregnancy \(NOP\) Form](#) (\$10) and complete their Prenatal visit during their first trimester (\$150). The NOP can be completed within the member portal or the member app. Alternatively, it can be e-mailed, mailed, or faxed to NH Healthy Families. Please see the [member flyer](#) for more information.

# Interpretation Services

Available to **NH Healthy Families** and **Ambetter from NH Healthy Families** members at no cost. Providers may schedule on behalf of members. Submit the Interpreter Request Form (found on our [website](#) under Forms) to [InterpreterRequests@Centene.com](mailto:InterpreterRequests@Centene.com) or call **1-866-769-3085** for assistance.



# Network Adequacy

**NH Healthy Families** and **Ambetter from NH Healthy Families** are

committed to ensuring timely and appropriate care for our members. This means having enough participating providers across specialties and locations, including sufficient appointment availability, without long wait times or excessive travel. Network adequacy supports continuity of care, patient satisfaction, and providers' compliance with state and federal requirements. Thank you for being an integral part of our provider network, delivering high quality care while meeting access and availability goals.



## HEDIS Spotlight: Chlamydia Screening (CHL)

**Measure overview:** Percentage of members 16–24 who were recommended for routine chlamydia screening, were identified as sexually active, and had  $\geq 1$  chlamydia test during the measurement year.

### Why It Matters

Chlamydia is common and often has no symptoms. Routine annual screening helps catch infections early, reduces the risk of pelvic inflammatory disease and infertility, and improves overall reproductive health outcomes.

### Who Counts in the Denominator

Members are identified as sexually active via pharmacy data (e.g., dispensed contraceptives) and/or claims/encounters indicating sexual activity, pregnancy, STI services/diagnoses. (Chart-only notes don't place a member in the denominator; make sure appropriate codes appear on claims.)

### Practical Compliance Tips

- Make it routine: Order annual screening for all sexually active patients ages 16–24.
- Use common visit types: Add screening to well-

child, well-woman, birth control, and STI-related visits so opportunities aren't missed.

- Offer easy testing options: Let patients know screening can be done with a urine sample; keep swabs accessible alongside Pap or pregnancy testing supplies.
- Protect privacy: When appropriate, meet with teens and young adults one-on-one to encourage open discussion.
- Standardize in the EMR: Include CHL in your health-maintenance rules, routine lab panels for ages 16–24, and standing orders for support staff.
- Data quality and completeness: Document sexual activity status in the note and submit the applicable codes promptly so eligible members appear in the denominator and the completed test is captured in the numerator.

### Provider Action

Embed CHL screening in everyday workflows for ages 16–24, via EMR alerts, standing orders, and routine lab sets. Keep testing supplies easy to reach, ensure private counseling time when needed, and send claims/encounters without delay so screenings count toward your HEDIS rate.

# Grievance and Appeals Process

## Grievances

The grievance process allows the member/members authorized representative, or the provider acting on the members behalf with their permission, to file an oral or written grievance with their health plan. 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 the Provider Manual available on our [website](#) under Manuals (pages 83-86) for further information.

# Our Quality Improvement Program

The Quality Improvement Program focuses on meeting the needs and expectations of our members, providers/practitioners, communities, regulatory/accreditation agencies, and other key stakeholders of the NH Medicaid Program. NH Healthy Families supports and fully complies with the Quality Strategy set by the Department of Health and Human Services for the New Hampshire Medicaid Care Management Program. It also directs activities designed to improve the health for all NH Healthy Families’ members, as well as addressing their cultural and linguistic needs.

NH Healthy Families continuously reviews our successes and opportunities for improvement and every year we look at the results of the data collected. For more information visit our [Quality Improvement](#) webpage.

NH Healthy Families completed member and provider focused improvement interventions in the following areas:

- Prenatal and Postpartum Care (PPC) Postpartum Care
- Child and Adolescent Well-Care Visits (Total) (WCV)
- Lead Screening in Children - first year
- Lead Screening in Children - 2nd year
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med (SSD)
- **And more!**

# Family & Friends Gas Mileage Reimbursement Program Update - *Effective February 1, 2026*



## WHAT'S CHANGING:

Beginning February 1, 2026, members who utilize the Family & Friends mileage reimbursement benefit must have their designated driver(s) registered with MTM (Medical Transportation Management, Inc.) **before reimbursement funds can be issued.**

## WHY THIS MATTERS:

This requirement ensures MTM can validate drivers and process reimbursement payments without delays. Many members rely on this benefit to attend medical appointments, so your support in sharing this information is greatly appreciated.

## KEY DETAILS FOR PROVIDERS TO SHARE WITH PATIENTS:

To continue receiving gas mileage reimbursement, members must:

- **Register all Family & Friends drivers in advance**
- **Complete a separate driver registration form for each individual driver**
  - Forms are available at [www.mtm-inc.net](http://www.mtm-inc.net) or <https://www.nhhealthyfamilies.com/members/medicaid/resources/handbooks-forms.html> (under the *Member Forms* section)
- **Submit a copy of the driver's license** along with the form
- **Email or fax all documents directly to MTM**
- Members who self-drive **must also register themselves as a driver**

**All required forms must be on file with MTM by February 1, 2026** for reimbursement to continue without interruption.

## UPDATED MILEAGE REIMBURSEMENT TRIP LOG – IMPORTANT NOTICE:

To support the new registration process, we have **enhanced the current Mileage Reimbursement Trip Log form.**

### What's new:

- **A dedicated section to record driver information** has been added
- The layout has been updated to align with MTM's new verification and reimbursement procedures
- The updated form should be used for all trips occurring on or after **February 1, 2026**
  - Forms are available at [www.mtm-inc.net](http://www.mtm-inc.net) or <https://www.nhhealthyfamilies.com/members/medicaid/resources/handbooks-forms.html> (under the *Member Forms* section)

*We encourage providers to share the updated form with patients and remind them to use it moving forward.*

## Introducing Sarah Martin, *Program Manager – Transportation Coordinator*



Sarah Martin is the Program Manager – Transportation Coordinator for NH Healthy Families. She supports the Non Emergency Medical Transportation (NEMT) Program, with services provided by MTM (Medical Transportation Management). Sarah brings 11 years of experience with NH Healthy Families, having served in various roles prior to her current position. She serves as a point of contact for questions or concerns related to the NEMT program and can be reached at [Sarah.M.Martin@Centene.com](mailto:Sarah.M.Martin@Centene.com).

# New Hampshire Care Connections & Unite Us:

## *Strengthening Care Coordination Across New Hampshire*

NH Healthy Families is now live on Unite Us as part of the state's [New Hampshire Care Connections \(NHCC\)](#) initiative and is actively sending and receiving referrals on the closed loop referral network. Through this secure system, providers can send and receive referrals, communicate with partners, and track outcomes - all in one place.

Participation is free for providers to join and enables organizations to **improve care coordination** through real-time referral tracking and direct communication with community partners, **close the loop on social needs** by confirming whether patients successfully received services, and **reduce administrative burden and duplication** with a centralized, streamlined referral process

***We encourage providers to join NH Healthy Families and be part of New Hampshire's growing connected network supporting whole-person care.***

Through NH Care Connections, organizations have access to the following tools, at no additional cost:

- Access to a closed-loop referral platform that goes beyond static resource lists by showing whether referrals were accepted and completed, providing you insight into **care outcomes**.
- Access to interoperability tools that can **integrate** the Unite Us platform with your existing systems, leading to a streamlined workflow and no additional administrative burden.
- Network-level **insights** to gain a clearer picture of referral outcomes, service availability, and trends across the communities you serve.



To learn more and join the network, visit:

<https://www.dhhs.nh.gov/programs-services/nh-care-connections>



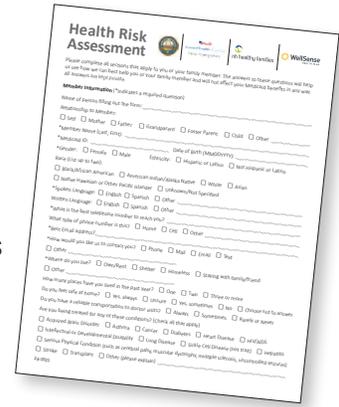
# HRA Screening During Patient Visits

Health Risk Assessments (HRAs) are a key tool for identifying patient needs, supporting proactive care planning, and improving quality outcomes. NH Healthy Families encourages providers to complete HRAs during routine visits to help ensure members receive comprehensive, personalized care. Plus, members who work with their PCP to complete their annual HRA will receive \$10 in My Health Pays® rewards.

- Inform preventive care and care planning
- Improve quality performance and outcomes

## What's New in 2026?

- Improved Reporting: Monthly reports identify patients who have completed HRAs, with access available through the secure portal.



## Why Complete HRAs?

HRAs help providers:

- Identify clinical and social risk factors
- Support meaningful patient conversations

Completing HRAs during visits makes a meaningful difference, for your patients and your practice. Thank you for your partnership in improving care.

# Member Wellness Visit Video

Continuing our member learning video series, we've created a new [Yearly Wellness Visit video](#). We cover what it is, what happens as a wellness visit and how they can earn a reward for completing on an annual basis.



## UPDATE Corner



Call NH Healthy Families Provider Services at 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"

- [6 Degrees Health – New Clean Claim Vendor Effective May 1, 2026](#)
- [Evolent Prior Authorization Updates, Effective April 1, 2026](#)

*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 to stay in touch with initiatives and happenings around the state. #NHhealthy

