



celticare health™

provider bulletin

2017 Vol. 1



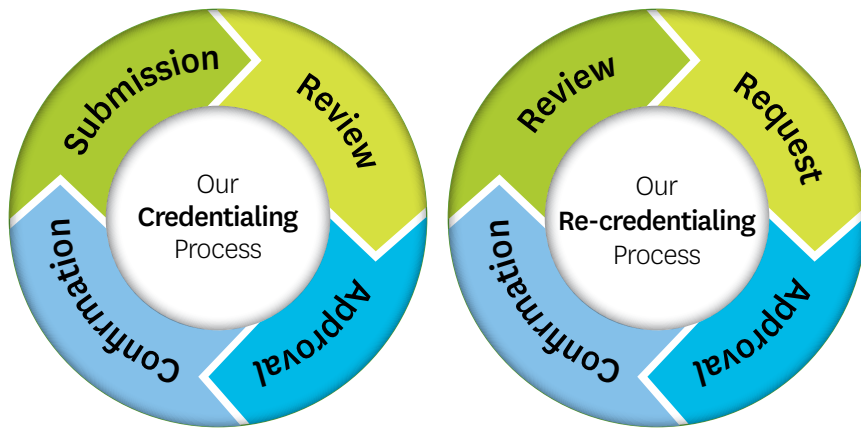
How We Strive for Quality

NH Healthy Families' primary quality improvement goal is to advance members' health through a variety of meaningful initiatives across all care settings. We rely on our Quality Improvement (QI) Program to support this goal. The scope of our Quality Improvement (QI) Program is comprehensive, addressing both the quality of clinical care and the quality of non-clinical aspects of service. The program monitors a variety of factors, including:



Potential quality of care and quality of service complaints.
Key performance measures such as access and availability.
Ensuring members with chronic conditions are getting recommended tests and appropriate medications for their condition.
Conducting member experiences surveys.
Provider feedback via surveys, committee participation, and direct feedback.
Monitoring utilization management effectiveness.
HEDIS® data reporting.

Learn more about the [QI program online at NHhealthyfamilies.com](http://NHhealthyfamilies.com) or call us at **1-866-769-3085**. ■



Four Facts about Credentialing and Recredentialing

1 Practitioners are provided a notice of recredentialing at least 180 days prior to their recredentialing date. When it’s available, NH Healthy Families will obtain necessary information from the CAQH credentialing site. We find it important to ensure that practitioners’ applications and supporting documents are updated in order to complete the recredentialing process. Further details about credentialing requirements can be found in our [Provider Manual on NHhealthyfamilies.com](#).

2 During the credentialing and recredentialing process, NH Healthy Families obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank.

Practitioners have the right to review materials collected during this process. The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department.

3 If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, NH Healthy Families will notify the practitioner and request clarification. A written explanation detailing the error or the difference in information must be submitted to NH Healthy Families within 30 days of notification of the discrepancy in order to be included as part of the credentialing and recredentialing process.

4 Practitioners have the right to request the status of their credentialing or recredentialing application any time by contacting the Credentialing Department at **1-866-769-3085**.

Learn more about the credentialing process in the provider section of [NHhealthyfamilies.com](#). ■

Member Experience Survey Captures Feedback to Improve Patient Care and Satisfaction

Appropriate patient care is essential to the overall health of the ones you serve. NH Healthy Families is dedicated to partnering with you to help maximize opportunities to improve patient care and the experience, for the benefit of you, the physician and the patient.

Each year, NH Healthy Families conducts a member experience survey utilizing a standardized national tool titled CAHPS® (Consumer Assessment of Healthcare Providers and Systems).^{*} Patients rate their overall health, their physician care and the experience they have within your practice. NH Healthy Families has created a [Quick Reference Guide that can be found at NHhealthyfamilies.com](#) outlining the category of questions your patients respond to, provider discussion questions and provider tips to enhance the relationship with the patients you serve.

**CAHPS is a registered trademark of the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. ■*





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 levels:
 - HbA1c result > 9.0 = poor control
CPT code 3046F can be used to indicate a poor control level.
 - HbA1c result < 8.0 = good control
CPT code 3045F can be used to indicate a good control level.
 - HbA1c result < 7.0 for selected population
CPT code 3044F can be used to indicate a <7.0 result.
- Blood pressure control— < 140/90
- Dilated retinal eye exam by an optometrist or ophthalmologist—annually, unless the exam the year prior was negative, then every two years
- Nephropathy screening test—includes but is not limited to:
 - One urine test for albumin or protein annually,
 - Evidence of nephropathy; and
 - Visit with a nephrologist or ACE/ARB therapy.

What providers can do

- 1. Dilated retinal eye exam:** NH Healthy Families can assist your office with finding a vision provider.
- 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?

Planning Advance Directives with Your Patients

Advance directives can be a sensitive topic to bring up with your patients, but it's important that they understand their right to execute these important documents. NH Healthy Families wants to make sure our members are getting the guidance and information they need, regardless of their current health status and before a crisis arises.

We encourage you to explain this process to your patients and show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so that it can be filed with their medical records. Providers are required to document provision of information and note whether or not patients have an advance directive in their permanent medical records.

During our medical record compliance audits, NH Healthy Families may monitor compliance with this recommendation. Please contact us at **1-866-769-3085** if you would like information about advance directives. ■

What about Mom?

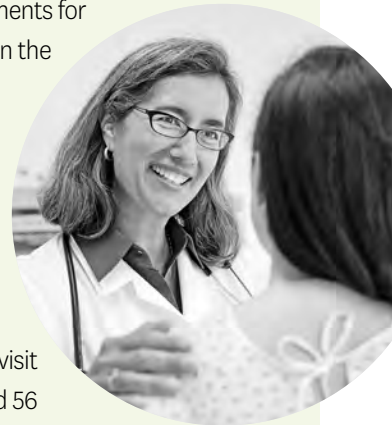
If a new mom is experiencing intense baby blues, Postpartum Depression may be the reason.

Postpartum depression affects how a mother takes care of herself or her baby. It can begin soon after pregnancy or within a year of giving birth. It's important for everyone involved to keep an eye on her symptoms during prenatal and postpartum care.

In addition, in an effort to meet HEDIS measures, it's important to schedule your patients' appointments for prenatal and postpartum care within the suggested timeframes:

- **Prenatal Care:** Prenatal visit must occur within the first trimester* of the pregnancy or within 42 days* of enrollment with the plan.
- **Postpartum Care:** Postpartum visit must occur on or between 21 and 56 days* after delivery.

** Visits that occur outside of the time frame do not count towards the measure. The time frame is fixed and does not allow for any flexibility outside the specified range. ■*



Pharmacy Updates

Visit NHhealthyfamilies.com/PharmacyUpdates 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.**

Formulary Changes for Preferred Drug List Effective March 1, 2016

Beginning in March, these medications have been removed from our Preferred Drug List (PDL) and will require prior authorization.

Non-Preferred Agent	Preferred Agent
Ciprodex Otic Suspension	Ofloxacin Otic
Pentasa	Delzical
Neupogen	Zarxio

Also effective in March, the quantity limits for the medications below have changed. Prior authorization is needed for quantities in excess:

Medication Name	Change to Medication
Sumatriptan 6mg/0.5ml	Quantity Limit – 2 ml per 30 days
Omeprazole 20mg Tablet	Quantity Limit – 1 tablet per day
Albuterol Inhaler	Limit 1 inhaler per claim
Efinaconazole 10% Solution	Quantity Limit – 8 ml per 30 days

Payment and Clinical Policy Update

Payment and Clinical Policies are published online to inform providers about billing practices and reimbursement methodologies for certain procedures and services. Visit the [Provider Resources page at NHhealthyfamilies.com](#) and [Ambetter.NHhealthyfamilies.com](#).

The following policies will be applied as medical claims reimbursement edits with our claims adjudication system. This is an addition to all other reimbursement processes that NH Healthy Families and Ambetter from NH Healthy Families currently employs.

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.

Payment and Clinical Policy Updates

Effective February 15, 2017

- ADHD Assessment and Treatment
- Bronchial Thermoplasty
- Diagnosis of Vaginitis
- Influenza and Strep Testing*
- Holter Monitors
- Homocysteine Testing
- Laser Skin Therapy
- Fractionated Exhaled Nitric Oxide (FeNO) Testing
- Digital Breast Tomosynthesis (DBT)
- 30 Day Readmission (Ambetter from NH Healthy Families Plan)

Effective March 15, 2017

- Digital Analysis of EEGs
- Endometrial Ablation
- Rituximab

*Policy applies to NH Healthy Families Care Plus only and **does not** apply to Ambetter from NH Healthy Families Plan.

- **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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