



nh healthy families™

provider bulletin



6.4% did not meet any of the treatment targets

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What happens when you submit a Prior Authorization?



Review

You have most likely submitted your request through the web, fax, or on the phone. Once NH Healthy Families receives it, it is processed by a Referral Specialist (RS) who reviews the request and builds a corresponding authorization. The RS may reach out to the requesting provider if additional information is required to process the authorization. The request is then sent to a nurse for review.

Outpatient pharmacy prior authorization requests are sent to Envolve Pharmacy Solutions and will be responded to within 24 hours with a determination.

Approval

The nurse reviews the clinical information and compares it to the current state policy, corporate clinical policy, and InterQual Medical necessity criteria. If the clinical information is complete and criteria subsets are met utilizing the above policies, the request will be approved.

The nurse will then issue an approval letter to the requesting provider, the member, and the facility/office/servicing provider as indicated.

This approval recognizes that the request is medically necessary.

It does not guarantee benefit eligibility or payment.

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Denial

If the nurse reviews the clinical information and it does not meet the criteria subsets as noted above, the request for authorization is sent to an MD Advisor to review. The MD reviewer will examine the clinical information in light of current clinical and evidence-based criteria. An MD review may result in an approval or denial of the request.

If denied, the MD's denial rationale will be shared in the denial letter including the reason for the denial as well as any medical policy utilized to make the decision. NH Healthy Families notifies the requesting provider within 24 hours of the denial determination by phone. During this call the nurse will provide a verbal notification of the denial and an overview of how to request a Peer-to-Peer review, as well as the member's appeal rights.

A denial letter is issued after verbal notification is given. The denial letter is sent to the requesting provider as well as the member. The letter is faxed to hospitals for all inpatient denials

Peer-to-Peer Review

When an authorization request is denied based on medical necessity criteria, the requesting provider can ask for a peer-to-peer conversation with our Health Plan Medical Director. This allows the requesting provider to further discuss the case and provide additional clinical information to the Health Plan MD. This **may or may not result** in a subsequent approval of the request.

A provider may directly request a Peer-to-Peer conversation by calling [1-855-735-4397](tel:1-855-735-4397) during normal business hours.

Criteria

We utilize state clinical policies, corporate policies, and InterQual Criteria. This is interdependent on the specific service being requested. Once you submit a Prior Authorization request and a determination has been made, you may request a copy of the criteria. NH Healthy Families will provide you with a copy of the criteria used in making the determination.

Questions?

For any questions about this process or a specific prior authorization, call [1-866-769-3085](tel:1-866-769-3085).



About the Preferred Drug List (PDL)

NH Healthy Families is committed to providing high-quality, appropriate and cost-effective drug therapy to its members. We are regularly evaluating therapeutic classes and new drugs that arrive on the market.

Our Pharmacy and Therapeutics Committee, whose membership includes community-based physicians, pharmacists and other practitioners, makes decisions on changes to the Preferred Drug List (PDL), or formulary.

Learn More: To get a printed copy of the most current PDL, which includes the procedures for prior authorization and other guidelines such as step therapy, quantity limits and exclusions, please call provider relations at [1-866-769-3085](tel:1-866-769-3085) and ask for the pharmacy team. You can also view the PDL online at NHhealthyfamilies.com/providers/pharmacy.html.

Provider Satisfaction Survey

THE ANNUAL PROVIDER SATISFACTION SURVEY IS COMING YOUR WAY.

Remember, your feedback is critical to helping us deliver a best-in-class provider experience, and we rely on your survey responses to help us identify opportunities for improvement. We are partnering with a third-party vendor, SPH Analytics, to perform this year's survey. The survey is brief and should only take a few minutes to complete. If you receive a survey in the mail **we highly encourage you to fill it out and return it to SPH Analytics. THANK YOU!**

In-Network Labs and DME Suppliers

To make sure that your patients get services from in-network suppliers, you can take advantage of the fact that the suppliers below are contracted with NH Healthy Families.

Name	Type	Services Provided
Diatherix Laboratories, LLC	Lab	This lab tests for Infectious Disease.
Ambry Genetics Corporation	Lab	This lab does Genetic testing.
Natera, Inc	Lab	This lab does Pre-natal testing (NIPT & CF).
Myriad	Lab	This lab does Genetic testing.
180 Medical	DME	This DME provider carries urological and ostomy supplies. They will do drop shipment services.
Zoll	DME	This DME provider carries a wearable cardioverter defibrillator. They will do drop shipment of the product and telephonic support of the member receiving the device.

New Resources for You on NHhealthyfamilies.com

Some new useful tools have been posted on the website for you to use.

Get to Know Your Provider Relations Support Team

This tool will help you meet your Provider Relations representatives and tell you the quickest way to get the specific information you need. You can find this flyer on the Provider Resources page of the website. Look for the heading that says “Meet Your Provider Relations Team.”



Provider Orientation

NH Healthy Families Provider Orientation has been updated and is available for you to access on the website. You can find this on the Provider Resources page. [Look under Manuals Forms & Resources > Presentations](#). You can also invite the Provider Relations team to come to your offices to orient new staff or refresh existing staff. We are happy to do a face-to-face meeting. You can schedule a meeting by reaching out to any of our team members (see flyer above) or send an email to nhproviderrelations@centene.com.

OB Policy Update

Based on your feedback, NH Healthy Families has made changes to the OB Ultrasound Policy. Please review the updated policy posted to the website with an effective date of 7/1/17. Find Payment and Clinical Policies on the Provider Resources page under Manuals, Forms & Resources at NHhealthyfamilies.com.

Documentation & Coding Tips

Conditions that go undocumented usually also go untreated. Review the tips in this handy flyer to ensure that you are following the appropriate steps for accurate Risk Adjustment coding. You can find it on the website on the Provider Resources page under [Manuals, Forms & Resources](#).

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 Update: Effective August 1, 2017

Effective for dates of service including and after August 1, 2017, NH Healthy Families will require prior authorization from all providers for the services listed below. Prior authorizing these services will allow NH Healthy Families to better manage the care of our members, your patients.

HCPCS Code	Description
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type (Elec stim cancer treatment)

Prior authorization can be requested through the Secure Portal or by completing the forms on NhHealthyFamilies.com and faxing to the health plan. You can also use the [Pre-Auth Needed tool](#) located on the NH Healthy Families website under Provider Resources to check authorization requirements.

We understand the importance of easy access to care, and we are committed to ensuring our prior authorization requirements continue to be appropriate and efficient.

Anesthesia Payment Policy

NH Healthy Families would like to advise you that the following new policy 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 currently employs.

The effective date for the below policy is August 1, 2017

■ Anesthesia Payment Policy

This policy was developed based on medical literature and research, industry standards and guidelines as published and defined by the American Medical Association’s Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society guidance.

Accessing Payment & Clinical Policies

We are happy to inform you that NH Healthy Families publishes its Payment and Clinical Policies online to inform providers about billing practices and reimbursement methodologies for certain

procedures and services. We hope this information will help you to bill claims more efficiently and reduce unnecessary denials and delays in claims processing and payments.

Visit NHhealthyfamilies.com to find NH Healthy Families Payment and Clinical Policies. Policies can be found on the Provider Resources page under [Manuals, Forms & Resources](#).

Please contact Provider Services at [1-866-769-3085](tel:1-866-769-3085) with any questions about the policy.

Prior Authorization Correction

On April 21st, 2017 NH Healthy Families sent a provider communication notifying you of new authorization requirements effective June 20th, 2017. In that communication we stated that Physical Therapy and Occupational Therapy evaluation and re-evaluation codes would require authorization starting on June 20th, 2017.

We regret that the advisory contained incorrect information. Services outlined below do not require authorization for participating providers in the NH Healthy Families network. As specified on the Pre Auth Needed tool on the NH Healthy Families website, NH Healthy Families allows one evaluation per unit, per provider, within a 12 rolling month period then pre-authorization is required.

Code Description

97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS

We apologize for any confusion this has caused. NH Healthy Families remains committed to ensuring our prior authorization requirements align with national standards.

Please reach out to Provider Services at: [1-866-769-3085](tel:1-866-769-3085) with any questions.

Provider Updates

You can find the complete list of Provider Update Notifications at NHhealthyfamilies.com under “Provider News”

NH Health Protection Program Fee Schedule Change: Effective August 15, 2017

Please be advised that effective August 15, 2017 the NH Department of Health and Human Services (DHHS) will be making a modification to the NH Health Protection Program (NHHPP) fee schedule.

The NHHPP program covers those that are determined by DHHS to be medically frail and those members in our transitional population. In order to comply with federal regulation, 42 CFR 438.4(b) (1), DHHS will be migrating the current NHHPP fee schedule to the State Medicaid Fee Schedule.

Effective August 15, 2017 claims submitted to all Managed Care Organizations, including NH Healthy Families, for services provided to a NHHPP member will be reimbursed at the Medicaid Fee Schedule.

Please note: This update to the NHHPP fee schedule does NOT apply to our Ambetter members.

The revised NHHPP Fee Schedule will be posted under Documents and Forms on NH Medicaid’s MMIS portal: <https://nhmmis.nh.gov>. Please contact NH Healthy Families Provider Services at **1-866-769-3085** with any questions you may have.

Ambetter from NH Healthy Families: 3D Mammograms

Ambetter from NH Healthy Families understands the importance of easy access to care. So, we are committed to ensuring our covered services continue to be appropriate and efficient. We are happy to inform providers that 3D mammography is a covered service for members with dates of service on or after January 1, 2017. Please find coverage details below:

Coverage:

Coverage is provided for medically necessary breast cancer screening mammography to help detect and treat breast cancer early.

Coverage for preventive breast cancer screening services includes (but is not limited to):

- Routine/preventive clinical breast exams yearly for Members over age 35.
- Low-dose x-ray mammography as part of a complete breast exam (preventive services).
- Any additional mammography views that are required for proper evaluation.
- 3D mammography (preventive) covered yearly for Members over age 35.
- Diagnostic mammograms (Cost Sharing Applies): when medically necessary, when abnormalities are found.

- For screening results that suggest breast cancer, additional services (such as biopsies & ultrasounds) may be covered when deemed medically necessary.

Criteria:

Breast cancer screening mammography (including 3D) is covered as a preventive service benefit for Members over the age of 35, once per benefit year. For Members under the age of 35, mammography screenings (including 3D) are not considered preventive services and will fall under the diagnostic radiology cost sharing requirements depending on the Member’s plan type.

Member Cost Share:

Preventive services should be billed with the appropriate preventive (routine) or screening diagnosis code. If services are billed with medical (diagnostic) services code(s), they may be subject to additional cost sharing requirements depending on provider type and place of service.

Preventive Screening Codes (\$0 Cost Share): 77063, 77067, G0202

Diagnostic Codes (Cost Sharing Applies): 77061, 77062, G0204, G0206 and G0279

As a reminder, services are covered for participating Ambetter providers only.

Please contact Ambetter Provider Services with any questions at: **1-844-265-1278**.

Provider Updates

You can find the complete list of Provider Update Notifications at NHhealthyfamilies.com under “Provider News”

Ambetter Primary Care Provider (PCP) Assignment

Date: 06/12/17

As you know, Primary Care Providers (PCPs) play a key role in helping patients stay current with their health. In an effort to promote ongoing patient health and wellness, we encourage all Ambetter members to choose a PCP for their care. However, since some members do not make a PCP selection, we will complete an auto-assignment process. Ambetter members are then sent a communication regarding this assignment.

For your information, new member assignments will be posted in your secure provider portal the first week of every month. We encourage you to check your member roster regularly. This ensures you are aware of the members on your panel, and helps you manage their care accordingly.

We are committed to the health of our members, and as our partner, you can count on our complete support in delivering the care they need.

If you have questions, visit Ambetter.NHhealthyfamilies.com or call us at [1-844-265-1278](tel:1-844-265-1278). We're always here to help.

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. 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](tel:1-866-769-3085), Monday to Friday, 8 a.m. to 5 p.m.
- Ambetter from NH Healthy Families [1-844-265-1278](tel:1-844-265-1278)



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