Talking to Your Patients about the Flu Shot

The flu vaccine is one of the most important steps your patients can take to protect their health every year. As you know, myths abound, scaring some people away from this preventive measure. Lay their fears to rest with this helpful guide.

**PATIENT CONCERN:**
“I waited too long to get the vaccine.”

It’s ideal to get vaccinated by October, when seasonal outbreaks begin. But you can get the shot in January or later and still benefit. Flu season typically hits its peak in February.

**PATIENT CONCERN:**
“The shot will give me the flu.”

The flu shot can’t cause flu illness. The vaccine is made with either a flu virus that has been inactivated or with no flu virus at all. The most common side effects—soreness where the shot was administered, low-grade fever, body aches—disappear within two days.

**PATIENT CONCERN:**
“It’s better to get the flu than the vaccine.”

The flu can be fatal. Older adults, young children and people with chronic illnesses including asthma, diabetes and heart disease risk complications. One little shot can protect you and loved ones from the flu, and make your symptoms less severe if you do catch something.

**PATIENT CONCERN:**
“What if I’m allergic?”

Allergic reactions are extremely rare and happen quickly (within minutes or hours). These are life threatening, but effective treatments exist.

Every flu season, 5 to 20 percent of Americans catch the flu, and 200,000 are hospitalized with complications, according to the Centers for Disease Control and Prevention, [www.cdc.gov/flu/about/qa/disease.htm](http://www.cdc.gov/flu/about/qa/disease.htm).

HEDIS measures flu shots for people ages 50 to 65.

**NH Healthy Families’ Out-of-Network helpline**

This line is available Monday through Friday from 8:00 A.M. to 5:00 P.M. EST. The NH Healthy Families Out-of-Network helpline provides 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 is ready to assist you. Please call the NH Healthy Families Out-of-Network helpline at **1-844-699-6840**.
Importance of Metabolic Monitoring for Patients on Antipsychotic Medication

The use of antipsychotic medications is an important component of the medical management of many psychotic conditions. These medications are beneficial to millions of individuals and can be the difference between a fulfilling life and being severely disabled. The second-generation antipsychotics, often referred to as the “atypical antipsychotics” have numerous benefits, and in general are better tolerated than the first generation antipsychotics. However, their use has been associated with reports of diabetes, dramatic weight gain, and an atherogenic lipid profile.

Monitoring of individuals on an antipsychotic medication should include screening for metabolic disturbance as well as tracking the effects of antipsychotic treatment. Primary Care physicians are increasingly likely to care for individuals taking an antipsychotic medication. Care coordination between the Mental Health Provider and the Primary Care Physician is needed to ensure ongoing metabolic screening is conducted along with the delivery of medical treatment. A monitoring system will help prevent forgotten or overdue appointments and establish a routine for your patients.

Individuals should become part of the monitoring process. Easy and timely access to physician and laboratory services along with being part of the conversation are important for individualized treatment and goals. Early diagnosis leads to timely intervention and makes a difference in long-term outcomes. Persuading individuals and perhaps their family members of changes to diet and exercise are options to combat weight gain, elevated glucose and lipid blood levels.

Performance Management: The Impact to HEDIS

Individuals benefit from clinical and preventive health care visits that address physical, emotional and social aspects of their health. NH Healthy Families incorporates the Healthcare Effectiveness Data and Information Set (HEDIS®) measures into their Quality Improvement Program and monitors and evaluates the care our members receive.

The related Healthcare Effectiveness Data and Information Set (HEDIS®) measure is Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD). The measure includes adult’s ages 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the year. Since this measure is collected through claims data, billing for glucose screening is important especially if performed in the office setting. NH Healthy Families Quality Improvement Department will be outreaching to provider practices for data sharing and collaboration for increasing adherence.

Questions can be directed to Nina Worsley, RN, Quality Improvement Coordinator II, at nworsley@centene.com.

Discussing Denials with a Reviewer

NH Healthy Families will send you and your patient written notification any time we make a decision to deny, reduce, suspend or stop coverage of certain services. In the event that a request for medical services is denied due to lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member’s behalf. The medical director may be contacted by calling NH Healthy Families at 1-866-769-3085.

The denial notice also includes information about the medical director’s availability. A case manager may also coordinate communication between the medical director and the requesting practitioner as needed.

The denial notice will also inform you and the member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to allow us to make timely medical necessity decisions based on accurate and complete information.

Caring for Adolescents

For parents, watching their children grow can cause mixed emotions. Growing into adulthood is a time of great transition—including changes in health care needs. NH Healthy Families supports members of all ages getting the care they need. Parents and providers should discuss whether growing children are seeing the right doctor. Children who are seeing pediatricians may need to switch to an adult doctor. Talk with parents about this transition. You can help ensure that there are no breaks in a child’s care. It’s important for children to see their doctor at least once a year.

Members who need help finding the right doctor or making appointments can call our Member Services staff at 1-866-769-3085.
In-Home Care Visits

NH Healthy Families is pleased to announce it is partnering with an organization called Peak Health Solutions, a Centene company, to provide in-home care visits to members. Peak Health Solutions employs Practitioners that will provide these in-home care visits to members who are identified as being at risk due to several identifiers, including multiple chronic comorbidities. We are pleased to offer our members, your patients, these in-home health assessments at no cost.

The member can expect the following during a visit:
- A licensed Provider will complete a member focused comprehensive assessment in the home setting, based on member’s needs and recent healthcare visits.
- Visits will include but are not limited to: Medical history review, physical exam, medication review and reconciliation, member care plan and wellness educations, vaccines, labs and tests.
- The purpose of this intervention is to close member care gaps and promote healthcare engagement.

The visits will take about an hour. If one of your patients is selected to participate in this program, a copy of the assessment will be mailed to you.

Interested in learning more? Peak Health Solutions can be reached at: 1-855-221-4560 or reach out to your NH Healthy Families Network Specialist 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.”

Updated Payment and Clinical Policies Effective October 1, 2017

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

The effective date for the below policies is **October 1, 2017**
- EpiFix Wound Treatment
- Low-Frequency Ultrasound Wound Therapy
- Mechanical Stretch Devices
- Wireless Motility Capsule
- Robotic Surgery
- Inpatient Only Procedures - *Ambetter only*

These policies are 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.

Read the full policy disclosure in the Provider Newsroom on the NH Healthy Families website.

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.

Ambetter payment policies can be found at Ambetter.NHhealthyFamilies.com on the Provider Resources page.
Provider Updates, continued

Prior Authorization Update: Durable Medical Equipment Effective October 1, 2017

Beginning October 1, 2017, NH Healthy Families will be updating prior authorization requirements for the following Durable Medical Equipment (DME) codes. Prior authorization can be requested through the Secure Portal or by completing the forms on NHhealthyfamilies.com and faxing the health plan. You can also use the Pre-Auth Check 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 process continues to be appropriate and efficient. Please contact Provider Services with your questions about our prior authorization requirements at: 1-866-769-3085.

NEW CODES REQUIRING Prior Authorization Effective October 1, 2017:

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<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>C1822</td>
<td>GEN NEUROSTIM HI FREQ RECHARG BATT</td>
</tr>
<tr>
<td>E0766</td>
<td>ELEC STIM CANCER TREATMENT</td>
</tr>
<tr>
<td>L1851</td>
<td>KO SINGLE UPRIGHT PREFAB OTS</td>
</tr>
<tr>
<td>L1852</td>
<td>KO DOUBLE UPRIGHT PREFAB OTS</td>
</tr>
<tr>
<td>Q4137</td>
<td>AMNIOEXCEL OR BIODEXCEL, 1CM</td>
</tr>
<tr>
<td>Q4139</td>
<td>AMNIO OR BIODMATRIX, INJ 1CC</td>
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Codes NO LONGER Requiring Prior Authorization Effective October 1, 2017:

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>E2294</td>
<td>SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACH</td>
</tr>
<tr>
<td>E2603</td>
<td>SKN PROTECTION WC SEAT CUSHN WIDTH &lt; 22 IN DEPTH</td>
</tr>
<tr>
<td>E2604</td>
<td>SKN PROTECTION WC SEAT CUSHN WIDTH 22 IN/_GT DEPTH</td>
</tr>
<tr>
<td>E2605</td>
<td>PSTN WHEELCHAIR SEAT CUSHN WIDTH &lt; 22 IN DEPTH</td>
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<tr>
<td>E2606</td>
<td>PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/_GT DEPTH</td>
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<tr>
<td>E2607</td>
<td>SKN PROTECT&amp;PSTN WC SEAT CUSHN WIDTH &lt;22 IN DEPTH</td>
</tr>
<tr>
<td>E2608</td>
<td>SKN PROTCT&amp;PSTN WC SEAT CUSHN WIDTH 22 IN/DTPTH</td>
</tr>
<tr>
<td>E2609</td>
<td>CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE</td>
</tr>
<tr>
<td>E2611</td>
<td>GEN WC BACK CUSHN WIDTH &lt; 22 IN HT MOUNT HARDWARE</td>
</tr>
<tr>
<td>E2612</td>
<td>GEN WC BACK CUSHN WIDTH 22 IN/GT HT MOUNT HARDWRE</td>
</tr>
<tr>
<td>E2613</td>
<td>PSTN WC BACK CUSHN POST WIDTH &lt; 22 IN ANY HEIGHT</td>
</tr>
<tr>
<td>E2614</td>
<td>PSTN WC BACK CUSHN POST WIDTH 22 IN/&gt; ANY HEIGHT</td>
</tr>
<tr>
<td>E2615</td>
<td>PSTN WC BACK CUSHN POSTLAT WIDTH &lt; 22 IN ANY HT</td>
</tr>
<tr>
<td>E2616</td>
<td>PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/&gt; ANY HT</td>
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<td>E2617</td>
<td>CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE</td>
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<tr>
<td>E2620</td>
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<td>E2621</td>
<td>PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/&gt;</td>
</tr>
<tr>
<td>E2622</td>
<td>ADJ SKIN PRO W/C CUS WD&lt;22IN</td>
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<tr>
<td>E2624</td>
<td>ADJ SKIN PRO/POS CUS&lt;22IN</td>
</tr>
<tr>
<td>L2112</td>
<td>AFO-FRACTURE/TIBIAL FX ORTHOSIS-SOFT</td>
</tr>
<tr>
<td>L7260</td>
<td>ELECT WRIST ROTATOR OTTO BOCK/EQUAL</td>
</tr>
<tr>
<td>L7261</td>
<td>ELECT WRIST ROTATOR FOR UTAH ARM</td>
</tr>
<tr>
<td>S8262</td>
<td>MANDIB ORTHO REPOSITION DEVICE EACH</td>
</tr>
</tbody>
</table>
NH Healthy Families upcoming change in preferred supplier for incontinence supplies

Date: 08/02/17

NH Healthy Families has selected Medline Industries as our exclusive partner for incontinence supplies effective October 1, 2017. Having Medline as our supplier allows us to bring the highest quality products and services to our members. Medline is a national provider and has been a local provider for many years in New Hampshire servicing hospitals, nursing homes, and insurance members. With a local distribution center in Massachusetts, members can expect to receive supplies within 24-48 hours from Medline’s receipt of the full order information.

Current Durable Medical Equipment (DME) providers may continue to supply incontinence products and fill a full month’s orders for NH Healthy Families members through September 30, 2017. This change does not impact other services/equipment/supplies that are provided to your clients/our members outside of incontinence supplies.

Notification will be sent to members, as well as prescribing physicians and providers, to inform them about this change, including information regarding the transition to Medline for their incontinence supply needs.

Medline will be working closely with each member, their prescribing physician, provider, and with NH Healthy Families’ authorization and utilization management team during this transition to ensure continuity of care.

We appreciate your continued partnership in providing products and services to our NH Healthy Families members.

If you have other questions regarding this communication, please contact our local Provider Services team toll free at 1-866-769-3085.

Thank you in advance for your cooperation in this transition.

Medicare Crossover File

Date: 08/07/17

NH Healthy Families is pleased to announce that effective August 14, 2017 we will be in production to receive the Medicare Crossover File, directly from the Medicare Clearinghouse. Claims billed to Medicare for NH Healthy Families members will automatically be sent to NH Healthy Families from Medicare. Therefore providers will no longer need to submit Medicare secondary claims directly to NH Healthy Families.

Please be aware that NH Medicaid will still be in receipt of Medicare secondary claims for NH Healthy Families members and therefore you will continue to receive a Remittance Advice from NH Medicaid with these claims. There is no change to the NH Healthy Families reimbursement for secondary claims. You can find the NH Healthy Families Coordination of Benefits Policy at: NHhealthyFamilies.com – Provider Resources – Manuals, Forms & Resources – Guides – Coordination of Benefits Policy.

NH Healthy Families has worked closely with the Department of Health and Human Services and Conduent on this initiative. We are excited to be able to offer providers a simpler solution for processing Medicare Secondary claims.

Please contact NH Healthy Families Provider Services with any questions at: 1-866-769-3085.

Topical Fluoride Application in the Physician Office

As a reminder, topical fluoride application in the physician office is a covered benefit for NH Healthy members’ ages 6 months through 5 years of age when billed with the following well-child CPT codes: 99381-99385, 99391-99395. The following codes should be used when billing for topical fluoride application in the physician office, accompanied by the EP (Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program) modifier. Please note that these services are limited to twice a year.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1206</td>
<td>Topical fluoride varnish; therapeutic application for moderate to high caries risk patients</td>
</tr>
<tr>
<td>D1208</td>
<td>Topical application of fluoride</td>
</tr>
<tr>
<td>99188</td>
<td>Topical Fluoride Application in the Physician Office</td>
</tr>
</tbody>
</table>

NH Healthy Families is committed to providing the right care, in the right place, and at the right time. As part of that commitment, Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) is important to us. EPSDT is a preventative healthcare program for NH Healthy Families members’ from birth to 21 years of age.
NH Healthy Families Coordination of Benefits (COB) Policy Clarification

Date: 08/04/17

NH Healthy Families would like to clarify the Coordination of Benefits policy when NH Healthy Families is the secondary payer.

<table>
<thead>
<tr>
<th>PRIMARY INSURANCE*</th>
<th>NH HEALTHY FAMILIES RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE PART A &amp; PART B CLAIMS BILLED ON THE UB04</td>
<td>For Part A Crossover Claims, and for Part B Crossover Claims billed on the UB-04, NH Healthy Families will pay the patient responsibility amount (deductible and coinsurance) up to the Medicaid allowed amount.</td>
</tr>
<tr>
<td>MEDICARE PART B CLAIMS BILLED ON A CMS-1500</td>
<td>NH Healthy Families will pay the patient responsibility amount (deductible and coinsurance) up to the Medicaid allowed amount.</td>
</tr>
<tr>
<td>NON-MEDICARE</td>
<td>NH Healthy Families is responsible to pay the difference in primary payment and NH Healthy Families allowable – if the primary payment is greater than the NH Healthy Families allowable, no payment is made.</td>
</tr>
</tbody>
</table>

* NH Healthy Families secondary coverage is responsible for payment depending on the primary insurance (Medicare vs. non-Medicare)

Please Note: For both Part A and Part B claims, if the patient responsibility amount is “0” then NH Healthy Families will not make a payment.

Please contact NH Healthy Families Provider Service at: 1-866-769-3085 with any questions.

Section 1557 of the Patient Protection and Affordable Care Act

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.

- Any health program or activity any part of which received funding from HHS
- Any health program or activity that HHS itself administers
- Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.

For more information please visit http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html

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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