

provider bulletin

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NH Healthy Families Quality Improvement Practice Guidelines

Our preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) program.

When possible, we adopt preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by our QI Committee.

We encourage providers to use these guidelines as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare. They should be applied for both preventive services as well as for management of chronic diseases.

Preventative Health and Clinical Practice guidelines may include, but are not limited to:

- ADHD
- Preventive services
- Asthma
- Breast cancer
- Depression
- Diabetes
- Immunizations, including influenza and pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and through random audits of ambulatory medical records. Our preventive care and clinical practice guidelines are intended to augment—not replace—sound clinical judgment. Guidelines are reviewed and updated annually, or upon significant change.

Go to <u>NHhealthyfamilies.com/providers/quality-improvement.html</u> for the most up-to-date version of preventive and clinical practice guidelines. A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

NH Healthy Families' Out-of-Network helpline

This line is available **Monday through Friday from 8:00 A.M. to 5:00 P.M.** 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**.

Chronic Obstructive Pulmonary Disease Exacerbation

When it comes to Chronic Obstructive Pulmonary Disease (COPD), Primary Care Providers play a key role in the diagnosis, treatment and management of COPD. According to the NIH, COPD mortality has continued to rise, making it the 4th leading cause of death in the US. 12 million Americans are diagnosed with COPD, while an additional 12 million may have COPD and remain undiagnosed; in those who are diagnosed, research suggests many of those individuals do not get optimal treatment.

Look for COPD in patients over 40 who present with symptoms such as: chronic cough or sputum production, decline in level of activity, and persistent or progressive dyspnea. Genetic factors, as well as occupational or environmental exposures may play a role, and COPD is more likely to be present if there is a history of smoking.

There is no cure for COPD, but the early detection and treatment can help slow the disease and potentially improve the quality of your patient's life. In addition to implementing self-management education and smoking cessation for those patients who use tobacco products, one of the most important measures for treating COPD is the use of Bronchodilators.

The COPD Exacerbation HEDIS standard measure evaluates the percentage of COPD exacerbations for members of NH Healthy Families age 40 and older, who had an acute inpatient stay or ED visit and were dispensed appropriate medications. The intent is to measure compliance with recommended pharmacotherapy management for those with COPD exacerbations.

| RATES | DESCRIPTION |
|--|--|
| Systemic Corticosteroid: Dispensed prescription for systemic corticosteroid within 14 days after the episode. | Glucocorticoids |
| Bronchodilator: Dispensed prescription for a bronchodilator within 30 days after the episode date. | Anticholinergic agents, Beta 2-agonists, Methylxanthines |



Talk to your patients about breast cancer screening

October is Breast Cancer Awareness Month.

Among women, Breast Cancer is the second most common form of cancer. Each year in the United States, more than 200,000 women get breast cancer and more than 40,000 women die from the disease. Most breast cancers are found in women who are 50 years old or older, but breast cancer also affects younger women. About 10% of all new cases of breast cancer in the United States are found in women younger than 45 years of age.

Breast Cancer screening is also one of the four key HEDIS measures for women's preventive care. The HEDIS measure evaluates the percentage of women ages 50–74 who had a mammogram at least once in the past 27 months. Women ages 50 and older should have a mammogram every one to two years. (Women who've had bilateral mastectomies are exempt.) Consider speaking with your patients between ages 40-49 about when they should begin to get mammograms.



Hours of operation policies

Review your hours of operation policy to ensure that you are offering Medicaid members the same hours as commercial members, as required by the National Committee for Quality Assurance (NCQA). Medicaid law requires that providers give equal offerings in terms of hours and appointments to Medicaid and non-Medicaid patients. If you are a provider that only sees Medicaid patients, you must provide parity of hours to Medicaid managed care members and Medicaid fee-for-service members. Please note that NCQA will review provider contracts, manuals and marketing materials for any language that suggests hours of operation are different for Medicaid and non-Medicaid patients.

If you have any questions, please contact your Provider Relations Representative.

When is self-referral ok?

NH Healthy Families members may self-refer for certain covered services without prior approval from their PCP or NH Healthy Families. The following services are available when the doctor is in the NH Healthy Families provider network without any prior authorization:

- Annual preventive gynecological health examinations
- Acute (urgent) gynecological conditions
- Routine outpatient mental health and substance use disorder visits
- Family planning services and supplies

The following services are available, without a referral, even when the doctor is not in the NH Healthy Families provider network:

- Emergency services
- Urgent care

Cultural considerations: Interpreters

Do you have a patient who needs or would like an interpreter? NH Healthy Families provides interpretation services.

It's good to note to your patients that family members and friends are not the same as a professional interpreter. They are more likely to modify what the patient has actually said in their effort to be helpful. A professional interpreter does more than interpret for the patient. Their job is to help facilitate communication between you and your patient.

When working with interpreters:

- Allow enough time for the interpreted sessions
- Avoid jargon and technical terms
- Keep your statements short, pausing to allow for the interpretation. Say one longer sentence or three or four short ones, and then stop in a natural place to let the interpreter pass your message along. The interpreter may need to hear the whole sentence before she can even start to interpret it
- Ask only one question at a time
- Be prepared to repeat yourself in different words if your message is not understood. If a response doesn't seem to fit with what you said, go back and repeat what you said in different words

How we strive for quality

NH Healthy Families' primary quality improvement goal is to advance our 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 satisfaction surveys
- Provider feedback via surveys, committee participation and direct feedback
- Monitoring utilization management effectiveness
- HEDIS[®] data reporting

You can learn more about the QI program online at <u>NHhealthyfamilies.com/providers/quality-improvement.html</u> or call us at <u>1-866-769-3085</u>.

NHhealthyfamilies.com

Literature stands for your office

NH Healthy Families' Provider Relations representatives are here to help you deliver the best care to your patients. As part of that effort, NH Healthy Families will provide helpful information for your patients, including our quarterly member newsletter and brochures about our available products. These stands are maintained by our helpful provider relations representatives. If you currently have a literature stand and need it refilled, or are interested in having one in your office, contact your Provider Relations representative or call us at <u>1-866-769-3085</u>.

Pharmacy Updates

Visit <u>NHhealthyfamilies.com</u> for the latest changes to our Pharmaceutical Policies and Formulary that may affect your patients. If you have any questions, call Provider Services at <u>1-866-769-3085</u> 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 & NEW AUTHORIZATION REQUIREMENTS

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 November 8, 2017.

Non-invasive Testing for Rupture of Fetal Membranes

This policy is 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.

Visit <u>NHhealthyfamilies.com</u> to find NH Healthy Families Payment and Clinical Policies. Policies can be found on the Provider Resources page under Manuals, Forms & Resources.

Prior Authorization Updates

Effective for dates of service including and after November 8, 2017, NH Healthy Families will be updating prior authorization requirements from all providers for the following codes.

| CODE | DESCRIPTION |
|-------|---------------|
| J9042 | Brentuximab |
| J9271 | Pembrolizumab |
| J9299 | Nivolumab |
| J9306 | Pertuzumab |

Prior authorization can be requested through the Secure Portal or by completing the forms on <u>NHhealthyfamilies.com</u> and faxing the health plan. You can also use the <u>Pre-Auth Needed?</u> tool located on the NH Healthy Families website under Provider Resources to check authorization requirements.

Call NH Healthy Families Provider Services at <u>1-866-769-3085</u> 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: <u>1-866-769-3085</u>, Monday to Friday, 8 a.m. to 5 p.m.

Ambetter from NH Healthy Families <u>1-844-265-1278</u>



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