

# provider report



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## Your Credentialing RIGHTS

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

Providers also 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**.

## We Look Forward to Working with You

**Thank you for participating** in the New Hampshire Healthy Families provider network. We are excited that you have selected our provider network as your network of choice. We are looking forward to working with you to provide high quality care to our members. If you have questions about the programs available to your patients, visit our website or contact us at any time.

### **New Hampshire Healthy Families**

2 Executive Park  
Bedford, NH 03110

[www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

Telephone: **1-866-769-3085**

Fax: **1-877-502-7255**

Monday–Friday 8 a.m.–5 p.m.

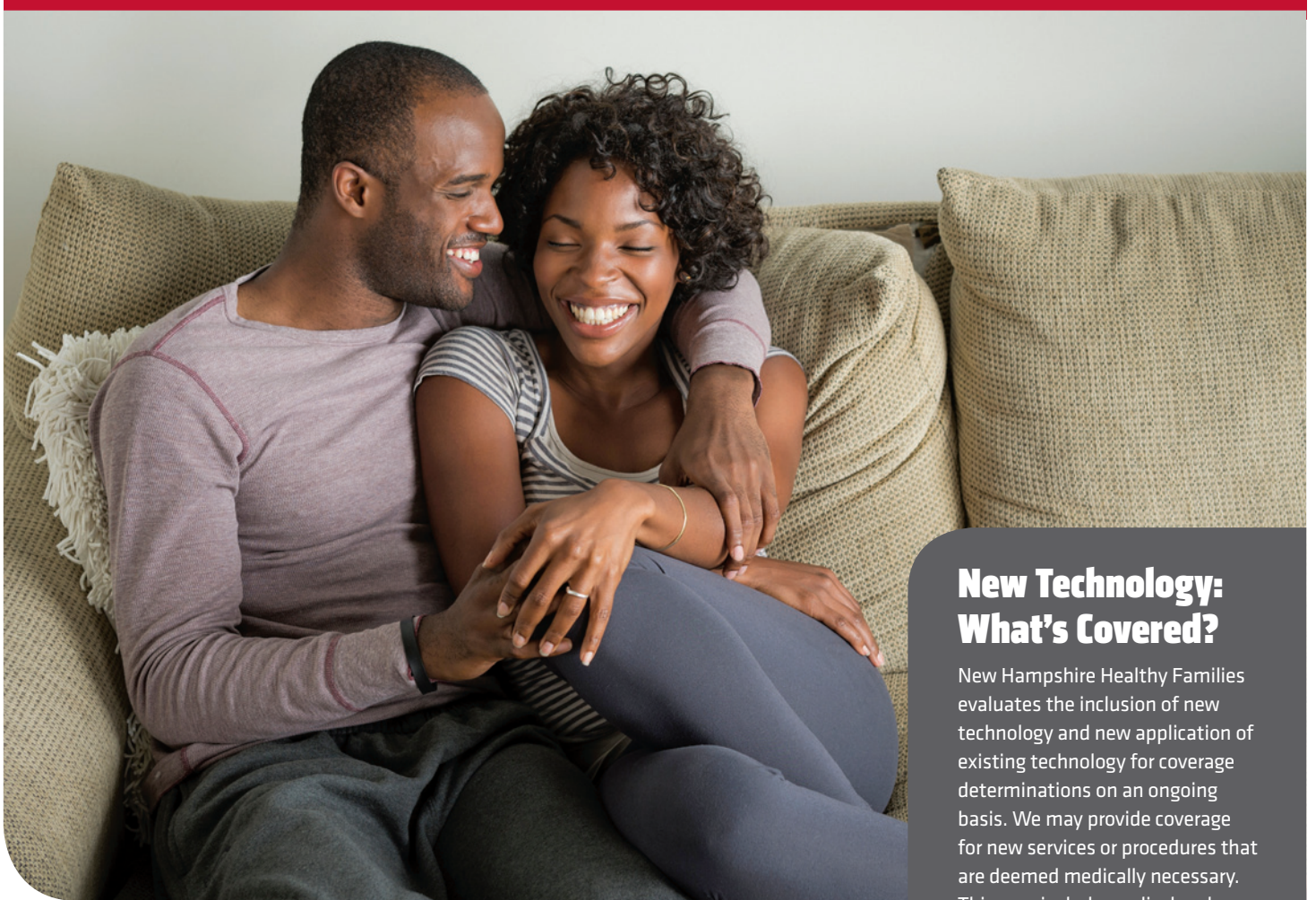


# Member Survey on the Horizon

**New Hampshire Healthy Families** is interested in what members think about their care and services. How patients rate their healthcare is an important measure of quality. In 2014, the Department of Health and Human Services will conduct a

member satisfaction survey on the behalf of New Hampshire Healthy Families. Starting in 2015, New Hampshire Healthy Families will conduct an annual survey to ask members how they feel about the care they receive from our providers and

the services from our health plan. We will share the results with you because we know the satisfaction of your patients is important to you. We will work with you to continue successful practices and to plan improvements where needed.



## » PEER-TO-PEER REVIEW

New Hampshire 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. The denial notice includes information on the availability of a medical director to discuss the denial decision with a practitioner.

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 New Hampshire Healthy Families at **1-866-769-3085**. 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 for New Hampshire Healthy Families to make timely medical necessity decisions based on complete information.

## New Technology: What's Covered?

New Hampshire Healthy Families evaluates the inclusion of new technology and new application of existing technology for coverage determinations on an ongoing basis. We may provide coverage for new services or procedures that are deemed medically necessary. This may include medical and behavioral health procedures, pharmaceuticals or devices.

Requests for coverage will be reviewed and a determination made regarding any benefit changes that are indicated. When a request is made for new technology coverage on an individual case and a plan-wide coverage decision has not been made, New Hampshire Healthy Families will review all information and make a determination on whether the request can be covered under the member's current benefits, based on the most recent scientific information available.

For more information, please call **1-866-769-3085**.

## 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. New Hampshire Healthy Families wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

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, New Hampshire Healthy Families will randomly monitor compliance with this provision. Please contact us at **1-866-769-3085** if you would like general information about advance directives or in regards to a specific member.



## Sign Up for EDI and PaySpan—It's Fast and Easy

**New Hampshire Healthy Families** offers three options for submitting an electronic claim:

- 1. WEB PORTAL**—Register for online access to the New Hampshire Healthy Families secure provider portal located at **www.NHhealthyfamilies.com**. Submit single or batch claims, free with no testing necessary.
- 2. CLEARINGHOUSE/TRADING PARTNER**—Providers using a Clearinghouse with the New Hampshire Healthy Families payor ID numbers (Medical 68069 and Behavioral Health 68068). When using an established clearinghouse, no testing is necessary. A preferred list of Clearinghouses is available on the New Hampshire Healthy Families website (**www.NHhealthyfamilies.com**).
- 3. DIRECT SUBMIT**—If you submit over 300 claims per month, you can become a direct submitter. Contact the EDI team at **ediba@centene.com**. Please note that this format requires testing (Ramp Manager) and completion of a Trading Partner agreement.

### **SIGN UP TO RECEIVE PAYMENT AND REMITTANCE ELECTRONICALLY**

For Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA), New Hampshire Healthy Families partners with PaySpan. There is no cost for NHHF providers to sign up with PaySpan!

To sign up or register with PaySpan, contact them directly at **1-877-331-7154** or **www.payspanhealth.com**. It's free and easy to sign up!

► **Already signed up with PaySpan?** Request the New Hampshire Healthy Families code to add to your current account. Please note, if you receive EFT/ERA from Xerox you will need to obtain a PaySpan account to receive EFT/ERA from New Hampshire Healthy Families.

## What You Need to Know About CLIA

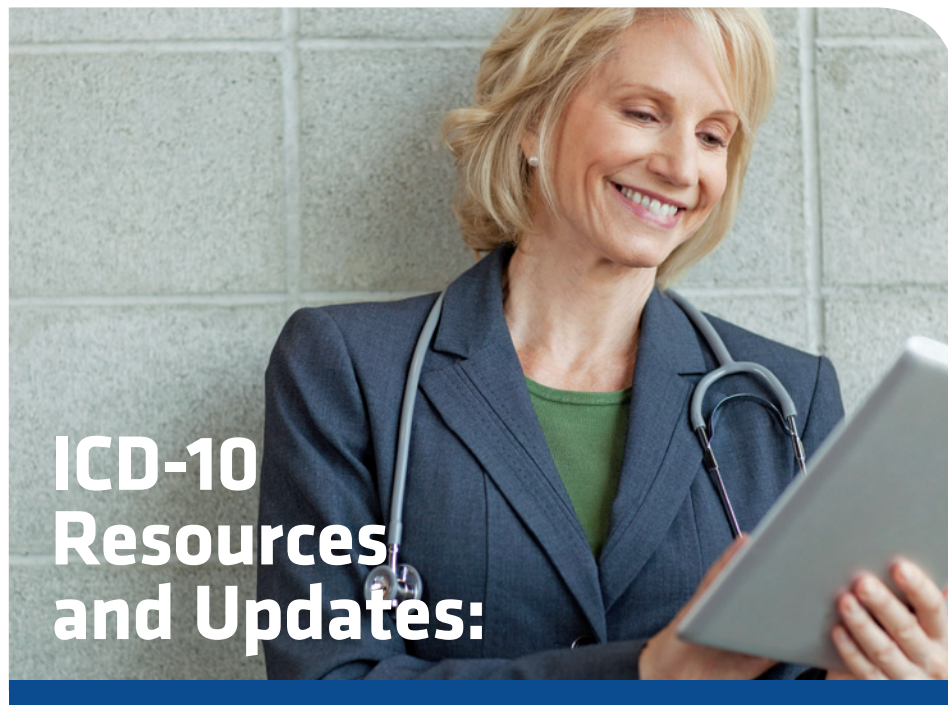
CLIA, which stands for Clinical Laboratory Improvement Amendments, was established to promote accuracy, reliability and timeliness of patient test results, regardless of where the test is performed.

Providers and facilities that are CLIA certified have been issued a certification or waiver number. The Centers for Medicare & Medicaid Services (CMS) requires certification in order for a provider to be eligible to bill for lab services.

As of on January 1, 2014, New Hampshire Healthy Families guidelines require providers who submit changes for laboratory services to include their CLIA certification or waiver number with claims for these services.

Whether you submit your claims on paper or electronically, or whether the laboratory claim is submitted as a single claim or itemized with another service, a certification or waiver number must be provided in the designated fields or the claim will be rejected.

Please view the HIPAA Transaction Companion Guide, available under Provider Resources at New Hampshire Healthy Families for detailed information.



### HEALTH PLAN RESOURCES

Please visit the New Hampshire Healthy Families provider resources website with ICD-10 Overview landing pages complete with FAQs, testing instructions and additional resources. You may also contact our Provider Relations representatives if you have any additional ICD-10 related questions including readiness surveys that require responses.

### INDUSTRY AND HEALTH PLAN UPDATES

#### The Centers for Medicare & Medicaid Services (CMS)—CMS-1500 Paper Claims Form Change:

In accordance with CMS, the health plan requires ICD-10 codes on paper claims for dates of service (for professional claims) and discharge dates (for institutional claims). The CMS-1500 Claim Form has been recently

revised with changes including those to more adequately support the use of the ICD-10 diagnosis code set.

The revised form will give providers the ability to indicate whether they are using ICD-9 or ICD-10 diagnosis codes. In accordance with CMS, New Hampshire Healthy Families began accepting the revised form on January 6, 2014. In accordance with CMS, starting April 1, 2014, the health plan will accept only the revised version of the form. Changes that have been made to the CMS-1500 and UB-04 claim forms are communicated through the National Uniform Claim Committee ([nucc.org](http://nucc.org)) for the CMS-1500 claim form or the National Uniform Billing Committee ([nubc.org](http://nubc.org)) for the UB-04, as these groups are responsible for updating paper claim forms on behalf of CMS.

## Q & A

We have recently received the following questions related to testing and want to share current stance on testing:

**Q Have you developed your internal/ external testing strategy and timeframes? How do we get involved in testing with you?**

**A** The health plan has been ready to conduct RAMP testing for Health Insurance Privacy and Portability Act (HIPAA) file format compliance since July 2013.

Providers that submit claims via Electronic Data Interchange (EDI) or are interested in submitting claims via EDI can test with the health plan. Direct submitters can test by visiting [sites.edifecs.com/index.jsp?centene](http://sites.edifecs.com/index.jsp?centene). Providers that submit claims through a clearinghouse can communicate this request to the EDI service desk at **1-800-225-2573, ext. 25525** or [EDIBA@centene.com](mailto:EDIBA@centene.com). Contact the EDI service desk for any questions or requests.

Our end-to-end test strategy is being finalized and we will be ready to test with select providers through 2014. For additional information on testing, please visit the health plan ICD-10 Overview page.

### REIMBURSEMENT/CONTRACTING:

**Q How will the ICD-10 transition impact provider reimbursement? Will you renegotiate the contract to replace ICD-9 codes with ICD-10 codes?**

**A** The ICD-10 conversion was not intended to transform payment or reimbursement; however, it may result in reimbursement methodologies that more accurately reflect patient status and care across the industry. We are evaluating risk mitigation from impact to reimbursement through changes to contracting and clinical operations. Contract remediation will occur on an as-needed basis and is currently being reviewed on a contract-by-contract basis. Any changes will be communicated via existing channels.

## Our HEDIS Performance

HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most of America's health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year. Through HEDIS, NCQA holds New Hampshire Healthy Families accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. New Hampshire Healthy Families also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates. It's an important part of our commitment to providing access to high quality and appropriate care to our members.

# HEDIS for Heart Care

## Cholesterol screening and management

is a HEDIS measure that applies to any patient who has been discharged with acute myocardial infarction (AMI), coronary artery bypass graft or percutaneous coronary interventions, or has a diagnosis of ischemic vascular disease. The HEDIS rate measures the percentage of these patients who had an LDL-C screening performed during the calendar year, and the percentage of those patients with an LDL level less than 100 mg/dL.

The high blood pressure control HEDIS measure applies to patients who have been diagnosed with hypertension (excluding individuals with end-stage renal disease and pregnant women). HEDIS measures the percentage of hypertensive patients with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg).

The HEDIS measure for persistence of a beta-blocker treatment regimen after heart attack applies to patients who were hospitalized and discharged after an AMI. This measure calls for treatment with beta-blockers for six months after discharge. Patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure. Despite strong evidence of the effectiveness of drugs for cardiac

problems, patient compliance remains a challenge—particularly among Medicaid patients.

**STEPS YOU CAN TAKE:** Continue to suggest lifestyle changes and support such as quitting smoking, losing excess weight, beginning an exercise program and improving nutrition. Stress the value of prescribed medications for managing heart disease. New Hampshire Healthy Families can provide educational materials and other resources addressing the above topics. Please encourage your New Hampshire Healthy Families members to contact New Hampshire Healthy Families for assistance in managing their medical condition. New Hampshire Healthy Families case management staff members are available to assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions. If you have a member you feel could benefit from our case management program please contact New Hampshire Healthy Families member services at **1-866-769-3085** and ask for medical case management.



# 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 level**—
  - HbA1c result > 9.0 = poor control (CPT II code 3046F)
  - HbA1c result < 8.0 = good control (CPT II code 3044F)
  - HbA1c result < 7.0 for selected population (CPT code 3044F)

- ▶ **LDL-C testing**—completed at least annually.
  - LDL-C result < 100 (CPT code 3048F)
- ▶ **Dilated retinal eye exam**—annually, unless prior negative exam then every 2 years.
- ▶ **Nephropathy screening test**—at least annually (unless documented evidence of nephropathy).

To improve compliance, we offer specific suggestions for three tests:

1. **LDL-C testing:** Remind patients to fast when they come in for an HbA1c test so that you may also complete the LDL testing.

2. **Dilated retinal eye exam:** New Hampshire Healthy Families can assist your office with finding a vision provider. Our vision vendors support our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
3. **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? Submit code 3060F for a positive microalbuminuria test result documented and reviewed. Submit code 3061F for a negative microalbuminuria test result documented and reviewed.



New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

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