

**AmeriHealth Caritas New Hampshire Provider Manual  
 Provider Manual Revision Log  
 As of September 2020**



Page	Section	Topic	Description	Date
Cover	Introductory	Date of Manual	Changed from “Published October 2019” to “Published September 2020”	9/1/2020
17	Getting Started	Member Services and Member Advocate	Removed references to “Member Advocate.”	9/1/2020
19	Getting Started	Member Responsibilities	Added: "To supply information that AmeriHealth Caritas and its providers need to provide care."	9/1/2020
22-23	Provider Network and Information	Practitioner and Organizational Provider Credentialing Rights	<p>Added: “Corrections are to be made within 10 business days of identification and can be submitted via fax to <b>1-215-863-6369</b>, or mailed to the AmeriHealth Caritas New Hampshire Credentialing department.</p> <p>AmeriHealth Caritas New Hampshire            Attn: Credentialing Department            200 Stevens Drive            Philadelphia, PA 19113”</p>	9/1/2020

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63	Provision of Services	Covered Services Chart	Changed "Family and Friends Mileage Reimbursement" to "Family and Friends Mileage Reimbursement Program"	9/1/2020
64-65	Provision of Services	Non-Emergency Medical Transportation	Removed: reference to member portal; "via the most cost-effective and least expensive mode of transportation available."  Added: "Program" to "Family and Friends Mileage Reimbursement"	9/1/2020
65	Provision of Services	Extra Benefits	Removed: "Prior authorization is not required for any of the above services."	9/1/2020
66	Provision of Services	Member Rewards and Incentives	Updated car seats and booster seats, WW®, and Mission GED information.	9/1/2020
74	Provision of Services	Pharmacy Prior Authorization	Updated contact information and contacts hours	9/1/2020
74	Provision of Services	Over-the-Counter Medications	Added: "Please refer to the formulary to search for	9/1/2020

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			covered OTC medications."  Updated Formulary web address.	
74-75	Provision of Services	Durable Medical Equipment (DME) and Pharmacy Claims	Added: "Please refer to the formulary to search for DME items available at the pharmacy with a prescription."  Updated Formulary web address.	9/1/2020
75	Provision of Services	Medicaid Managed Care Cost Sharing: Pharmacy Copays	Changed "below" to above 100% FPL. Updated chart.	9/1/2020
83	Population Health Program	Bright Start® (Maternity Management)	Updated language to reflect the completion and submission of the OANF as a "notification" instead of an "authorization."	9/1/2020
84	Population Health Program	Care Management	Better defined which members receive screenings as part of standard protocol.	9/1/2020
97	Utilization	Services Requiring	Updated Home-based Services and Outpatient	9/1/2020

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	Management	Prior Authorization	Therapy	
103	Utilization Management	Local Delivery System	Better defined what information is made available to providers and members regarding medical necessity decision-making.	9/1/2020