

AmeriHealth Caritas New Hampshire Provider Training

Corporate Provider Network Management



Delivering the Next
Generation
of Health Care

Overview

- Who we are.
- Provider Network Management and administrative provider support.
- Credentialing.
- Eligibility and covered services.
- Pharmacy.
- Claims and billing.
- Integrated care.
- Care management
- Behavioral health toolkit
- Utilization Management and prior authorization.
- Value-based care.
- Culturally and linguistically appropriate services (CLAS).
- Member grievances and appeals.
- Provider appeals.
- Compliance.
- Resources.
- Questions.



Mission and Vision

AmeriHealth Caritas New Hampshire is part of the AmeriHealth Caritas Family of Companies (AmeriHealth Caritas). AmeriHealth Caritas is one of the nation's leaders in health care solutions for those who need it most.

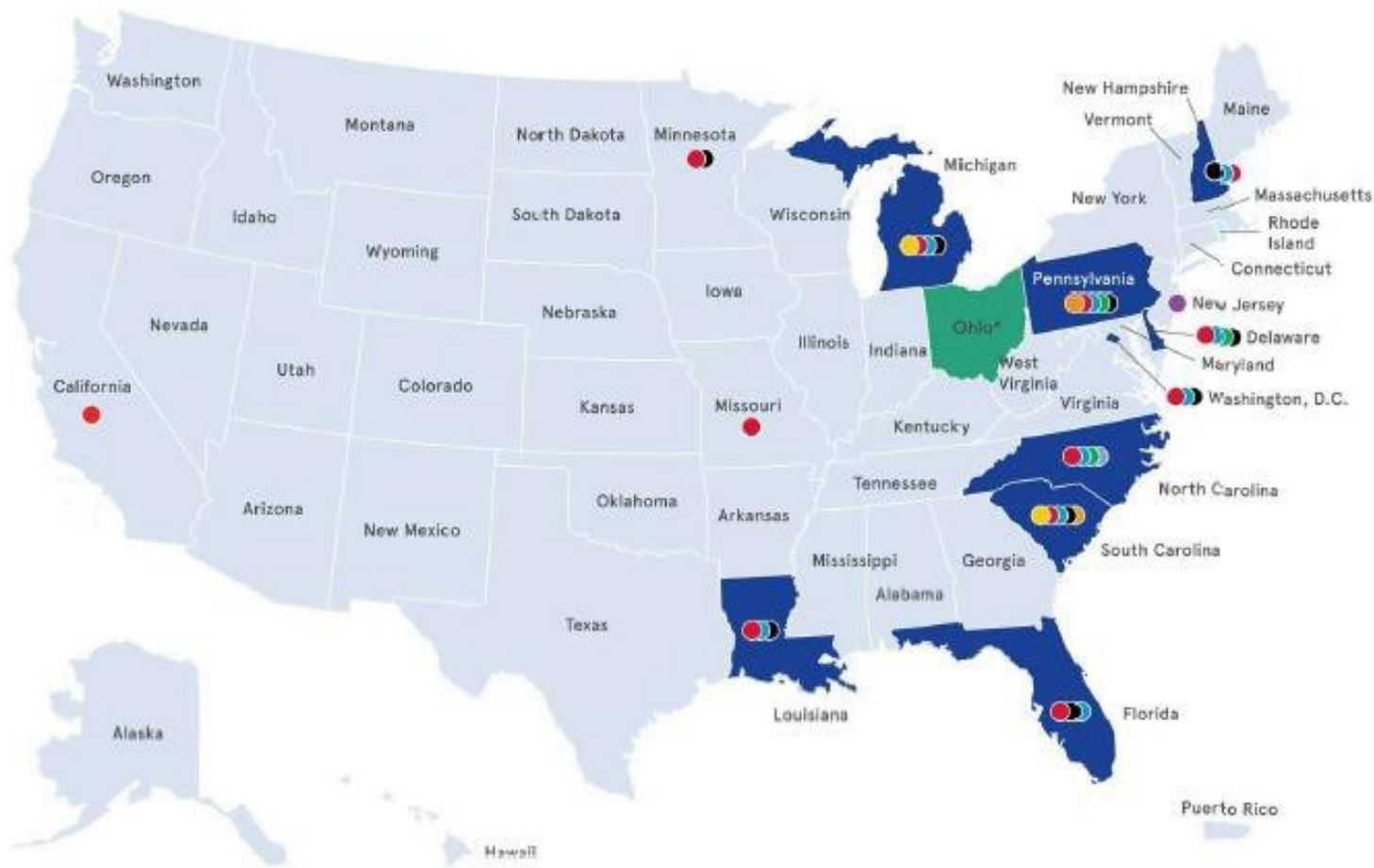
Our mission:

We help people get care, stay well, and build healthy communities.

Our vision:

To be the national leader in empowering those in need, especially the underserved and the disabled, across their full life journey, from wellness to resilience, in order to reach their American Dream.

ACFC Map



Blue states Existing AmeriHealth Caritas Medicaid health plan markets **Green state** New AmeriHealth Caritas Medicaid health plan market in 2022

- Dual eligible special needs plan (D-SNP)
 ● Medicare-Medicaid plan (MMP)
 ● Behavioral health managed care
 ● Specialty pharmacy
- Long-term services and supports (LTSS) experience
 ● Pharmacy benefit management
 ● System of Care Administration
 ● Health Insurance Marketplace

*Selected by Ohio Department of Medicaid (ODM) to provide Medicaid managed care services; anticipated go-live July 2022.

New Hampshire Medicaid Care Management Program

New Hampshire's Medicaid Care Management program is administered through the New Hampshire Department of Health and Human Services (DHHS) for individuals who meet specific income thresholds and other eligibility criteria, including pregnant women; children; parents/caretaker relatives; non-elderly, non-disabled adults under age 65; and individuals who are aged, blind, or disabled, among others.

Individuals covered under the Granite Advantage waiver are also included in the program. These are individuals in the Medicaid new adult eligibility group, covered under Title XIX of the Social Security Act, who are adults ages 19 to 64 (inclusive), with incomes up to and including 138% of the federal poverty level (FPL), who are not pregnant, not eligible for Medicare, and not enrolled in New Hampshire's Health Insurance Premium Payment (HIPP) program.

Providers may encounter minors in state custody or guardianship. Providers are required to consult with the Division for Children, Youth and Families (DCYF) about any medical or behavioral health matters involving minors in state custody or guardianship.

Provider Network Management and Administrative Provider Support



Provider Network Management Dedicated Account Executive



When you join AmeriHealth Caritas New Hampshire, a local and knowledgeable Provider Network Management Account Executive (AE) who is well-versed in both physical and behavioral health will be assigned to your area. Your AE is your single point of contact and is available to assist you in resolving issues and answering any questions you may have.

We are committed to hiring AEs who live in New Hampshire and who have specific training and experience working with the substance use disorder and behavioral health provider community.

The AmeriHealth Caritas New Hampshire Provider Network Management team is located in New Hampshire, and your dedicated AE will routinely meet with you in person to provide orientations, ongoing education, and assistance.

The Provider Services call center and the local Medical Management team are also available to assist you.

E-Solutions to Foster Communication

AmeriHealth Caritas New Hampshire recognizes how busy our participating providers are. We are dedicated to supporting you and ensuring you have the information you need at your fingertips through convenient electronic solutions and support. We keep you informed through several communication methods:

- Provider manual.
- Network News.
- Provider newsletter.
- Provider-focused website section.
- Provider education and training.
- Webinars.

And we provide searchable online tools:

- Online provider directory.
- Drug formularies.

Excellent provider communication and service are priorities across the organization.

E-Solutions to Simplify Administration

AmeriHealth Caritas New Hampshire partners with Change Healthcare, the largest electronic data interchange (EDI) clearinghouse in the country, to offer state-of-the-art EDI services to our providers. EDI optimizes productivity by streamlining your workflows and ensuring:

- Efficient claims solutions.
- Accurate and secure reimbursements.
- Early detection of claims errors.
- Faster claim payment and billing reconciliation through electronic funds transfer (EFT) and electronic remittance advice (ERA).
- Lower administrative, postage, and handling costs.
- NaviNet claim inquiry.
- EDI member eligibility verification through your clearinghouse or practice management system.

E-Solutions to Support Patient Care Management

Our secure provider portal (www.navinet.navimedix.com) offers web-based solutions that allow providers and health plans to share critical administrative, financial, and clinical data in one place. This tool can help you manage patient care with quick access to:

- Member eligibility and benefits information.
- Panel roster reports.
- Care gap reports to identify needed services.
- Member clinical summaries.
- Social determinants of health information.
- Admission and discharge reports.
- Medical and pharmacy claims data.
- Electronic submission of prior authorization requests.

Member Access and Availability Standards

AmeriHealth Caritas New Hampshire providers must comply with access standard guidelines as outlined in the provider manual to help ensure that plan members have timely access to care.

The standards apply to health care services and medical and behavioral health providers. AmeriHealth Caritas New Hampshire monitors access standards on an annual basis. If at any time your practice becomes unable to meet these standards, you must immediately advise your AE or the Provider Services department at **1-888-599-1479**.

For the full list of member access standards, please refer to the provider manual.



Provider Credentialing — CAQH (Paperless)

AmeriHealth Caritas New Hampshire uses Council for Affordable Quality Healthcare (CAQH®) ProView®, formerly the Universal Provider Datasource®, which is designed to simplify and streamline the data collection process for credentialing and recredentialing. ProView users send credentialing information to a single repository via a secure internet site to fulfill the credentialing requirement. **There is no cost to submit an application or participate with CAQH.**

If you are registered with CAQH:

- Grant authorization for AmeriHealth Caritas New Hampshire to view your information in ProView.
- Complete the Contract Inquiry form located at www.amerihealthcaritasnh.com/provider/credentialing
- Email your completed Contract Inquiry form to newhampshireprovidernetwork@amerihealthcaritas.com.
- An AmeriHealth Caritas New Hampshire Account Executive will be assigned to work with you on your application and provide you with the appropriate Data Intake form.
- Enter your CAQH registration number on the Provider Data Intake Form, which allows access to your information. .

If you are not a CAQH-participating provider, we highly encourage you to subscribe by going to proview.caqh.org. We will be glad to assist you in that process as needed.

Non-CAQH Credentialing (Paper)

Facilities, organizational providers, and practitioners who are not registered with CAQH must complete a paper application.

Facilities and organizational providers must complete:

- Application checklist.
- Facility application with signature and current date from the appropriate facility officer.
- Attestation of the accuracy and completeness of the information submitted to the plan.
- Documentation of any history of disciplinary actions; loss or limitation of license; Medicare or Medicaid sanctions; or loss, limitation, or cancellation of professional liability insurance.

Non-CAQH providers must complete the following items:

- Provider application.
- Application checklist.
- Complete the Contract Inquiry form located at www.amerihealthcaritasnh.com/provider/credentialing.
- Email your completed Contract Inquiry form to newhampshireprovidernetwork@amerihealthcaritas.com and an AmeriHealth Caritas New Hampshire Account Executive will be assigned to work with you on your application.



Eligibility and Enrollment: How Do I Verify Eligibility?


Prior to rendering services, providers are responsible for verifying member eligibility. You can check member eligibility by:

- Logging into our secure provider portal, a web-based application that allows providers and health plans to share critical administrative, financial, and clinical data in one place. You can access the provider portal at <https://navinet.navimedix.com/main.aspx>, or via the AmeriHealth Caritas New Hampshire website using the following path: **Providers > NaviNet > Log in to NaviNet.**

Note: For more information or to sign up for NaviNet® access, go to <https://navinet.secure.force.com/>, or call NaviNet Customer Support at **1-888-482-8057**.

- Contacting AmeriHealth Caritas New Hampshire's Provider Services department at **1-888-599-1479** and using the automated real-time eligibility service by following the prompts for "member eligibility."
- Using EDI eligibility verification transactions available from your clearinghouse or practice management system. This service supports batch access to eligibility verification and system-to-system verification, including point-of-service devices.
- Visiting the New Hampshire Medicaid Management Information System (MMIS) Health Enterprise Portal.

Member ID Cards


AmeriHealth Caritas
 New Hampshire

Member name
John L Doe

AmeriHealth Caritas New Hampshire ID
123456789

Effective date
MM/DD/YYYY


Date of birth: **MM/DD/YYYY**

State ID: **1234567890123**

Copays
ER: \$0 PCP: \$0 SPEC: \$0

Limits may apply to some services.

Not transferable


AmeriHealth Caritas
 New Hampshire

Granite Advantage

Member name
John L Doe

AmeriHealth Caritas New Hampshire ID
123456789

Effective date
MM/DD/YYYY

Date of birth: **MM/DD/YYYY**

State ID: **1234567890123**

Copays
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Limits may apply to some services.

Not transferable


AmeriHealth Caritas
 New Hampshire

www.amerhealthcaritasnh.com

Always carry your AmeriHealth Caritas New Hampshire card. You'll need it to get your benefits. Go to your AmeriHealth Caritas New Hampshire primary care provider (PCP) for medical care.

Emergency room: Go to an emergency room near you if you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.

Out-of-area care: Report out-of-area care to AmeriHealth Caritas New Hampshire and your PCP within 48 hours.

Mental health, drug, and alcohol services: Call Member Services at 1-833-704-1177.

To file an appeal or grievance, contact Member Services at 1-833-704-1177.

AmeriHealth Caritas New Hampshire
 Claims Processing
 P.O. Box 7387
 London, KY 40742-7387

Member Services
1-833-704-1177 (TTY 1-855-534-6730)
 24 hours a day, seven days a week

Provider Services and prior authorization
1-888-599-1479

Report Medicaid fraud
1-866-833-9718


To speak with a nurse anytime
1-855-216-6065

CTS (non-emergency medical transportation)
1-833-301-2264

Pharmacy Member Services
1-888-765-6383 or TTY 711

Pharmacy RxBIN #019595
Pharmacy RxPCN #PRX00800
Pharmacy Provider Services: 1-888-765-6394

All other insurance payors must be billed before AmeriHealth Caritas New Hampshire, payor of last resort.


AmeriHealth Caritas
 New Hampshire

www.amerhealthcaritasnh.com

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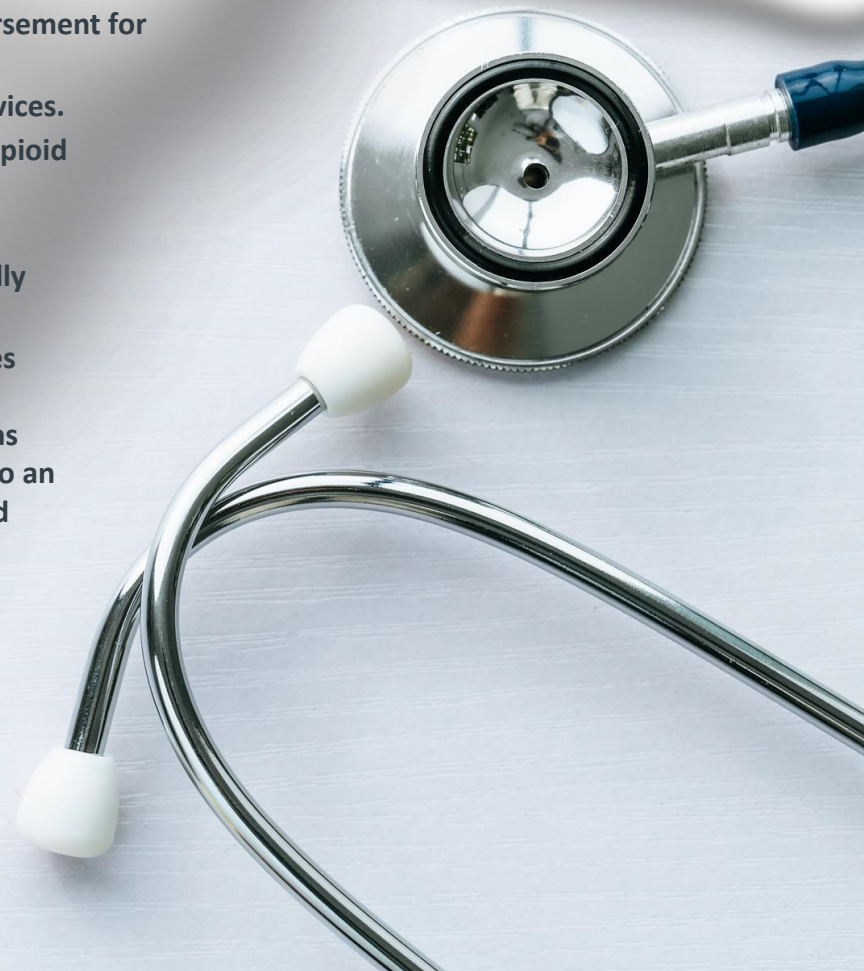
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Covered Services

- Adult medical day care.
- Advanced practice registered nursing care.
- Ambulance services.
- Ambulatory surgical centers.
- Audiology services.
- Certified non-nurse midwife care.
- Designated receiving facilities.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services including applied behavioral analysis coverage.
- Family planning services.
- Freestanding birth centers.
- Furnished medical supplies and durable medical equipment.
- Home health services.
- Home visiting services.
- Hospice care.
- Laboratory (pathology) services.
- Methadone clinics.
- Optometric services (eyeglasses).
- Peer support services.
- Personal care services.
- Physician services.
- Podiatry services.
- Prescribed drugs.
- Private duty nursing care.
- Wheelchair van services.
- X-ray services.
- Therapy: physical, occupational, speech, and rehabilitative (after hospital discharge).
- Behavioral health crisis treatment centers.
- Inpatient hospital services.
- Inpatient psychiatric facility services under age 21.
- Inpatient psychiatric treatment in an institution for mental disease
- Outpatient hospitals (including facility and ancillary services for dental procedures).
- Non-emergency medical transportation (also includes mileage reimbursement for medically necessary travel).
- Community mental health services.
- Medical services clinics (e.g., opioid treatment program).
- Psychology services.
- Rural health clinics and federally qualified health centers.
- Substance use disorder services (per HE-W 513), including services provided in institutions for mental diseases pursuant to an approved 1115(a) research and demonstration waiver.
- Transitional housing program services and community residential services with wraparound services and supports.





Extra Benefits

AmeriHealth Caritas New Hampshire offers members some extra benefits in addition to the covered services required by New Hampshire Medicaid. Additional details are available on our website or by calling Member Services at **1-833-704-1177 (TTY 1-855-534-6730)**.

Extra benefits include:

- **Vision** — Members get \$100 per year for contact lenses.
- **Home education visits for children** — We provide home visits to address home-based asthma triggers to qualifying members. In Manchester and Nashua, members will be referred to the local Department of Public Health for inclusion in the local program.
- **Living Beyond Pain program** — Members living with chronic pain can enroll in care coordination to access alternative pain management strategies as part of a person-centered plan. Members can get referrals to and coverage for appropriate pain management alternatives such as acupuncture and chiropractic therapy, not to exceed 12 acupuncture and 12 chiropractic therapy visits per member per year. Referral and coverage of services is facilitated through a Care Coordinator as part of a member-centered plan of care statewide. **Note:** All acupuncture and chiropractic services require authorization through the program. For authorization, please call **1-833-212-2264**.



AmeriHealth Caritas New Hampshire Also Offers Member Rewards and Incentives.*



CARE Card* — With our CARE Card program, members can receive rewards for completing health-related activities (up to a \$250 value per member per year). Visit the Care Card Program page on our website for more information:

<https://www.amerihealthcaritasnh.com/member/eng/benefits/carecard.aspx>. CARE Card incentive activities include but are not limited to: completing a Health Risk Assessment (HRA), keeping appointments for prevention care such as well visits and immunization, getting timely prenatal care, and attempting to quit tobacco use.

Car seats and booster seats* — We provide car seats and booster seats for children who are members (up to an \$210 value).

WW® (formerly Weight Watchers®) membership* — Up to three months for members with a goal to lose weight (up to a \$133 value).

Mission GED®* — AmeriHealth Caritas New Hampshire provides vouchers through our Mission GED® program to adult members pursuing their high school equivalency certification (HiSET®). These vouchers let members take the required tests (including practice tests and repeat tests) at no cost (up to a \$125 value).

*Some restrictions and limitations may apply. Earn up to \$250 in cash and non-cash goods and services each state fiscal year ending June 30.

Home-delivered meals after a hospital stay — Members being discharged after a qualifying inpatient hospital stay can receive home-delivered meals (14 meals/seven days) after discharge. Qualifying stays include those for new moms in recovery from substance use disorder, members with substance use disorder who successfully complete an inpatient substance use disorder treatment program as part of the Flexible Recovery Benefit, and adult members (ages 21 to 64) with heart disease or diabetes. Meals for members with dietary restrictions are prepared according to dietary guidelines (up to a \$98 value).

Peer respite transportation — Transportation to state-covered respite services to remove access barrier for members in need of peer respite (up to a \$175 value).

Flexible Recovery Benefit to support recovery — Members may receive up to a \$500 credit to access alternative recovery support services available after completing a nonhospital substance use disorder residential treatment program. Services available are subject to a \$500 lifetime limit, and some are also subject to the \$250 annual incentive limit. Services include chiropractic care, acupuncture, and transportation. For more information, please contact Member Services at **1-833-704-1177 (TTY 1-855-534-6730)**. **Note:** All acupuncture and chiropractic services require authorization through the Flexible Recovery Benefit program. For authorization, please call **1-833-212-2264**.

In Lieu of Services

An **in lieu of services** is an alternate service or setting approved by DHHS as a medically appropriate and cost-effective substitute for a covered service or setting under the state Medicaid plan. AmeriHealth Caritas New Hampshire will provide the following care in lieu of services:

- Diabetes self-management.
- Tenancy supports, including assistance in finding and keeping housing (not including rent).
- Medical nutrition.
- Institutions for mental disease (IMD) mental health inpatient care (ages 22 – 64).

Vision

Vision care: Routine vision, eyewear, and medical and surgical vision benefits are covered for children ages 0 – 18, and adults ages 19 and older. Inquiries regarding these benefits should be directed to the Provider Services line at **1-888-599-1479**, or you may reach out to your Account Executive.

Outpatient Laboratory

Laboratory services: Quest Diagnostics will provide outpatient lab services for AmeriHealth Caritas New Hampshire members.

Laboratory	Type	Phone	Website
Quest Diagnostics	General lab services	See website for locations and contact information.	www.questdiagnostics.com



Nonemergency Medical Transportation (NEMT)

AmeriHealth Caritas New Hampshire contracts with Coordinated Transportation Solutions (CTS) for NEMT and mileage reimbursement. Members can access NEMT services by contacting CTS at **1-833-301-2264** or logging on to the member portal. CTS will arrange NEMT for members via the most cost-effective and least expensive mode of transportation available.

Members will be required to use the Family and Friends Mileage Reimbursement program if they have a car or a friend or family member with a car to drive them to medically necessary services. It is important to remind members that, even if they are using the Family and Friends Mileage Reimbursement program, they must contact CTS in advance of the appointment.



Pharmacy services covered by AmeriHealth Caritas New Hampshire are managed by the plan's delegated pharmacy benefit manager (PBM), PerformRxSM. PerformRx provides case management and pharmacy network management, and manages pharmacy benefits. Providers with questions can reach PerformRx at **1-888-765-6394**, 8 a.m. to 5 p.m., Monday through Friday. After business hours, Saturday, Sunday, and holidays, call Member Services at **1-888-765-6383**.

Formulary

AmeriHealth Caritas New Hampshire utilizes a formulary which includes the New Hampshire DHHS Medicaid preferred drug list (PDL) with the addition of value-added medications. This drug benefit has been developed to cover medically necessary prescription products. The pharmacy benefit design provides for outpatient prescription services that are appropriate, medically necessary, and not likely to result in adverse medical outcomes.

For the most current and complete information on the provision of pharmacy services and to access the formulary, please visit the pharmacy section of the website at www.amerihealthcaritasnh.com/provider/pharmacy/index.aspx.



Pharmacy Prior Authorization

Pharmacy Services issues prior authorization for drugs that require prior authorization.

For prior authorization, providers may contact Pharmacy Provider Services at **1-888-765-6394** between 8 a.m. and 5 p.m. ET, Monday through Friday.

After business hours, Saturdays, Sundays, and holidays, please call the 24/7 Pharmacy Member Services number at **1-888-765-6383**.

Please use the searchable formulary link to determine if a drug requires a prior authorization.

<https://www.amerihealthcaritasnh.com/apps/formulary/formulary.aspx>

The most up-to-date prior authorization information can be found here:

<https://www.amerihealthcaritasnh.com/assets/pdf/provider/resources/forms/pharmacy/prior-authorization-criteria.pdf>

How to submit a request for pharmacy prior authorization:

Online

- Complete the online Pharmacy Prior Authorization Request Form.
- Complete the online Behavioral Health Pharmacy Prior Authorization Request Form (PDF) — CMHC Use Only.

By phone

Call **1-888-765-6394**, 8 a.m. to 5 p.m., Monday through Friday.

After business hours, Saturday, Sunday, and holidays, call Member Services at **1-888-765-6383**.

By fax

- AmeriHealth Caritas New Hampshire: **1-866-880-3679**.
- AmeriHealth Caritas New Hampshire — community mental health center (CMHC): **1-855-839-3883**.

Pharmacy prior authorization forms can be found at <https://www.amerihealthcaritasnh.com/provider/resources/pharmacy-prior-auth.aspx>.



Electronic Claim Submission

All claims submitted by providers **must** be billed on the CMS-1500 or UB-04, on the electronic equivalent (via EDI) of these standard forms, or via Change Healthcare WebConnect for direct submission of claims.

AmeriHealth Caritas New Hampshire participates with Change Healthcare. As long as you have the ability to send EDI claims to Change Healthcare, whether through direct submission or through another clearinghouse or vendor, you may submit claims electronically.

If you are **not** set up for electronic submission:

- Contact your practice management software vendor or EDI software vendor.
- Inform your vendor of AmeriHealth Caritas New Hampshire's EDI payer ID: **87716**.
- You may also contact Change Healthcare at **1-877-363-3666** or visit www.changehealthcare.com for information on contracting for direct submission to Change Healthcare.
- If you need assistance with beginning electronic submissions, you may contact AmeriHealth Caritas EDI Technical Support at **1-833-686-2264**.

Claims (EFT)

AmeriHealth Caritas New Hampshire partners with Change HealthCare and ECHO Health Inc. for electronic funds transfer (EFT). EFT simplifies reimbursement by transferring funds electronically to your bank account, eliminating the need for paper checks. EFT is convenient, can reduce administrative overhead, and allows access to your funds more quickly. To sign up for EFT or to process payments on the ECHO platform, call **1-866-506-2830** or visit the Change Healthcare EFT Enrollment Center at <https://enrollments.echohealthinc.com/EFTERAdirect/enroll>.

Paper Claim Submission



AmeriHealth Caritas New Hampshire does accept paper claims. However, plan providers are encouraged to bill electronically.

Paper claims may be submitted to:

AmeriHealth Caritas New Hampshire

Attn: Claims Processing Department

P.O. Box 7387

London, KY 40742-7387

Claim Filing Deadlines

Type of Claim	Description & Time Frame
Original Claims	Must be submitted to the plan within 120 calendar days from the date services were rendered or compensable items were provided.
Rejected Claims	Are not registered in the claims processing system and can be resubmitted as new claims. Claims must be corrected and resubmitted within 120 calendar days from the date of service.
Denied Claims	Are processed in the claims system and may have a payment attached or be completely denied. Corrected claims may be submitted within 365 calendar days from the date of service.
Claims with EOB (TPL)	Must be submitted to the Plan within 60 calendar days from the date of the third party's EOB.

For more information, please refer to the Claims Billing Guide located at <https://www.amerihealthcaritasnh.com/assets/pdf/provider/claims-filing-instructions.pdf>.

Good-Cause Exceptions

AmeriHealth Caritas New Hampshire will allow good-cause exceptions to the 120-day claim filing deadline.

Good-cause exceptions will accommodate events such as:

- A member providing the wrong Medicaid identification number.
- A natural disaster.
- A failure of information technology systems.

Good-cause exceptions will be considered on a case-by-case basis. To initiate a good-cause exception, please contact your AE.

NaviNet — Claim Inquiry Adjustment

You may open a claims investigation via NaviNet with the claims adjustment inquiry function. Requests for adjustments may also be submitted by telephone to Provider Claims Services at **1-888-599-1479**.

Claim types that are eligible for submission through the Claim Inquiry Adjustment option are:

- Updated eligibility.
- Updated/on file authorization.
- Third-party liability (TPL)/coordination of benefits (COB) changed.
- Duplicate payment received.
- Claim underpaid.
- Claim overpaid.

All requests will be responded to within 10 business days.

For more information, please refer to the NantHealth Claims Investigation user guide on your NaviNet Plan Central page.



An Integrated Approach to Care

Our multifaceted approach addresses the needs of our members, connecting them with the health care and services they need to get well and stay well.

Our approach includes:

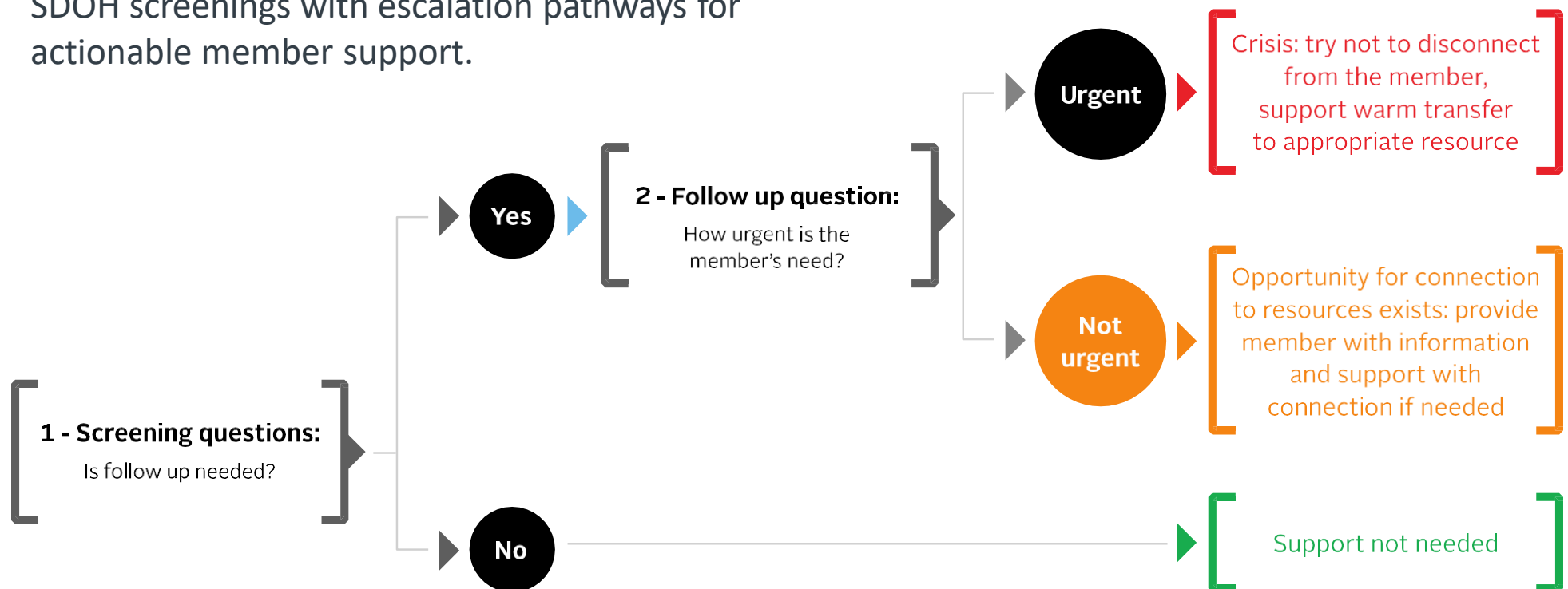
- Engaging, educating, and empowering members to actively participate in improving their health outcomes.
- Providing members with the information they need when they need it through our use of personal outreach and member portals.
- Providing person-centered treatment planning in which the member identifies their care team members, including natural and professional supports of their choosing.
- Using and supporting the growth of community-based services.
- Incentivizing and rewarding healthy behaviors.



Social Determinants of Health (SDOH)

AmeriHealth Caritas will assess, identify, and address health care and social determinants of health needs in the populations we serve, enabling them to live healthier lives and achieve maximum independence.

AmeriHealth Caritas New Hampshire administers universal SDOH screenings with escalation pathways for actionable member support.



Let Us Know

AmeriHealth Caritas New Hampshire is eager to partner with the provider community in supporting our members who may require more support. The **Let Us Know** program allows us to collaborate in engaging our members and managing their health care.

If you have a member who could use support from our Care Management team, here are a few ways to **Let Us Know**:

Let Us Know options	Examples of reasons for referral:
<p>Call our Rapid Response and Outreach Team at 1-833-212-2264.</p> <p>Fax the Member Intervention Form, located at www.amerihealthcaritasnh.com, to 1-833-828-2264.</p> <p>For guidance on completing this form, or to inquire about a submission, please call 1-833-212-2264.</p>	<ul style="list-style-type: none"><input type="checkbox"/> Pharmacy consult on controlled substances<input type="checkbox"/> Assistance locating a specialty provider<input type="checkbox"/> Education on plan benefits and resources<input type="checkbox"/> Assistance with appointment scheduling<input type="checkbox"/> Unmet resource/SDOH screening or follow-up (e.g., transportation, food pantry, or housing application)
<p>Call in a referral to the Care Management department at 1-833-212-2264.</p>	<ul style="list-style-type: none"><input type="checkbox"/> Education on health conditions<input type="checkbox"/> Screening for mental health or substance use services<input type="checkbox"/> Crisis follow-up resources (recent suicide attempt or bereavement after a death by suicide)

Sharing Data With Providers

Note: Information on this page is based on claim data.

Member Information

Member Name:

Date of Birth:

Gender:

Member Id:

Primary Doctor (PCP):

Address 1:

Address 2:

City, State, Zip:

Phone Number:

Care Manager Information

Name:

Phone:

My Important Tests & Services (within the last 24 months)

Condition	Service	Status	LastService	Due by	Goal
Preventive Health Vaccine	Hepatitis A Vaccination Series	Missing			Once per Lifetime
Preventive Health Vaccine	Hepatitis B Vaccination Series	Missing			Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - 23 Valent Pneumococcal	Up-to-date	10/27/2016		Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Pevnar 13	Missing			Once per Lifetime

Social Determinants (within the last 12 months)

Category	Date Answered	Self-reported member information
Housing	12/4/2017	No concern reported
Food	12/4/2017	Food insecurity
Utilities	12/4/2017	Difficulty paying for utilities
Transportation	12/4/2017	No concern reported
Health literacy	12/4/2017	No concern reported
Education	12/4/2017	Less than high school equivalency
Phone	12/4/2017	Difficulty paying for phone
Child care	12/4/2017	No concern reported
Everyday items	12/4/2017	Difficulty getting everyday items
Clothing	12/4/2017	Difficulty getting needed clothing

Responses to SDOH screening appear on the Member Clinical Summary available to providers through the Provider Portal.

Identifying the Top 3% of High-Risk, High-Need Members

With the support of our provider partners, we identify priority populations and high-risk, high-need members through assessment, stratification, and referrals. These members will receive community-based, local care management.

The top 3% of high-risk, high-need members will be flagged for engagement in our care management programs.

Our risk scoring and stratification method will take into account:

- Results of health risk screenings and assessments.
- Claims history and encounter data.
- Pharmacy utilization data.
- Recent overdoses and suicide attempts.
- Admission, discharge, and transfer history.
- Adverse childhood experiences (ACEs) and trauma exposure.
- Extended hospital stays.
- Members with significant unmet resource needs.
- Emergency room utilization.
- Inpatient behavioral health discharges.
- Neonatal intensive care unit discharges.

Risk Score Integration

Risk scores are used to guide care management outreach and as triggers for the level of intervention.

International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) Z codes refer to factors influencing health status.

The following self-reported data elements and relevant ICD-10 Z-codes enhance AmeriHealth Caritas risk score modeling:

- Distance from primary care provider (PCP) office.
- Poverty index.
- Housing.
- Food.
- Transportation.
- Utilities.
- Health literacy.
- Legal circumstances.
- Physical environment.
- Employment status.
- Safety (exposure to trauma, stress, or violence).
- Social isolation.
- Technology (access).



COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA TO ADDRESS MEMBERS' UNMET NEEDS

At [Health Plan Name], care is the heart of our work. That means that every day we put our members and their families first. We work to improve not only their health, but also the economic and social issues that can act as a barrier to proper care — social determinants of health that are estimated to account for 70 percent of avoidable mortality¹ in the United States alone.

[INSERT HEALTH PLAN NAME] assesses, identifies, and addresses health care and social determinants of health needs in the populations we serve, helping to enable our members to live healthier lives and achieve maximum independence.

What are social determinants of health?

Our mission to build strong, healthy communities goes beyond clinical care. Up to 80 percent to 90 percent of a person's health is tied to factors other than clinical care.² These factors, known as the social determinants of health (SDOH), include nutritious food, access to care, safe housing, reliable transportation, and community supports.

What is the impact of SDOH?

These underlying drivers of health impact every part of our physical, mental, and social well-being. When they work against someone or are left unaddressed, they create health inequalities — which lead to worse outcomes and more expensive care.

Social factors, including education, racial segregation and bias, social supports, and poverty, can affect a person's risk factors for premature death and life expectancy. SDOH disproportionately impact low-income individuals and minority populations. As SDOH have a significant impact on health outcomes, addressing the impacts of SDOH is essential to the achievement of greater health equity.

How can I help?

As a [Health Plan Name] provider, you deliver health care services to our members. Health care providers who serve our members are uniquely positioned to identify and address SDOH, and together we can customize person-centered programs to ensure that our members have the critical support and services they need, so they can make important lifestyle changes and lead healthier, more productive lives.

When you submit claims, please add the appropriate supplemental ICD-10 diagnosis codes that identify SDOH. Opposite are the ICD-10 codes and descriptions useful for classifying relevant socioeconomic information valuable for population health.

With your help, [Health Plan Name] will have actionable data and be able to respond to our members' unmet needs.

Note: SDOH should not be used as the admitting or principal diagnosis.

Please include the appropriate supplemental ICD-10 diagnosis codes on your claim to report SDOH.

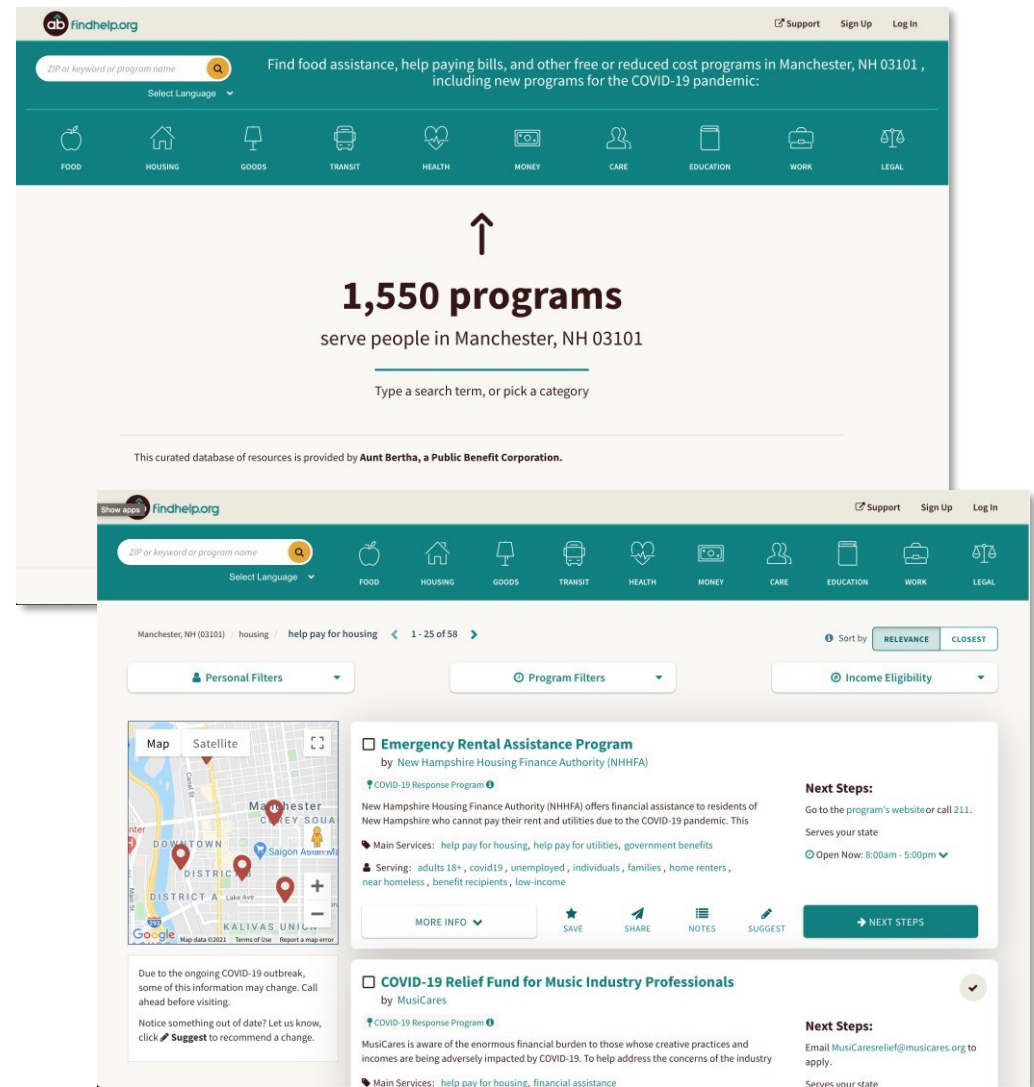
Note: SDOH should **not** be used as the admitting or principal diagnosis.

For information about the applicable ICD-10 codes, please refer to the plan website.

Connecting to Community Resources

FindHelp.org, by Aunt Bertha

- Internet-based community resource directory.
- Listed agencies routinely verified to ensure information is current.
- Available to internal health plan staff and directly to members through the plan website and the plan mobile application.
- www.amerihealthcaritasnh.com.
- www.findhelp.org.



Local Care Management Networks (LCMNs)

With the goal of delegating care management to identified LCMNs, Population Health will be one part of a team who will meet providers to understand their capabilities, capacity, and interests in taking on care management roles.

Examples of LCMN care coordination activities:

- Conducting health risk assessments.
- Arranging wellness visits.
- Conducting comprehensive assessments.
- Ensuring collaboration between care team members.
- Providing transitional care management.
- Coordinating with and integrating social services to address unmet needs.



But, as local care management is a statewide function executed by both AmeriHealth Caritas New Hampshire and our partners, even when we have LCMNs, we will be:

- Serving as a backstop, partner, and supporter of the evolution of integrated care for community-based providers and organizations willing and able to serve in a care management role.
- Functioning as the primary provider of local care management services.
- Remaining as the ultimately accountable entity for managing processes and outcomes.

Care management

Able to refer AmeriHealth Caritas New Hampshire members to care management for ongoing support, education, guidance, and assistance in navigation and meeting a member's physical and behavioral health goals or unmet resource needs

- Once the Plan of Care is developed, it is shared with PCP via Navinet

AmeriHealth Caritas New Hampshire collaborates with PCP and other specialists as needed to support members needs

AmeriHealth Caritas New Hampshire has specific programs to help with disease management

- Asthma; Diabetes; Living Beyond Pain

AmeriHealth Caritas New Hampshire can assist with Social Determinants of Health (SDoH) needs and other resources; can be short or long term support

- Focused on what member wants to achieve and disease management

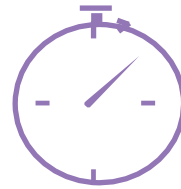
A Closer Look at Local Care Management

AmeriHealth Caritas New Hampshire is in the community, offering individualized support and coordinating the full spectrum of care services and resources that address our members' unique needs.



Local Care Managers and LCMNs

Community-based clinical and nonclinical staff that work to address care gaps, facilitate integration, and understand local resources for the benefit of our members and providers.



Rapid Response and Outreach Team

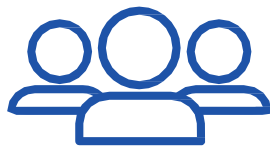
Office-based staff who help members access providers, set up appointments, adhere to medication regimens, arrange transportation, and connect to community resources.



BRIGHTSTART®

Bright Start Care Management Team

Specialized staff who assist expecting members by promoting healthy behaviors and controlling risk factors during pregnancy.



Member and Community Engagement Team

Nonclinical staff who work with our partners to locate difficult-to-engage members to reconnect them with care management and community resources and stay connected to regional issues through in-person engagement.



Recovery Care Team

An interdisciplinary team of substance use disorder professionals with specialty experience and training who will focus on statewide issues which impact the recovery continuum.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

AmeriHealth Caritas New Hampshire's Pediatric Preventive Health Care program is designed to improve the health of members from birth to age 21 by increasing adherence to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines.

PCPs are responsible for coordinating and managing the medical needs of members through identification of growth and development needs and coordination of appropriate health care services according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule or upon request at other times to determine the existence of a physical or mental condition.

The most current periodicity schedules are available online at <https://brightfutures.aap.org/Pages/default.aspx>.

Behavioral health toolkit

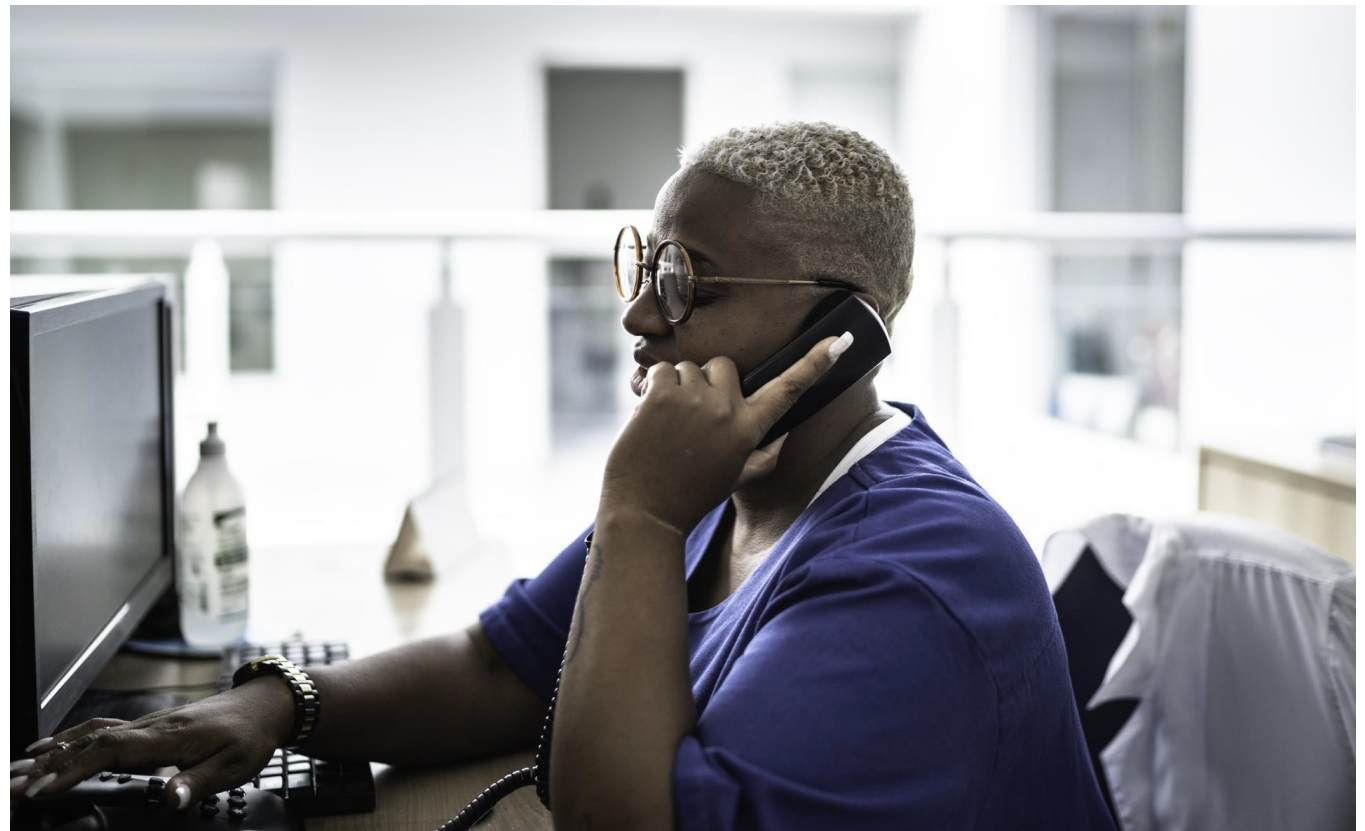
ACNH encourages and provides behavioral health training and support on a variety of topics and modalities.

- ACNH provides Behavioral Health Tool kit for ALL providers
 - Includes an overview, resources, medication options, assessment and screening tools for a variety of behavioral health conditions such as:
 - Anxiety
 - Attention Deficit / Hyperactivity Disorder (ADHD)
 - Depression
 - Substance Use Disorders
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Suicide Prevention Practices
 - This is a readily available resource on the Provider Training Page of the AmeriHealth New Hampshire web page
 - <https://www.amerihealthcaritasnh.com/provider/training-and-education/bh-training.aspx>

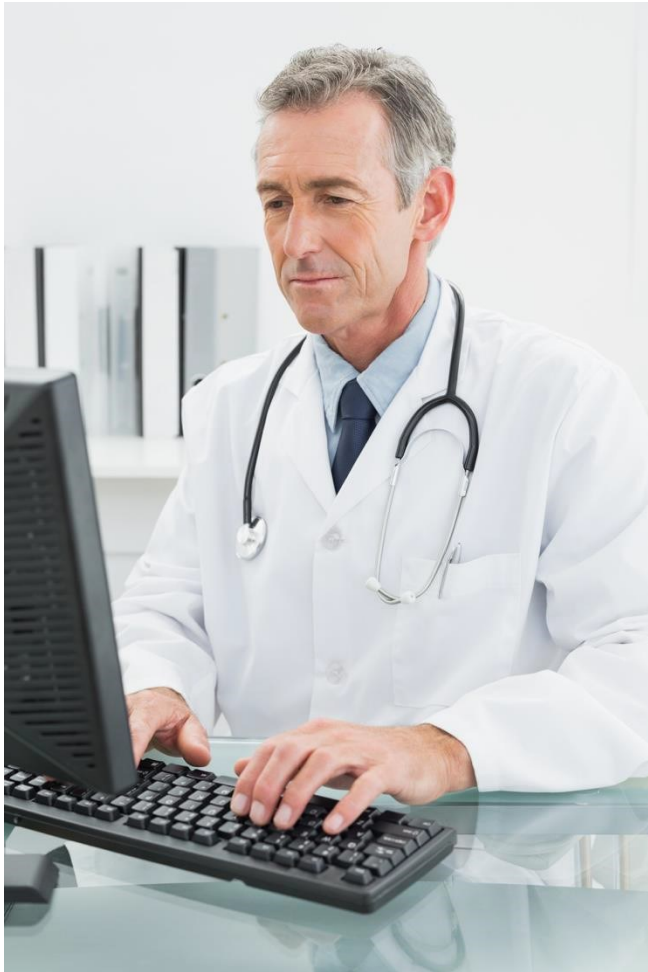
Clinical Help Lines



AmeriHealth Caritas New Hampshire members have the added benefit of a 24/7 Nurse Call Line, available at **1-855-216-6065**. The 24/7 Nurse Call Line is a toll-free private service through which nurses can answer members' questions about their health.



Provider Trainings



The Clinical Education team is inspired by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Integrated Health Solutions Levels of Integration Framework (2013). Clinical educators partner with providers to collaboratively assess training needs, and develop and deliver training related to behavioral health, physical health, and other clinical and person-centered initiatives.

Motivational interviewing (MI)

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

American Society of Addiction Medicine (ASAM)

Evidence-based practices

Physical health and behavioral health integration

Behavioral health screening tools

TeleECHO clinic topics:

- Integration.
- Opioid awareness.

Mental health first aid (MHFA)

*Check
www.amerihealthcaritasnh.com
for the list of scheduled trainings in
your area.*

Utilization Management Prior Authorization



Services Requiring Prior Authorization

Below are some of the services requiring prior authorization. For a full list of services, please refer to the Provider Manual or the plan website at

www.amerihealthcaritasnh.com.

- Air ambulance.
- All out-of-network services, excluding emergency services.
- All unlisted miscellaneous and manually priced codes (including, but not limited to, codes ending in “99”).
- All inpatient hospital admissions, including medical, surgical, skilled nursing, long-term acute, and rehabilitation services.
- Home-based therapy (physical, occupational, and speech therapies) and skilled nursing (after 18 combined visits, regardless of modality; per fiscal year).
- Durable medical equipment (DME) rentals.
- Transcranial and vagus nerve stimulation.
- Electroconvulsive therapy (ECT).
- Mental health partial hospitalization program (MH PHP).
- Mental health intensive outpatient program (MH IOP).
- Psychological and neuropsychological testing.
- Outpatient therapy (physical, occupational, or speech therapy): prior authorization is required after the 12th visit per modality; benefit limit for members age 21 and older is 20 visits per modality per fiscal year.
- Intensive community-based services.

Utilization Management Prior Authorization

Utilization Management's decision-making is based only on appropriateness of care and services and existence of coverage. AmeriHealth Caritas New Hampshire providers are responsible for obtaining prior authorization for certain services.

For a full list of services requiring prior authorization, please refer to the Provider Manual at www.amerihealthcaritasnh.com.

How to obtain prior authorization:

- By form: Providers may need to complete a form before administering some health services to members. The form can be found at www.amerihealthcaritasnh.com under **Forms** and faxed to **1-833-469-2264**.
- By phone: Call our Utilization Management department at **1-833-472-2264**.
- By provider portal: Log onto NaviNet to access online prior authorization.

Behavioral Health Services Requiring Notification

Crisis intervention:

- Notification required within two business days after service.

American Society of Addiction Medicine (ASAM) Levels of Care: Notification is required at time of admission.

- Level 1 - Withdrawal Management: Ambulatory Withdrawal Management Without Extended On-Site Monitoring.
- Level 2 - Withdrawal Management: Ambulatory Withdrawal Management With Extended On-Site Monitoring.
- Level 2.1 — SUD Intensive Outpatient Services.
- Level 2.5 — SUD Partial Hospitalization Services.
- Level 3.1 — Clinically Managed Low-Intensity Residential Services.
- Level 3.2 — WM: Clinically Managed Residential Withdrawal Management.
- Level 3.3 — Clinically Managed Population-Specific High-Intensity Residential Services.
- Level 3.5 — Clinically Managed High-Intensity Residential Services.
- Level 3.7 — Medically Monitored Intensive Inpatient Services.
- Level 4 — Medically Managed Intensive Inpatient Services.

Substance Use Disorder Services Notification Requirements

AmeriHealth Caritas New Hampshire will not require prior authorization or authorization for claims purposes for ASAM levels of care identified as necessary by a clinician trained in the use and application of ASAM criteria.

AmeriHealth Caritas New Hampshire will require a notification of certain ASAM levels of care admissions for the purpose of helping members transition through appropriate levels of care and discharge planning.

AmeriHealth Caritas New Hampshire's radiology benefits vendor, Evolent, provides utilization management review and authorization for non-emergent, advanced, outpatient imaging procedures.

The following radiology services, when performed as an outpatient service, require prior authorization:

- Computed tomography (CT) scan.
- Positron emission tomography (PET) scan.
- Magnetic resonance imaging (MRI).
- Magnetic resonance angiography (MRA).
- Nuclear cardiac imaging.

The ordering provider is responsible for obtaining a prior authorization number for the requested radiology service. Evolent will request patient symptoms, past clinical history, and prior treatment information, and the ordering provider should have this information available at the time of the call.

Evolut — How to Submit Authorization

The ordering facility or provider must obtain the appropriate prior authorization via Evolut's website or by calling Evolut.

Ordering providers:

- To initiate a request for an authorization, please contact Evolut via their website at www.radmd.com, or toll free at **1-800-424-4784**.
- To check the status of an authorization, please contact Evolut via their website at www.radmd.com, or via interactive voice response (IVR) system at **1-800-424-4784**.

Rendering providers:

- To check the status of an authorization, please contact Evolut via their website at www.radmd.com, or via IVR system at **1-800-424-4784**.



Value-Based Programs

AmeriHealth Caritas New Hampshire's value-based programs compensate providers for quality. Value-based care is not based on fee-for-service reimbursement. Instead, it's designed to address a member's unique needs through high-quality, cost-effective, appropriate care while offering providers customizable solutions.

This model includes a suite of value-based incentive compensation programs called PerformPlus®. PerformPlus programs are available to PCPs, physical and behavioral health specialists, hospitals, and integrated delivery systems.

Examples include:

- Quality enhancement programs.
- Community partners programs.
- Shared Savings Program.

Not every practice is ready to move to a value-based system. Therefore, our practice transformation support team can assist practices in transitioning to a value-based model by helping them choose the program that best fits the practice size, goals, experience, and level of readiness for participation in a value-based program.

Practice Transformation

Your practice transformation team will partner with your practice to create a customized strategy aimed at improving patient outcomes and managing the cost of care. This is done through continuous quality improvement.

Your practice transformation team will:

- Assess organizational and practice readiness for transformation and targeted practice improvement opportunities.
- Assist with the use of available data to improve performance.
- Optimize health information technology for performance monitoring and population management.
- Identify and cross-pollinate best practices.
- Create an infrastructure for continuous improvement and support providers in developing, implementing, monitoring, and tracking improvement activities.
- Facilitate development of a goal-oriented plan for interim monitoring of process.

Value-Based Incentive Programs

Quality Enhancement Program (QEP) - PCPs <ul style="list-style-type: none"> Quality <ul style="list-style-type: none"> HEDIS PCMH Status Efficiency <ul style="list-style-type: none"> Cost Efficiency Non-Emergent ER Utilization Improvement Incentive Preventable Readmissions Total Cost of Care 	Community Partners Program (FQHCs) <ul style="list-style-type: none"> Quality <ul style="list-style-type: none"> HEDIS Efficiency <ul style="list-style-type: none"> Potentially Preventable Readmissions Potentially Preventable Admission Rate Potentially Preventable ER Visit Rate Administrative Bonus <ul style="list-style-type: none"> PCMH Status 	Woman's Health Program <ul style="list-style-type: none"> Quality <ul style="list-style-type: none"> HEDIS NQF Efficiency/Transparency <ul style="list-style-type: none"> NICU Rates ONAF forms Participation Standards & Administrative <ul style="list-style-type: none"> Program participation standards Performance on Access to Care Survey/ Complaints & Grievances 	Cardiology Pay for Performance <ul style="list-style-type: none"> Quality <ul style="list-style-type: none"> NQF Cost/Efficiency <ul style="list-style-type: none"> Potentially Preventable Readmissions Potentially Preventable Admission Rate Potentially Preventable ER Visit Rate Administrative <ul style="list-style-type: none"> "Distinguished Provider" Medical Home Bonus Other: EMR, Electronic Claims submission, etc.
Shared Savings Program <ul style="list-style-type: none"> Quality <ul style="list-style-type: none"> HEDIS Hospital Safety Measures Transitions in care Efficiency <ul style="list-style-type: none"> Potentially preventable readmissions Potentially preventable admission rate Potentially preventable ER visit rate NICU LOS 	Integrated Behavioral Health <ul style="list-style-type: none"> Efficiency measures including potentially preventable ER utilization Behavioral Health quality measures such as: <ul style="list-style-type: none"> Adherence to Antipsychotic Medications for individuals with Schizophrenia Antidepressant Medication Management (AMM) Follow-Up After Hospitalization for Mental Illness (FUH) 	Partial Risk Model <ul style="list-style-type: none"> Continually enrolled population identified by specific risk stratification Excludes non users, maternity members and those with malignancies and catastrophic health conditions Outcomes capped at upside and downside corridors 	MLR/Total Cost of Care Model – Upside Only Year One: <ul style="list-style-type: none"> Quality based guardrails governing risk allocation/sharing. MLR/percent of premium/total cost of care Outcomes capped at upside and downside corridors

Culturally and Linguistically Appropriate Services (CLAS)



What Is CLAS?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) were created to advance health equity, improve quality of care, and eliminate health care disparities.

We are required to communicate with our providers about CLAS. See slides 62 – 64 of the orientation PDF. We have added CLAS training opportunities to our website at <https://www.amerihealthcaritasnh.com/provider/training-and-education/cultural-competency-training.aspx>. There are also many sponsored continuing medical education (CME) programs provided at no cost to network providers.

AmeriHealth Caritas New Hampshire recognizes the need to effectively respond to a diverse and multicultural patient population, and understand and address issues that lead to health disparities. In an effort to deliver culturally competent, respectful, appropriate care to members who have limited English proficiency (LEP); who are low literacy proficient (LLP); who represent diverse, multicultural backgrounds; or who may have special health needs, AmeriHealth Caritas New Hampshire offers ongoing CLAS training and requires providers to complete annual training.

Please refer to the Provider Manual for more information or visit the CLAS webpage at www.amerihealthcaritasnh.com.

Interpretation and Translation Services

Barriers in communication can impact quality of care. AmeriHealth Caritas New Hampshire offers language services to facilitate better communication between members and their providers.

Translation

Commonly used materials are automatically translated into Spanish and any threshold language spoken by our members in New Hampshire. Other materials are translated upon request. Translations can be done in nearly every language spoken by our members in New Hampshire.

Interpretation

AmeriHealth Caritas New Hampshire provides telephonic interpretation services, free of charge, to any AmeriHealth Caritas New Hampshire member through Language Access Services associates.



Member Grievances

A **grievance** expresses dissatisfaction about any matter other than an **action** by AmeriHealth Caritas New Hampshire. It is usually submitted by a member and is not generally related to a claims payment. The member may file a grievance in writing or by telephone (see below). It may be filed at any time either verbally or in writing. It may be filed by the treating provider or PCP (or another authorized representative) on behalf of the member with the member's written consent.

AmeriHealth Caritas New Hampshire will send a decision letter within 30 calendar days of receiving the request. If more time is required, the member will be informed of the reason for the extension in writing.

To file a grievance by phone:

Member Services

Hours of operation: 24 hours a day, seven days a week

Phone: **1-833-704-1177 (TTY 1-855-534-6730)**

To file a grievance by mail:

AmeriHealth Caritas New Hampshire

Attn: Complaints and Grievances

P.O. Box 7389

London, KY 40742-7389

Member Appeals

If AmeriHealth Caritas New Hampshire decides to deny, reduce, limit, suspend, or terminate a service a member is receiving, the member will receive a written Adverse Benefit Determination.

If the member does not agree with the decision outlined in the Adverse Benefit Determination, or if the plan has failed to act in a timely manner, the member may file an appeal.

The appeal:

- Must be filed within 60 calendar days of the Notice of Adverse Benefit Determination.
- May be filed on the member's behalf by the member's authorized representative (e.g., a family member or friend) or by the member's provider with the member's written consent.

To file an appeal by phone: Call **1-833-704-1177 (TTY 1-855-534-6730)**

To file an appeal by mail: Member Appeals, P.O. Box 7394, London, KY 40742-7394



Provider Appeals

AmeriHealth Caritas New Hampshire providers may file an appeal of an adverse action by AmeriHealth Caritas New Hampshire. Adverse actions include, but are not limited to:

- Actions against a provider for reasons related to program integrity.
- Termination of a Provider Agreement before the agreement period has ended for reasons other than when DHHS, New Hampshire's Fraud Control Unit, or another government agency has required the plan to terminate the agreement.
- Denial of claims for services rendered that have not been filed as a member appeal.
- Actions taken by the health plan in response to a violation by the provider of the health plan Provider Agreement.

Provider appeals must be filed in writing and within 60 calendar days of:

- The date of the plan's notice of the adverse action to be taken.
- The date on which the plan should have taken a required action but failed to do so.

Providers may file a member grievance or appeal on behalf of a member only when the member has authorized the provider to do so in writing.

Peer-to-Peer Review

Providers may reach the peer-to-peer telephone line by following the prompts at **1-833-472-2264** to discuss a medical determination with a physician in the AmeriHealth Caritas New Hampshire Medical Management department. Providers must call within 5 business days of notification of the determination.

To request an appeal on behalf of a member (with the member's written consent) for the reversal of a medical denial, a provider may submit an appeal in writing. For more information, please refer to the Provider Manual or visit our website at www.amerihealthcaritasnh.com.

State Fair Hearing

Providers may pursue a state fair hearing after exhausting the plan's provider appeals process.

Upon request, AmeriHealth Caritas New Hampshire will, within 3 business days, provide DHHS and the participating provider all documentation related to the provider appeal, including but not limited to any transcripts, records, or written decisions.

AmeriHealth Caritas New Hampshire will be bound by the state fair hearing determination and will take all steps to reverse any adverse action overturned by the state fair hearing within 10 calendar days.



Comprehensive Compliance Program

The AmeriHealth Caritas New Hampshire Compliance department implements a comprehensive Compliance Program to help ensure compliance with all applicable federal and state laws and contractual obligations.

If you have a compliance or privacy concern, we encourage you to contact our Compliance department. You can report issues to the Compliance department by:

- Calling the toll-free Compliance Hotline at **1-866-833-9718**, which is available 24 hours a day, 7 days a week, and allows for anonymous reporting of issues.
- Using our online reporting tool at www.amerihealth.ethicspoint.com, which is available 24 hours a day, 7 days a week, and allows for anonymous reporting of issues.
- Emailing us:
 - *AmeriHealth Caritas New Hampshire Compliance:* nhcompliance@amerihealthcaritasnh.com.
 - *AmeriHealth Caritas Corporate Compliance:* corpcompliance@amerihealthcaritas.com.
 - *AmeriHealth Caritas Corporate Privacy:* privacy@amerihealthcaritas.com.

***Compliance is a shared responsibility and
calls upon us to do the right thing in the right way.***

Provider Compliance Responsibilities

As a network provider, your compliance responsibilities include the need to:

- Implement a compliance program that meets the requirements of 42 CFR § 438.608.
- Implement policies and procedures that meet the requirements of the Deficit Reduction Act of 2005.
- Implement a policy and procedure that recognizes Medicaid is “the payer of last resort.”
- Notify us when a change in circumstances may affect your eligibility to participate in the Medicaid managed care program.
- Report and promptly return to us any overpayment that you identify within 60 days of identification.

Fraud Prevention Program

AmeriHealth Caritas has an established enterprise-wide Program Integrity department with a proven record in preventing, detecting, investigating, and mitigating fraud, waste, and abuse (FWA). Local AmeriHealth Caritas New Hampshire staff, including the Fraud, Waste, and Abuse Coordinator, will be supported by the Program Integrity department.

- **Fraud** means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law. 42 CFR § 455.2.
- **Waste** means the overutilization of services or other practices that result in unnecessary costs. Waste is generally not considered caused by criminally negligent actions, but rather misuse of resources.
- **Abuse** means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. 42 CFR § 455.2

Fraud Prevention Program

The Special Investigations Unit (SIU) proactively identifies potential incidents of suspected fraud and abuse as part of its program for ongoing monitoring and auditing.

The SIU investigates allegations such as:

- Missing documentation of services purportedly rendered.
- Billing for services not rendered.
- Alteration or forgery of documentation.
- Misrepresentation of services provided.
- Receipt of benefits due to potentially fraudulent actions.

Fraud Prevention Program

As a network provider, you are responsible for reporting suspected FWA issues.

REPORTING ISSUES TO AMERIHEALTH CARITAS NEW HAMPSHIRE

If you are aware of a potential or actual FWA issue, we encourage you to report the issue to the SIU by:

- Calling the toll-free Fraud, Waste, and Abuse Hotline at **1-866-833-9718**, which is available 24 hours a day, 7 days a week, and allows for anonymous reporting of issues.
- Emailing fraudtip@amerihealthcaritas.com.
- Mailing a written statement to:
 - Special Investigations Unit
AmeriHealth Caritas New Hampshire
200 Stevens Drive
Philadelphia, PA 19113

Fraud Prevention Program

As a network provider, you are responsible for reporting suspected FWA issues.

REPORTING ISSUES TO THE APPROPRIATE ENTITY FOR THE STATE OF NEW HAMPSHIRE

<p>NH Department of Justice Office of the Attorney General Medicaid Fraud Control Unit</p>	<p>Attorney General's Medicaid Fraud Control Unit Phone: 1-603-271-1246 Fax: 1-603-223-6274 Email: mfcuinfo@doj.nh.gov</p> <p>Website: https://www.doj.nh.gov/criminal/medicaid-fraud.htm</p> <p>Medicaid Fraud Control Unit Office of the Attorney General 33 Capitol Street Concord, NH 03301</p>
<p>New Hampshire DHHS</p>	<p>New Hampshire DHHS Special Investigations Unit (SIU) Phone: 1-800-852-3345, extension 9258; or 1-603-271-9258</p> <p>Website: https://www.dhhs.nh.gov/oii/investigations/index.htm</p> <p>New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3852</p>

Advance Directives

AmeriHealth Caritas New Hampshire requires its contracted providers to maintain written policies and procedures concerning advance directives with respect to all adults receiving care.

Providers must document in a member's medical record and plan of care whether the member has executed an advance directive.

For more information, please refer to the provider manual at www.amerihealthcaritasnh.com.

Resources

For a current list of AmeriHealth Caritas New Hampshire phone and fax numbers, please refer to the Provider Quick Reference Guide at www.amerihealthcaritasnh.com.

Questions





AmeriHealth *Caritas*[™]

New Hampshire