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## A letter from Seema Gupta

Dear Providers,

I hope this message finds you well.

I am excited to introduce myself as the new Substance Use Disorder/Behavioral Health Medical Director at AmeriHealth Caritas New Hampshire.

I have been practicing internal medicine since 1999 and addiction medicine since 2013, with board certification in both.

As we continue working together to improve access, quality, and outcomes in care, I look forward to learning from your expertise and supporting your work in every way possible. Whether it is enhancing workflows, ensuring regulatory compliance, or improving member experience, collaboration will be key.

We urge you to manage the quality initiatives for members, such as health risk assessment (HRA) screenings, comprehensive medication reviews (CMRs), preventive screenings, and more, and to take advantage of the provider incentives as applicable.

In the coming weeks, I will continue reaching out to connect more personally. In the meantime, please don't hesitate to reach out to me directly with any questions or ideas, or if there is any way I can assist you.

Thank you for the incredible work you do every day. I look forward to being part of this important mission with you.

Seema Gupta, MD, MSPH  
Substance Use Disorder/Behavioral Health Medical Director  
AmeriHealth Caritas New Hampshire



## Five ways to provide culturally responsive care

Cultural competency, as described by the National Center for Cultural Competence (NCCC) utilizing Cross et al comprehensive and strong foundational work, is “a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.”<sup>1</sup> In addition, the NCCC uses Tawara Goode’s work when they describe the term linguistic competence: “The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.”<sup>2</sup> More recently, these ideas have evolved and the term “cultural responsiveness” is now used. According to the National Center for Culturally Responsive Educational

Systems (NCCREST), cultural responsiveness is “the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.”

Linguistic barriers, race, disability, sexual orientation and gender, health literacy, and other factors influence how patients perceive symptoms and health conditions, when they seek care, their expectations of care, preferences regarding treatment, willingness to follow their provider’s treatment plan, and whom they include in making their health care decisions. Therefore, it is imperative that health care organizations and providers understand and deliver care that is centered around Culturally and Linguistically Appropriate Services (CLAS), as detailed by the Office of Minority Health (OMH). More information about CLAS and the National CLAS Standards can be found [here](#).

Health care providers who receive state or federal funds are required to accommodate and provide culturally and linguistically equitable services to all of their patients in accordance with Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act (ACA). Any health program and activities receiving federal funds are prohibited from discriminating based on one's race, color, national origin, sex (includes gender identity and sexual orientation), age, and disability.

Here are five ways you can provide culturally responsive and competent services at your health care setting:

- 1** Know your patient population by collection of race, ethnicity, and language (REL) data.
- 2** Understand your patient population by continually promoting awareness and education to improve cultural responsiveness in your practice.
- 3** Overcome language barriers by budgeting for and offering language services for interpretation during scheduling and appointment visits. In addition to providing translation of basic health care and counseling materials in the language(s) your practice services.
- 4** Incorporate annual culturally informed and implicit bias training at your practice required for all team members including administrative staff.
- 5** Recruit and retain diverse staff that reflect your patient population.

Providing culturally responsive services significantly benefits both you and your patients. For instance, research shows that health care organizations who provide culturally responsive care have seen higher patient participation and engagement, trust, increased patient safety, reduced inefficiencies, reduced care disparities, and increased cost savings due to a reduction in medical errors, number of treatments, and legal costs.

Therefore, to address and eliminate health disparities and inequities, health care systems you must take actionable steps to provide culturally responsive and competent care to patients with diverse values, beliefs, and behaviors. The steps to becoming culturally responsive begin with understanding the community and patient population served and building the necessary resources and plans to effectively deliver care that is culturally and linguistically appropriate.

#### Sources

1. "Definitions of Cultural Competence," National Center for Cultural Competence, Georgetown University, <https://nccc.georgetown.edu/curricula/culturalcompetence.html>
2. Tawara D. Goode and Wendy Jones, "Linguistic Competence," National Center for Cultural Competence, Georgetown University, revised March 2009, <https://nccc.georgetown.edu/documents/Definition%20of%20Linguistic%20Competence.pdf>





## Addressing postpartum behavioral health disparities in Black and Hispanic patient populations

Postpartum depression (PPD) is a significant public health concern, affecting up to 20% of new mothers.<sup>1</sup> However, studies have shown that Black and Latino people face higher rates of PPD and have a harder time getting the care they need, as compared to white people, especially in urban areas.<sup>2</sup>

One reason that researchers cite for the lower rates of treatment for PPD among people of color is shame or embarrassment around mental health treatment in their communities. Additionally, language barriers, lack of transportation to care facilities, and cultural and racial disparities between patients and providers all contribute to this trend.<sup>2</sup>

Others may feel that they have been discriminated against by the health care system and may not trust or want to engage with their postpartum care providers. Black respondents — especially those with higher education — in a 2019 study said they experienced stigmatization and lack of compassion from mental health providers.<sup>3</sup>

Cultural and language differences can also create challenges for patients and providers in mental health settings. The same study also showed that mental health providers who lacked knowledge about how various cultural groups communicated had difficulty in understanding their patients' needs and, as a result, sometimes were unable to provide the care they needed.<sup>4</sup>

Medical providers can address these disparities by implementing culturally responsive, evidence-based interventions. Here are some interventions to consider:

1. Universal screening with culturally adapted tools

- When using tools **like the Edinburgh Postnatal Depression Scale (EPDS) and the Patient Health Questionnaire-9 (PHQ-9)**, make sure that they have been validated for the appropriate population and are available in multiple languages.<sup>5</sup>
- **Be attentive to cultural expressions of distress, such as somatic (physical/bodily) complaints**, which may be more prevalent in certain populations.<sup>6</sup>

2. Trauma-informed and anti-bias training

- **Educate health care staff on the impact of systemic racism, implicit bias, and culturally specific stressors affecting Black and Hispanic mothers.**<sup>7</sup>

3. Integrated behavioral health models

- **Integrate mental health professionals into obstetric and pediatric clinics to provide seamless care.**<sup>8</sup>
- **Implement team-based approaches that include mental health specialists, primary care providers, and care coordinators.**<sup>9</sup>

4. Community-based peer support and doula programs

- **The use of doulas has been shown to improve maternal mental health outcomes.** This is attributed to the fact that doulas are able to connect better with their patients on a cultural level. Doulas have come to be known as community caretakers who provide emotional and spiritual support, and it is vital to recognize the importance of their role within the community.<sup>10</sup>

5. Equitable postpartum care

- **Promote investment in programs that provide culturally tailored postpartum support services.**<sup>11</sup>

Providers that recognize the cultural and ethnic barriers to care and take steps to address them can play a critical role in improving postpartum mental health care for Black and Hispanic patients. The use of culturally responsive and evidence-based interventions can set the stage for better diagnosis, support, and treatment of PPD, as well as more equitable outcomes for all patients.

References

1. Star Liu et al., "Assessing the Racial and Socioeconomic Disparities in Postpartum Depression Using Population-Level Hospital Discharge Data: Longitudinal Retrospective Study," *JMIR Pediatrics and Parenting*, Oct. 10, 2022, <https://pediatrics.jmir.org/2022/4/e38879>
2. Julisa Tindall et al., "Mental Health Care Disparities Among US Pregnant Individuals in 2020–2021: A Cross-Sectional Study," *Journal of Racial and Ethnic Health Disparities*, Dec. 17, 2024, <https://link.springer.com/article/10.1007/s40615-024-02250-3>
3. Maria Cohut, Ph.D., "Racism in Mental Healthcare: An Invisible Barrier," *Medical News Today*, July 3, 2020, <https://www.medicalnewstoday.com/articles/racism-in-mental-healthcare-an-invisible-barrier>
4. Ibid
5. "Black Maternal Mental Health Issue Brief," Policy Center for Maternal Mental Health, Dec. 8, 2023, <https://policycentermmh.org/black-maternal-mental-health-issue-brief>
6. Nina Feldman and Aneri Pattani, "Black Mothers Get Less Treatment for Postpartum Depression Than Other Moms," *KFF Health News*, Dec. 6, 2019, <https://kffhealthnews.org/news/black-mothers-get-less-treatment-for-postpartum-depression-than-other-moms/>
7. Tuyet-Mai H. Hoang et al., "Experiences of Racial Trauma Among Perinatal Women of Color in Seeking Healthcare Services," *General Hospital Psychiatry*, Vol. 84, Sept.–Oct. 2023, <https://www.sciencedirect.com/science/article/pii/S0163834323001123>
8. Esti Iturralde et al., "Engagement in Perinatal Depression Treatment: A Qualitative Study of Barriers Across and Within Racial/Ethnic Groups," *BMC Pregnancy Childbirth*, July 16, 2021, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8284181/>
9. Khadija Snowber et al., "Associations Between Implementation of the Collaborative Care Model and Disparities in Perinatal Depression Care," *Obstetrics & Gynecology*, July 6, 2022, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9307131/>
10. Kimeshia Thomas et al., "The Experiences of Black Community-Based Doulas as They Mitigate Systems of Racism: A Qualitative Study," *Journal of Midwifery and Women's Health*, April 14, 2023, <https://onlinelibrary.wiley.com/doi/10.1111/jmwh.13493>
11. "Latina and Hispanic Maternal Mental Health – Issue Brief," Policy Center for Maternal Mental Health, Oct. 25, 2024, <https://policycentermmh.org/latina-and-hispanic-maternal-mental-health-issue-brief/>

# Supporting postpartum health: Guidance for physicians

Obstetricians, Certified Nurse Midwives (CNMs), and other providers play a vital role in helping new mothers prioritize their health after childbirth, an often overlooked yet essential phase of recovery. Postpartum recovery is critical not only for the mother's well-being but also for their ability to care for their newborn. Physicians are encouraged to emphasize the importance of follow-up care, adherence to postpartum instructions, and the establishment of healthy routines to aid in recovery and prevent complications.

Key areas of focus include providing clear, personalized postpartum care instructions and encouraging patients to communicate any unusual symptoms, such as persistent pain or discomfort. Advising new mothers to document changes in their health can aid in early detection of postpartum complications. Physicians should also counsel mothers on the importance of spacing future pregnancies to allow for optimal physical recovery. AmeriHealth Caritas New Hampshire members can call our 24/7 Nurse Call Line at **1-855-216-6065** to answer health related questions outside of regular office hours.

**When our members attend their postpartum visit between 7 – 84 days after delivery, they can earn an additional \$40 on their CARE Card.**

Pediatric care is equally important during this time. Physicians should aid new mothers in scheduling immediate follow-up visits for their newborns with a primary care provider to initiate immunizations and developmental monitoring. Referring patients to resources such as the Women, Infants, and Children (WIC) nutrition program can further support their health. WIC provides education on healthy eating and offers food packages tailored to meet postpartum and infant nutritional needs. Physicians can also direct patients to AmeriHealth Caritas New Hampshire programs for additional postpartum resources and support. This collaborative, patient-centered approach can significantly enhance outcomes for both mother and child.



## **Children can earn rewards on their own CARE Card:**

\$25 for completing all six infant well visits by 15 months old and another \$25 for receiving all 10 recommended vaccinations by their second birthday.

\$25 for each lead screening between 11 and 22 months and again between 23 and 35 months.

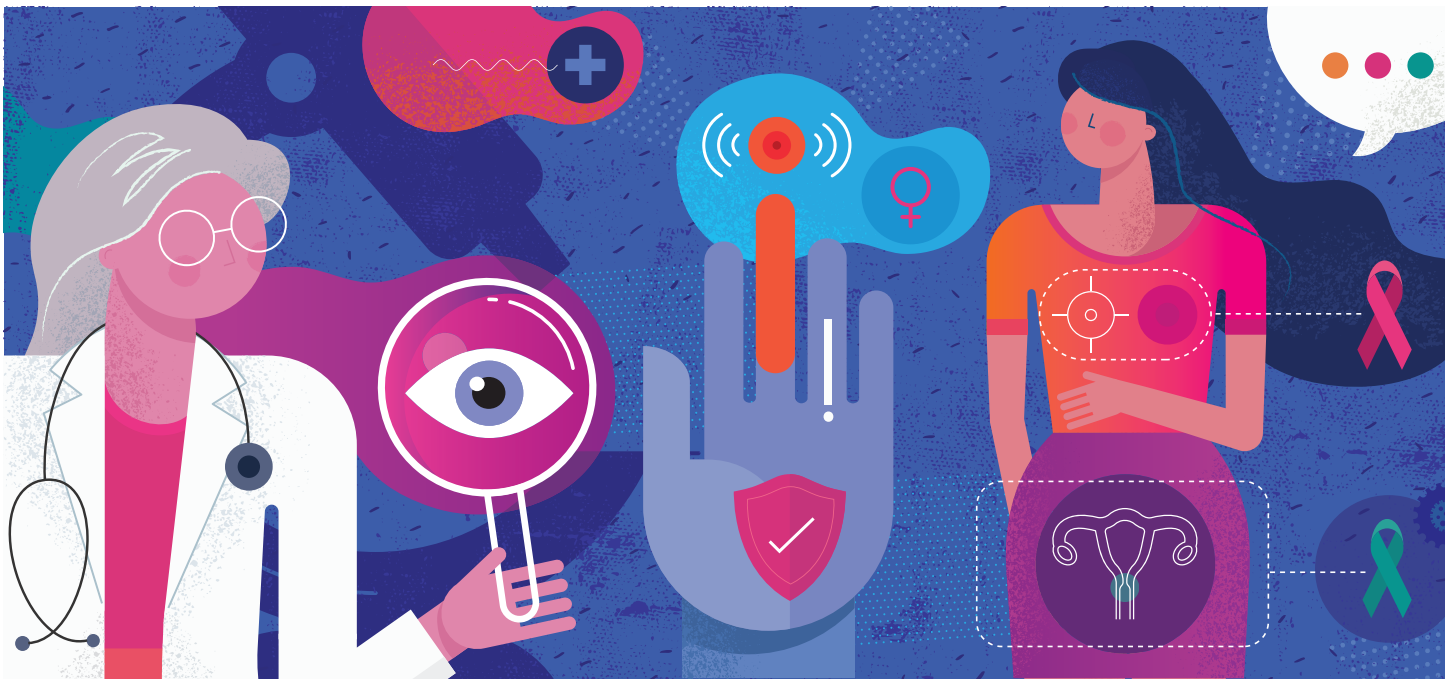
Did you know? When we learn one of our members is expecting, we reach out to them to enroll them in our Bright Start Maternity Program.

If we are notified of a members' pregnancy in the first trimester, that member can earn \$70 on their CARE Card.

If we are notified of their pregnancy in the second or third trimester, they can earn \$50 on their CARE Card.

When we know our members are pregnant, we can connect them to Care Managers through our Bright Start pregnancy program. When you use global billing, we may not find out until after delivery. The sooner we know of a member's pregnancy, the sooner we can support them in their pregnancy journey. You can encourage your patients to call Member Services and let us know they are pregnant.





## Cancer screenings — early detection and prevention

Cancer screenings play a critical role in the early detection and prevention of breast cancer and cervical cancer. As health care providers, you bear the responsibility of guiding our patients toward timely and appropriate screenings. This article focuses on the importance of recommending tests for cervical cancer prevention and mammograms for breast cancer, providing an overview of current guidelines and the benefits of early detection.

### The importance of cervical cancer screenings and prevention

Cervical cancer is largely preventable through regular screenings and human papillomavirus (HPV) vaccination. Pap and HPV tests are essential tools in the early detection and prevention of cervical cancer. Pap tests detect precancerous or cancerous cells on the cervix,<sup>1</sup> while HPV tests identify the presence of high-risk human papillomavirus types that can lead to cervical cancer.<sup>2</sup>

### Benefits of early detection

Early detection of cervical abnormalities through regular screenings allows for timely intervention, preventing the progression to cancer. By identifying and treating precancerous lesions, providers can significantly reduce the incidence of cervical cancer. Additionally, educating patients about the importance of HPV vaccination can further decrease the risk of cervical cancer. The CDC recommends routine vaccination at 11 or 12 years of age.<sup>3</sup>

### The importance of mammograms

Breast cancer is one of the most common cancers among women worldwide. Early detection through mammograms can significantly reduce mortality rates by identifying cancer at a stage when it is most treatable.

AmeriHealth Caritas New Hampshire members can earn a \$50 reward on their CARE Card when they receive their recommended preteen shots — including HPV, Tdap, and meningitis — by their 13th birthday.



## Benefits of early detection

Early detection through mammograms can lead to less aggressive treatments and better survival rates. Studies have shown that mammograms can detect tumors that are too small to be felt, often before they spread to other parts of the body. By recommending regular mammograms, providers can help reduce the morbidity and mortality associated with breast cancer.<sup>4</sup>

## Guidelines for mammograms

According to the American Cancer Society (ACS), women ages 40 to 44 should have the option to start annual mammograms if they wish to do so. Women ages 45 to 54 are advised to get mammograms every year, while those 55 and older can switch to mammograms every two years or continue yearly screening. Providers should engage in shared decision-making with patients, taking into account individual risk factors, such as family history and genetic predispositions.

## Health equity highlight

The World Professional Association for Transgender Health's (WPATH) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8), provides clinical guidance to health care professionals to assist transgender and gender diverse (TGD) people. WPATH recommends that for TGD people who have received estrogen, health care professionals follow local breast cancer screening guidelines developed for cisgender women, taking into consideration the length of time the patient was using the hormone.<sup>5</sup>

AmeriHealth Caritas New Hampshire members (ages 40 – 74) can receive \$20 on their CARE card upon receiving their annual mammogram.

## The role of providers in cancer screening advocacy

Providers play a pivotal role in cancer prevention by educating and encouraging patients to adhere to screening guidelines. Establishing a routine discussion about the benefits and importance of cancer screenings during patient visits can lead to increased compliance and early detection. Providers should also stay updated with evolving guidelines and advancements in screening technologies to offer the best care to their patients.

## Conclusion

Cancer screenings for cervical and breast cancers are vital components of women's health care. As medical professionals, please advocate for regular cervical cancer screenings and mammograms to strive for early detection and treatment. By adhering to these guidelines and emphasizing the importance of regular screenings, your practice can make a substantial impact on the early detection and prevention of breast and cervical cancers.

## Sources

1. "Screening for Cervical Cancer," Centers for Disease Control and Prevention, December 11, 2024, <https://www.womenspreventivehealth.org/recommendations/cervical-cancer/>.
2. "HPV Testing," American Cancer Society, May 9, 2025, <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-and-hpv-testing.html>.
3. "HPV Vaccination Recommendations," Centers for Disease Control and Prevention, November 16, 2021, <https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>.
4. American Cancer Society, "Breast Cancer Early Detection and Diagnosis," 2024, <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection.html>.
5. E. Coleman et al. "Standards of Care for the Health of Transgender and Gender-Diverse People, Version 8," *International Journal of Transgender Health*, Vol. 23, No. S1, pp. S1–S259, September 15, 2022, <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>.



## Enhancing patient care through comprehensive medication review programs

In alignment with the New Hampshire Department of Health and Human Services' (DHHS) vision for primary care and prevention-focused models, comprehensive medication review (CMR) programs have been instituted to foster authentic engagement between patients and primary care providers. These programs are pivotal in evaluating and optimizing patient medication regimens, thereby enhancing therapeutic outcomes and minimizing potential risks.

### Understanding comprehensive medication review programs

A CMR is an in-depth assessment of a patient's complete medication regimen, encompassing prescription drugs, over-the-counter medications, herbal supplements, and vitamins. The primary objectives are to identify and resolve medication-related issues, such as polypharmacy, dosing errors, and contraindications. By conducting CMRs, health care providers can assess patient adherence, offer counseling, and provide education to aid in safe and effective medication use. These reviews can be conducted in person, telephonically, or virtually, offering flexibility to meet patient needs.

### Identifying patients at risk of polypharmacy

Polypharmacy, defined as the concurrent use of multiple medications by a single patient to manage one or more health conditions, poses significant risks, including adverse drug reactions and interactions. The New Hampshire DHHS defines polypharmacy as follows:

- **Children:** Receiving four or more maintenance drugs over a rolling 60-day period, with each drug prescribed for at least 90 days and allowing up to a 115-day gap between refills.
- **Adults:** Receiving five or more maintenance drugs over a rolling 60-day period.

Providers can identify patients at risk through systems like NaviNet, which highlight individuals meeting these criteria.

## Steps in conducting a comprehensive medication review

1. **Collect patient-specific information:** Gather a detailed list of all medications, including prescription drugs, over-the-counter products, herbal supplements, and vitamins.
2. **Assess medication therapies:** Evaluate for potential drug interactions, monitor for adverse reactions, and engage patients in discussions about their medications and any concerns.
3. **Assess adherence and patient knowledge:** Determine if patients understand the purpose of each medication and how to take them correctly.
4. **Identify medication-related problems:** Look for issues, such as incorrect dosages, unnecessary medications, poor adherence, potential drug interactions, and medications that may increase the risk of falls.
5. **Develop a prioritized list of problems:** Common medication-related problems include:
  - Nonconformity to guidelines or contraindications
  - Untreated indications
  - Subtherapeutic doses
  - Excessive dosages
  - Use of drugs without clear indications
  - Drug interactions
  - Adverse drug reactions
  - Improper administration
  - Failure to receive medications
  - Need for drug monitoring
  - Addition of new drugs
  - Discontinuation or switching of drugs
  - Changes in administration routes
  - Optimization of administration modalities
  - Dose adjustments

6. **Create an action plan and medication list:** Encourage patients to maintain an updated medication list, bringing it to all health care appointments and sharing it with family or caregivers. Advise them to note any changes in their medication regimen, crossing out medications that are discontinued.

### Downloadable form available here:

<https://www.amerihealthcaritasnh.com/assets/pdf/provider/resources/forms/fillable-medication-review-form.pdf>

## Reimbursement and documentation

CMR services, in addition to other identifiable services such as wellness visits, health risk assessments, lifestyle counseling, preventive screenings, and care coordination, are reimbursable. Documentation should include a comprehensive assessment addressing issues related to polypharmacy, medication mismanagement or misuse, nonadherence, barriers to obtaining appropriate medications, drug interactions, herbal therapies, dietary supplements, and self-management. Extended visits dedicated to performing CMRs should be documented separately from standard evaluation and management outpatient visits or wellness visits.

Implementing comprehensive medication review programs is a critical step toward enhancing patient safety, improving therapeutic outcomes, and fostering meaningful patient-provider engagement in primary care settings.

The following are CPT codes for comprehensive medication review (CMR). Please add Modifier 33 to the following codes:

99202 through 99205  
99211 through 99215  
99381 through 99387  
99391 through 99397





Children between the ages of 1 and 17 should be screened for both blood glucose (A1c) AND cholesterol. We have found that a much higher percentage of our members between the ages of 1 and 17 on antipsychotic medications have been screened for blood glucose than for cholesterol. We would like to remind our providers that an annual cholesterol test is also important for this population.

## Antipsychotics and metabolic risk: What clinicians need to know

Individuals with severe mental illness are at an elevated risk for developing diabetes, with prevalence rates two to three times higher than the general population. Antipsychotic medications, commonly prescribed to treat these conditions, are believed to contribute to this increased risk. These medications can influence diabetes development through mechanisms like weight gain, decreased insulin sensitivity, and impaired insulin secretion.

Among antipsychotics, medications such as olanzapine and clozapine are associated with the highest risk of diabetes, while others like aripiprazole present a relatively lower risk.

The risk of diabetes escalates with higher doses and prolonged use of these drugs, although the absolute risk for any individual remains small. Nevertheless, clinicians should be mindful of the potential for metabolic changes when prescribing these medications.

To mitigate these risks, regular screening for diabetes is recommended when initiating or adjusting antipsychotic treatments. Lifestyle modifications, such as dietary changes and exercise, alongside medications like metformin, can help manage weight gain and improve insulin sensitivity. If diabetes does develop, it should be managed according to standard practices, just as it would for any other patient. By closely monitoring metabolic health, clinicians can continue to provide essential mental health treatment while reducing the risk of diabetes in these vulnerable populations.

AmeriHealth Caritas New Hampshire members can earn \$50 on their CARE Card when they have been on the same antipsychotic drug for at least 90 days and complete a glucose of A1c test each year.

### Source

6. Richard Hold, "Association Between Antipsychotic Medication Use and Diabetes," *Curr Diab Rep*, Vol. 19, No. 10, September 2, 2019, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6718373/>





## Enhancing wellness visits and health monitoring with AmeriHealth Caritas New Hampshire

AmeriHealth Caritas New Hampshire is committed to providing access to comprehensive health care services for our members, emphasizing the importance of preventive care and well-being, as well as managing chronic conditions. AmeriHealth Caritas New Hampshire encourages members to complete preventive care services across all age groups, ensuring members receive the necessary care at every life stage.

### **AmeriHealth Caritas New Hampshire members can earn rewards on their CARE Card for preventive care visits.**

Regular wellness checkups are crucial for monitoring the growth and development of children and adolescents. These visits are recommended at various stages:

Infants: Infants can earn \$25 on their own CARE Cards for EACH of the following:

- Completing six infant well visits by 15 months of age.
- Receiving all 10 required vaccines by their second birthday
- Each lead screening between 11 and 23 months, as well as between 23 and 35 months.

Toddlers through age 21: For each annual well visit between the ages of 2 – 21, members can earn \$30 on their CARE Card.

Adults: Members ages 22 and up can earn \$25 on their CARE Card when they complete their well visit with their PCP each year.

Women ages 40 – 74 can earn \$20 on their CARE Card for completing a mammogram each year.

Members age 60 and older can earn \$20 on their CARE Card for receiving their RSV vaccine.

Members of all ages can earn \$30 when they complete their health risk assessment (HRA) once each year at their well visit.

All members can earn \$20 on their CARE Card when they get an annual flu vaccine when age appropriate.

### **Metabolic monitoring for children and teens (ages 1 – 17) on antipsychotics**

Children and adolescents on antipsychotic medications should be monitored annually for potential side effects such as:

- Weight gain
- Elevated blood glucose levels (A1c)
- Cholesterol

This monitoring helps prevent long-term health issues and aids the safety and efficacy of the treatment. Members on antipsychotic medications can earn \$50 on their CARE Card when they receive this annual screening.

## Chronic disease management

AmeriHealth Caritas New Hampshire also emphasizes the importance of managing chronic diseases:

**Diabetes management:** Blood glucose and cholesterol testing are essential components. The plan encourages regular monitoring and management of glycemic levels, particularly for patients with hemoglobin HbA1c levels greater than 8%, which indicates poor blood sugar control.

Patients who have had at least one HbA1c test or who bring continuous glucose monitoring data to the provider office are eligible for this incentive. There are also applicable member incentives for submission of HbA1c results via CPT II. (CPT II codes are being reimbursed when submitted on a claim.)

Some CPT Category II codes for diabetes management include:

- 3044F: Most recent HbA1c level is less than 7%
- 3051F: Most recent HbA1c level is greater than or equal to 7% and less than 8%

AmeriHealth Caritas New Hampshire members with diabetes can earn \$30 on their CARE Card for completing an HbA1c screening once each year.

**Blood pressure control:** Essential for preventing complications in patients with diabetes, high blood CPT Category II codes are being reimbursed when submitting on a claim. Patients under 140/90 or 130/90 with submission of BP results via CPT II are eligible for applicable member incentives. AmeriHealth Caritas New Hampshire CPT Category II codes for blood pressure control are:

- 3074F: Most recent systolic blood pressure is less than 130 mm Hg
- 3075F: Most recent systolic blood pressure is 130 – 139 mm Hg
- 3078F: Most recent diastolic blood pressure is less than 80 mm Hg
- 3079F: Most recent diastolic blood pressure is 80 – 89 mm Hg

Members with hypertension or diabetes can earn \$50 on their CARE Card for managing their blood pressure with at least one reading under 140/90. Blood pressure reading must be taken at the provider office to qualify for this reward.

## Follow up after emergency department visits for mental illness

Please encourage your patients to receive follow-up care within seven days of an emergency department visit for mental illness. This follow up is crucial for ongoing care management and to prevent further complications.

## Health risk assessments (HRAs)

A health risk assessment (HRA) is an assessment completed before or during an annual wellness visit and may include questions related to your patients' social needs, including resources for food, transportation, and/or behavioral health interventions.

During the visit, the HRA information is utilized by the provider to determine if the patient needs to be connected to resources through the closed loop referral system, Unite Us.

HRAs will be reimbursable through claims submission. Please refer to the MMIS website or contact your Account Executive for details.

Did you know? You have access to reporting that will help you easily identify when your patient's last wellness visit was, as well as if an HRA or comprehensive medication review (CMR) is due, all through our provider portal. Contact your Account Executive for details.

## Conclusion

AmeriHealth Caritas New Hampshire is committed to partnering with our providers to aid our members (your patients) in receiving holistic and preventive health care services. This commitment helps members maintain their health and well-being, ultimately leading to a healthier community.

For more information, you can visit AmeriHealth Caritas New Hampshire's website or see how you can help fill gaps in patients' wellness care at our HEDIS **Care Gaps webpage**.

## Reference

"List of CPT/HCPCS Codes," Centers for Medicare & Medicaid Services, March 6, 2025, <https://www.cms.gov/medicare/regulations-guidance/physician-self-referral/list-cpt-hcpcs-codes>

# Learn about the AmeriHealth Caritas New Hampshire CARE Card

AmeriHealth Caritas New Hampshire is committed to promoting preventive health care among our members through the CARE Card program, which offers rewards for completing specific health-related activities. We encourage you to inform your patients about these extra **benefits** to enhance their engagement in preventive care.

## CARE Card program overview

**Members of AmeriHealth Caritas New Hampshire** can earn rewards on their CARE Card when they complete certain health-related activities. For any activities related to preventive care, such as a mammogram, cervical cancer screening, or annual well-visit, there is no cap on the amount they can earn. However for services that are not preventive care, such as notification of pregnancy, smoking cessation, or joining our Member Advisory Board, there is a limit of up to \$250 in cash and non-cash goods and services each state fiscal year (ending June 30). Members can spend their CARE Card rewards at locations such as CVS or Walmart to purchase items such as food, medical supplies, or even prescription copays.

## PerformPlus® True Care — Maternity Care Providers Program

**This program** is designed for participating obstetric, midwife, and family practice providers who offer obstetric care. It provides financial incentives over and above the provider group's base compensation for prenatal and postpartum care services. Incentive payments are based on the overall practice's performance in delivering these services in accordance with the quality metrics outlined in the program.



## Provider action steps

- **Educate patients:** Inform your patients about the CARE Card program, and encourage them to participate in preventive health activities.
- **Timely reporting:** Aid accurate and prompt submission of health data to facilitate the allocation of rewards.
- **Collaborate with AmeriHealth Caritas New Hampshire:** Engage with our programs to enhance patient care and benefit from available provider incentives.

For more information, please contact your Account Executive or visit our website at [www.amerihealthcaritasnh.com](http://www.amerihealthcaritasnh.com).

Thank you for your dedication to providing quality care to our members.



## Flexible scheduling for well-child visits

AmeriHealth Caritas New Hampshire is giving providers and patients more choice and convenience in scheduling annual well-child visits. In 2025, a child's well visit can be scheduled for anytime during the calendar year. There is no need to wait 365 days between well-child visits.

Example: A member has their well visit in August 2024. When they call to schedule their well visit for 2025, there is an opening in July, but no other available appointments until October. The July 2025 visit is covered even though it is less than 365 days since their last well visit in August 2024.

In addition to more flexible appointment scheduling, this also helps you as the provider with getting more children in for their annual well visits, which can earn you incentives as part of PerformPlus, our value-based incentive program.

If you have questions, contact Provider Network Management Account Executive or the Provider Services department at **1-888-599-1479**.

**Learn more at: <https://www.amerihealthcaritasnh.com/assets/pdf/provider/resources/primary-care-provider-quality-enhancement-program.pdf>**







## National Imaging Associates has become Evolent.

Evolent, formerly National Imaging Associates, Inc. (NIA), has consolidated its various companies (Evolent Care Partner, NIA Magellan, Vital Decisions, Evolent Health Services, IPG, and New Century Health) under a single brand: Evolent.

This new branding has minimal impact on providers. Day-to-day operations and services remain the same. Only the branding, name of the company, and some URLs have changed. Prior authorization requests should still be submitted at **www.radmd.com**.

### **Evolent has changed the company name and logo from NIA to Evolent in the following:**

- Company name and logo for clinical policies and procedures, education and training materials, and utilization management (UM) letters
- Naming in various customer service channels (interactive voice response and in-app scripts)
- Names and logos in some portals, apps, and platforms
- Reporting look and feel
- Application URLs (with redirects in perpetuity)

### **What has not changed (except for branding)?**

- Content of clinical policies, UM letters, in-app scripts, and other materials
- Health plan logos, branding, and contact information
- Evolent phone and fax numbers, unless otherwise noted (e.g., corporate headquarters)
- File naming conventions and file shares
- The process for obtaining prior authorization requests

Evolent continues to provide the same radiology review services offered by NIA: CT/CTA, CCTA, MRI/MRA, PET SCAN, MUGA SCAN, MPI.

Please note the change in branding from NIA to Evolent in existing NIA materials is happening gradually. If you have questions, please contact your Provider Account Executive or Provider Services at **1-888-599-1479**.

#### **Source:**

"Evolent Health Announces Acquisition of Specialty Asset NIA and Strategic Partnership With Centene," PR Newswire, November 17, 2022, <https://www.prnewswire.com/news-releases/evolent-health-announces-acquisition-of-specialty-asset-nia-and-strategic-partnership-with-centene-301682153.html>



## Patient rights and responsibilities as members of AmeriHealth Caritas New Hampshire

Learn where to find the Clinical Practice Guidelines (CPGs) on the AmeriHealth Caritas New Hampshire website.

### Clinical Practice Guidelines

Clinical Practice Guidelines can be found at <https://www.amerihealthcaritasnh.com/assets/pdf/provider/resources/clinical/CPG-ACNH-1121.pdf>, or by following this path:

<https://www.amerihealthcaritasnh.com/provider/index.aspx> > Resources > Clinical resources > Clinical Guidelines (PDF).

Please be aware of the rights and responsibilities of your patients as members of AmeriHealth Caritas New Hampshire.

### Patient rights and responsibilities

AmeriHealth Caritas New Hampshire is committed to complying with all applicable requirements under federal and state law and regulations. As a member

of our plan, your patients have certain rights and responsibilities concerning their health care. As a provider in our network, we want you to be aware of those rights and responsibilities which can be found on pages 15 – 17 in the Provider Manual:

**As members of AmeriHealth Caritas New Hampshire, your patients have the right:**

- To receive information in an easily understandable and readily accessible format that meets their needs. This includes free translation services, as needed, including help with sign language, if hearing impaired.
- To be treated with respect and with due consideration for their dignity and privacy and the confidentiality of their protected health information (PHI) and personally identifiable information (PII) as safeguarded by state rules and state and federal laws.
- To be given a full, clear, and understandable explanation and any pertinent information on available treatment/service options, alternatives, and the risks of each option. They have the right to have this information presented in a manner appropriate to their condition and ability to understand so they can make an informed decision regardless of cost or benefit coverage.
- To participate in and make decisions regarding their health care, including the right to refuse treatment.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To see, as well as request and receive, a copy of their medical records free of charge, and the right to request that their medical records be amended or corrected.
- To be provided good quality care without unnecessary delay. They have the right to covered services and drugs that are available and accessible in a timely manner.
- To care coordination.
- To privacy and protection of their personal health information. This includes the right to be sure others cannot hear or see them when they are getting health care and to have their health care records remain private, according to HIPAA and applicable state rules.

- To receive information about their health plan, their in-network providers, and their covered services.
- To be treated no differently by providers or by AmeriHealth Caritas New Hampshire for exercising the rights listed here.
- To seek a second opinion from a qualified health care professional within the network or out-of-network at no cost.
- To know what to do if they are being treated unfairly or their rights are not being respected.
- To be informed of any changes in state law that may affect their coverage. The plan will provide them with any updated information at least 30 calendar days before the effective date of the change whenever practical.
- To receive information on advance directives and assistance in preparing them. To choose not to have or continue any life-sustaining treatment. To exercise advance care planning for their health care decisions if they so choose.
- To make a complaint if a provider does not honor their wishes expressed in their advance directive.
- To leave our plan in certain situations.
- To file a complaint (grievance) or appeal orally or in writing.
- To make recommendations regarding the members' rights and responsibilities.
- To be aware of, request, and receive information about incentive plans for AmeriHealth Caritas New Hampshire's practitioners and providers.
- They have the right to obtain benefits, including family planning services and supplies, from nonparticipating providers.
- To show their member ID card each time they visit their health care provider and make sure the office has a record that they are on Medicaid.
- Help their doctors and other providers help them by giving information to their providers, asking questions, and following through on their care. This includes helping to get past medical records, discussing personal health issues, and listening to what treatment is needed.
- Request interpretation services if they need them.
- To treat AmeriHealth Caritas New Hampshire employees, practitioners, and providers with respect.
- To tell the plan if they move (change in address).
- To keep doctor's appointments or call to cancel at least 24 hours in advance.
- To not allow anyone else to use their AmeriHealth Caritas New Hampshire or New Hampshire Medicaid membership cards.
- To report Medicaid fraud and abuse when suspected. Call the U.S. Department of Health & Human Service, Office of Inspector General at **1-800-447-8477**.

The Member Rights and Responsibilities are listed on the AmeriHealth Caritas New Hampshire website, (<https://www.amerhealthcaritasnh.com>).

They may also be found in the provider manual:

(<https://www.amerhealthcaritasnh.com/provider/forms/index.aspx>).

### **Responsibilities of your patients as members of AmeriHealth Caritas New Hampshire:**

- To get familiar with their covered services and the rules they must follow to get these covered services.
- To tell their medical provider, DHHS, and AmeriHealth Caritas New Hampshire if anyone else is responsible for paying their medical bills, including other insurance.



## Practitioner credentialing rights application

During review of the credentialing application, every applicant has the right to:

- **Review information** obtained through primary source verification for credentialing purposes. This includes information from malpractice insurance carriers and state licensing boards. This does not include information collected from references, recommendations, and other peer-review protected information.
- **Be notified** if any credentialing information is received that varies substantially from application information submitted by the practitioner. Practitioners have the right to correct erroneous information if the credentialing information received varies substantially from the information that was submitted on their application.
- **Request the status** of their application if the application is current and complete. The applicant can be informed of the tentative date that their application will be presented to the credentialing committee for approval.

## Practitioner credentialing rights recredentialing processes

During the credentialing and recredentialing processes, all providers have the right to:

- **Review** their credentialing information obtained from outside sources with the exception of references, recommendations, and peer-protected information obtained by the plan.
- **Correct** erroneous information. Corrections may be submitted in writing within 10 business days of the date of the notification by mail, email, or fax.
- **Be informed** of the status of credentialing or recredentialing applications, upon request. The Credentialing department will share all information with the provider with the exception of references, recommendations, or peer-review protected information. Requests can be made via phone, email, or in writing. The Credentialing department will respond to all requests within 24 business hours of receipt. Responses will be communicated via email or phone call to the provider.
- **Receive notification** within 60 calendar days of the credentialing committee's decision.
- **Appeal** any credentialing or recredentialing denial within 30 calendar days of receiving written notification of the decision.

To request or provide information for any of the above, please contact AmeriHealth Caritas New Hampshire's Credentialing department.

**Mailing Address:** Attn: Credentialing Department  
AmeriHealth Caritas New Hampshire, 200 Stevens Drive,  
Philadelphia, PA 19113

To request any of the above, providers should contact AmeriHealth Caritas New Hampshire's Credentialing department at **1-866-610-2770**.





# REMINDER

## **Reminder: Machine-readable data availability**

Per NCQA standards, AmeriHealth Caritas New Hampshire provides machine-readable files for practitioner and provider directories, as well as formulary drug lists, on its website. NCQA requires website content, screenshots, and a statement confirming compliance with CMS regulations as evidence of availability throughout the look-back period. Please visit the AmeriHealth Caritas New Hampshire website to access this information.

## **Reminder: Medicaid member hours of operation requirement**

Per NCQA standards and AmeriHealth Caritas New Hampshire provider guidelines, practitioners hours of operation offered to Medicaid members are at least equal to those provided to commercial members. NCQA reviews provider materials — including contracts, manuals, and newsletters — during the look-back period to confirm compliance. Please review your scheduling policies to ensure alignment with this requirement.

## **Reminder: 24/7 availability of contracted services**

AmeriHealth Caritas New Hampshire Provider Services are available 24 hours a day, seven days a week, when medically necessary



**AmeriHealth** *Caritas*<sup>®</sup>

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New Hampshire

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