AmeriHealth Caritas New Hampshire

CONNECTIONS

A Provider's Link to AmeriHealth Caritas New Hampshire

Winter 2025

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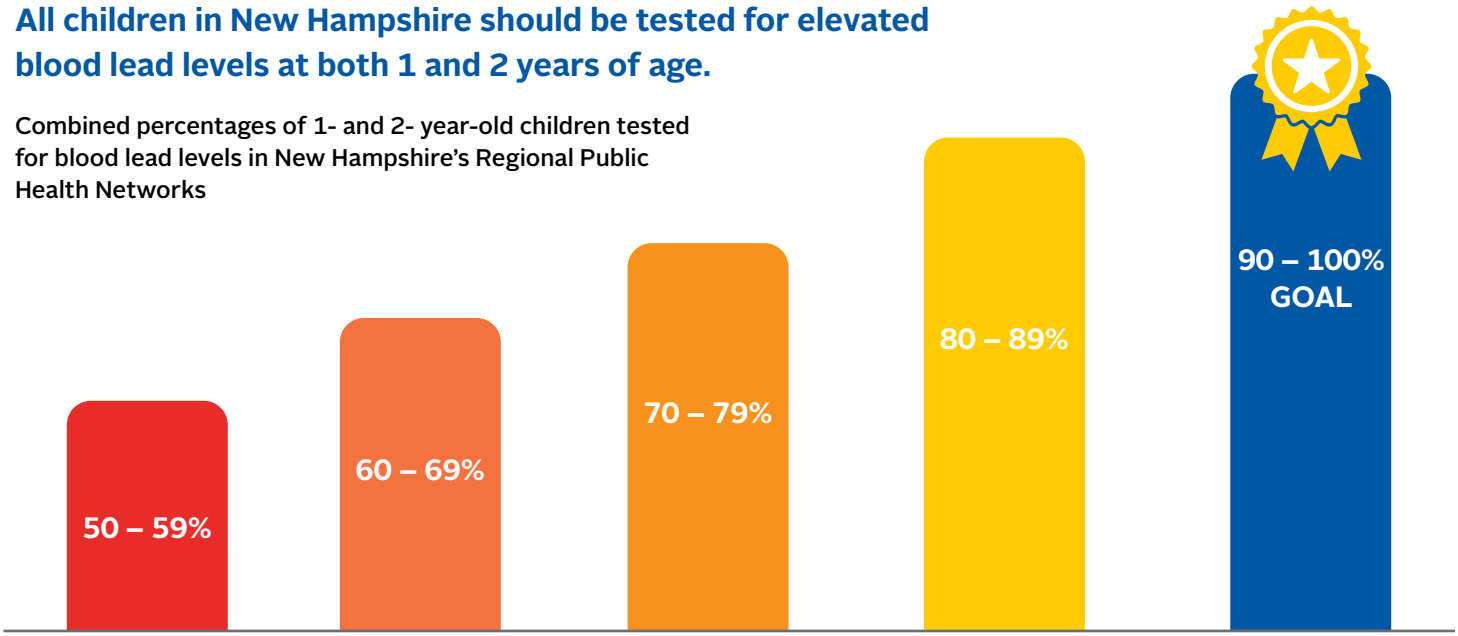
Lead poisoning prevention: Protecting New Hampshire's children

Since April 9, 2018, New Hampshire's universal testing law has required children to undergo blood lead level testing between **11 and 23 months** and again between **23 and 35 months.** These early detection screening tests are an essential part of routine well-child checkups, helping to identify and mitigate lead exposure risks early.

According to data provided by DHHS, some regions of the state have higher testing rates than others. However, all regions need to improve to reach the goal of testing 90% – 100% of children.

All children in New Hampshire should be tested for elevated blood lead levels at both 1 and 2 years of age.

Combined percentages of 1- and 2- year-old children tested for blood lead levels in New Hampshire's Regional Public Health Networks



Central NH **54%**
Carroll County **53%**

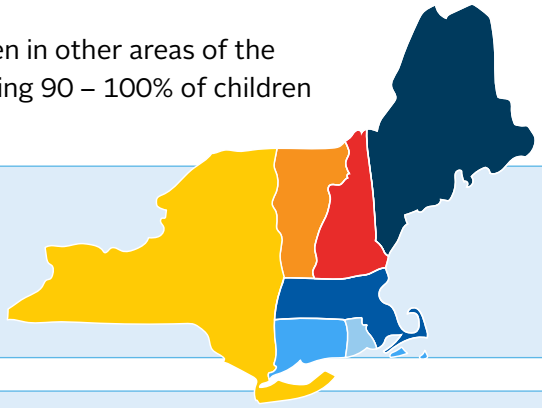
North Country **62%**
Seacoast **68%**

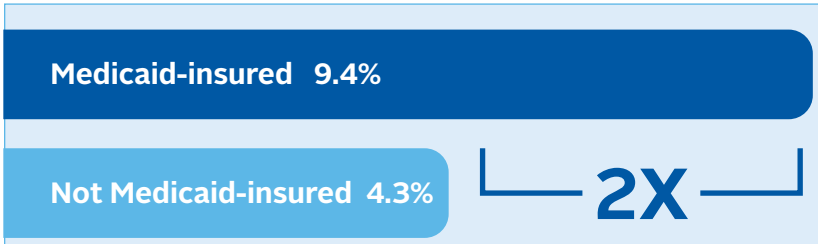
Winnipesaukee **72%**
Greater Monadnock **71%**
Capital Area **74%**
Stafford County **73%**
South Central **72%**
Greater Manchester **74%**

Upper Valley **82%**
Greater Sullivan **81%**

Children in this region are at a higher risk of lead exposure than children in other areas of the country, which makes it extra important that we reach the goal of testing 90 – 100% of children in New Hampshire at the recommended ages.

The Northeast has the highest percentage of housing units built prior to the federal ban on lead in residential paint.[2]





Of the children tested, those insured by Medicaid were more than twice as likely to have an elevated blood lead level.

Source: "2023 Lead Poisoning in New Hampshire: What the Data Tells Us," New Hampshire DHHS, **https://wisdom.dhhs.nh.gov/wisdom/assets/content/resources/lead-exposures/2023-lead-data-briefs/NH-Report-2023.pdf**

For more details about lead exposure and testing, please visit: https://wisdom.dhhs.nh.gov/wisdom/topics.html?topic=childhood-lead-poisoning

Want to learn more about prevention and treatment of lead poisoning?

Join our upcoming ECHO series starting January 2026.

What is Project ECHO?

The Extension for Community Healthcare Outcomes, or ECHO model, was developed at the University of New Mexico Health Sciences Center and is now used nationwide in the United States and internationally.

For more information on Project ECHO, please visit **https://echo.unm.edu**.

What's the goal of this program?

The AmeriHealth Caritas New Hampshire ECHO program exists to:

- Develop standardized protocols for lead testing through training and meeting with lead quality improvement (QI) experts to address individual practice needs.
- Streamline testing procedures to increase point-of-care testing and ongoing screening of vulnerable populations.
- Use data from participating offices to provide coaching sessions, celebrate successes, and identify areas for improvement.
- Discuss available resources from the state and managed care organization (MCO) partners on billing and coding guidelines and point-of-care testing recommendations.

Scan the QR code or visit **https://www.surveymonkey.com/r/NHLeadQIProject** to complete an interest form and ask any questions about participation.

Space is limited! We encourage you to apply early.

2026 series schedule

Date	Focus
January 20, 2026	Overview of childhood lead exposure in New Hampshire
February 17, 2026	Neurological impact of childhood lead exposure
March 17, 2026	Every child, two tests by 2
April 21, 2026	Children with elevated blood lead levels: medical management
May 19, 2026	Services for children with elevated blood lead levels
June 16, 2026	Universal testing and the importance of testing

Preventive health resources: Childhood immunization

At AmeriHealth Caritas New Hampshire, we are committed to working alongside providers to prevent illness and disease in our members. Preventive care is key to building a healthier future and encompasses a range of services such as:

- **Screening tests**
- **Counseling**
- **Immunizations and vaccines**

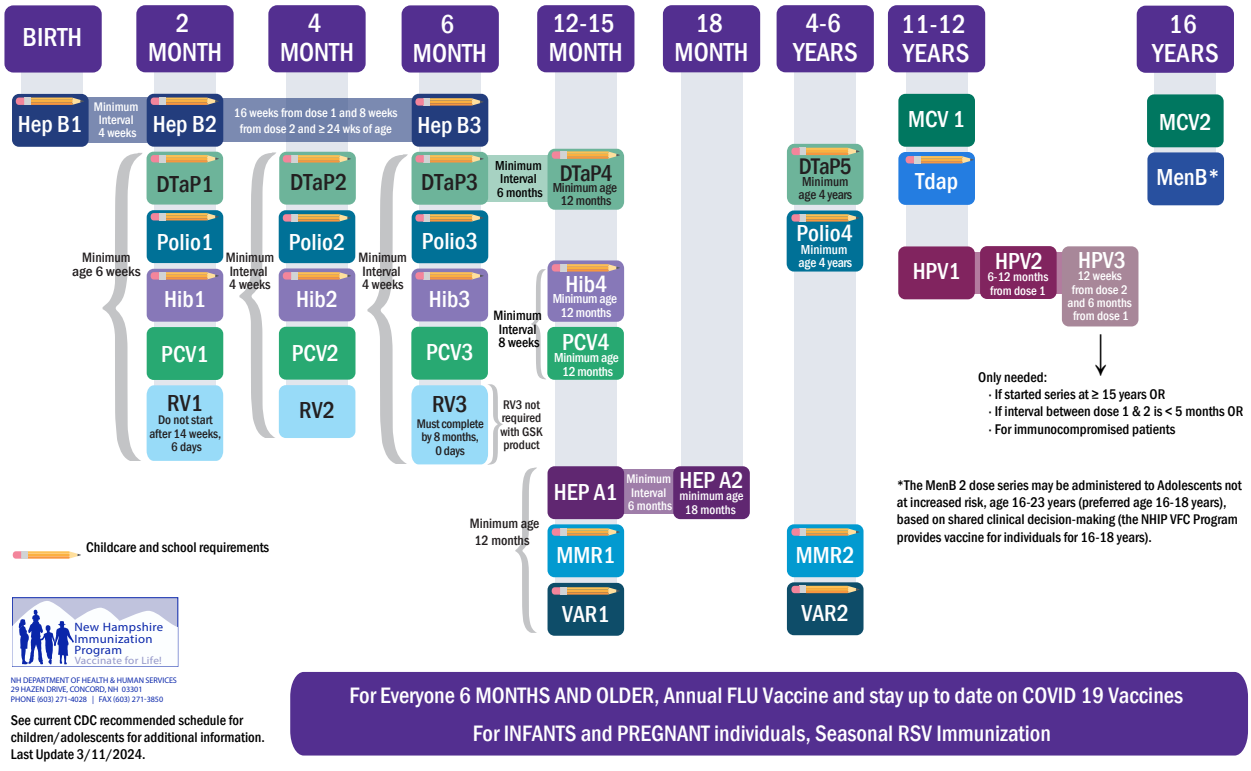
Immunizations: Protecting member health

Providers play a vital role in keeping members healthy through timely immunizations. Here's what you need to know.

Childhood vaccinations: Providers should follow the recommended New Hampshire Immunization Program (NHIP) childhood immunization schedule for vaccinations. Members or their guardians always have the right to refuse treatment.

Preteen vaccines: Preteens should receive their HPV, MCV, and Tdap vaccines before they turn 13.

NHIP immunization schedule (birth – 18 years)



The NHIP immunization schedule can also be found at **https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/nh-simplified-schedule.pdf**.

Low rates for adults and preteens

In monitoring immunization rates among our members, we have found:

- A relatively low rate of preteens receiving the HPV, MCV, and Tdap vaccines
- A low rate of adults receiving their Tdap boosters

We would be happy to work with you to improve these rates. Please reach out to your Account Executive to let us know of any barriers you are facing that keep your patients from receiving these vaccines.

If you have patients with care gaps or multiple missed appointments, or who are not adhering to their treatment plan, let us know! Visit **www.amerihealthcaritasnh.com/let-us-know** and complete the Member Intervention Request Form.

Did you know?

As part of AmeriHealth Caritas New Hampshire, children can earn rewards on their CARE Card by:

- Completing lead screenings by their first and second birthday
- Attending regular well-child visits
- Receiving recommended vaccines
- Completion of HPV vaccines before 13th birthday

Visit **www.amerihealthcaritasnh.com/carecard** to learn more about CARE Card rewards.

Additional resource

Sean T. O'Leary et al., "Strategies for Improving Vaccine Communication and Uptake," *Pediatrics*, Vol. 153, No. 3, March 2024, **https://doi.org/10.1542/peds.2023-065483**, accessed November 6, 2025.

Annual child well visit

Reminder: AmeriHealth Caritas New Hampshire has no limitation on when during the calendar year an annual well visit can be done (there is no "anniversary + one day" rule).

During the visit, please include the **BMI percentile,** not just the height and weight, as well as notation of **nutrition and physical activity counseling** as part of the record's **PLAN** component.

Example of nutrition and physical activity counseling:

To lead a healthy active life, the American Academy of Pediatrics recommends that families strive to reach these goals:[1]

- 5 fruits and vegetables a day
- 2 hours or less of screen time per day (or "a healthy, balanced limit you've set in your family media plan")
- 1 hour of physical activity a day
- Limit sugar-sweetened drinks

[1]"Healthy Active Living for Families: The 5-2-1-0 Approach," American Academy of Pediatrics, **https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Healthy-Active-Living-for-Families.aspx**, accessed November 7, 2025.

Annual metabolic monitoring for patients on antipsychotic medications

Individuals prescribed antipsychotic medications should be **screened annually for metabolic syndrome**.

Pediatric members (younger than 18 years) should have a **glucose or A1c test each year and a cholesterol test each year**. Adults should have at least an annual glucose or A1c.

Addressing vaccine hesitancy: Strategies for engaging patients and families

As clinicians serving the people of New Hampshire, you are on the front lines of reassurance in vaccination, especially at a time when hesitancy poses a barrier to optimal immunization rates. Here, we summarize evidence-based strategies from recent literature and highlight relevant New Hampshire state resources surrounding vaccination conversations.

The challenge: Vaccine hesitancy in the U.S. and New Hampshire

According to the American Academy of Pediatrics (AAP), about **20% of U.S. parents** reported some degree of hesitancy about childhood vaccines, though only a small fraction (1% to 3%) refuse all vaccines.[1] Many hesitant parents are open to guidance and reassurance. Because pediatricians and clinicians are the most trusted source of vaccine safety information, **your approach matters**.

In New Hampshire, uneven coverage poses the risk of leaving communities vulnerable to outbreaks of highly transmissible diseases.[2] The NH Immunization Program provides guidance and resources to clinicians statewide to help ensure timely vaccine delivery.[3]

Evidence-based communication strategies

The AAP article[1] outlines several best practices to engage parents and caregivers more effectively. Here are key takeaways and suggestions for use in practice.

Strategy	Why it matters	Practical tips
Strong provider recommendation	A confident, presumptive endorsement of the vaccine (e.g. "Today your child is due for …") is more persuasive than tentative language.	Lead with the recommendation ("We'll give the DTaP and MMR today"), then invite questions.
Empathy and partnership	Acknowledge concerns respectfully; a dismissive tone can alienate hesitant parents.	"I understand your concern. That's a good question. May I share what's known about safety…?"
Tailor information to concerns	Many parents' worries center on vaccine safety, ingredients, and scheduling; address those directly.	Be prepared to explain EUA vs. full licensure, post marketing surveillance systems, and safety monitoring.
Correct misinformation gently	Direct confrontation can create discomfort and defensiveness.	Present facts, not stereotypes, without judgment: "I used to think that, too, until I saw the evidence…"
Revisit over time	Hesitancy isn't always resolved in one visit. Continue dialogue on future visits.	Document concerns, follow up, and offer credible resource handouts.

Common myths and factual rebuttals:[1]

- **Myth:** Natural immunity or breastfeeding is better than vaccination.
  Fact: Vaccinations offer predictable, controlled immunity without risking disease. Breastfeeding doesn't provide the same level of protection against vaccine-preventable diseases.
- **Myth:** The immune system is overloaded by multiple vaccines.
  Fact: The antigen burden from modern vaccines is minimal. Our immune system handles far more than what vaccines present.
- **Myth:** Vaccines cause autism, SIDS, allergies, etc.
  Fact: High-quality epidemiological studies have found no credible link.

Maintaining familiarity with the vaccine safety infrastructure is crucial: Vaccines undergo rigorous testing by the FDA, and after licensure are monitored via multiple surveillance systems (e.g., VAERS, VSD). The childhood immunization schedule has been affirmed by independent bodies like the National Academy of Medicine.[4]

Putting it into practice in New Hampshire

To help you in your practice, here are state-level resources and considerations:

- The **NH Immunization Program** offers up-to-date vaccine schedules, clinical guidance, and support for enrolling as a vaccine provider.[4]
- The **NH Vaccine Association (NHVA)** helps centralize vaccine procurement to reduce overhead burden on practices: **https://nhvaccine.org**.
- As measles coverage varies and clusters of under-vaccinated people grow, clinicians must remain vigilant. Recent reporting by New Hampshire Public Radio underscores that even small declines in immunization rates can permit outbreaks of highly contagious diseases.[2]

Your voice as a trusted physician is one of the most powerful tools in addressing vaccine hesitancy. By combining empathic communication, factual clarity, and persistence, we can help ensure children in New Hampshire receive timely, lifesaving immunizations.

References

1. Sean T. O'Leary et al., "Strategies for Improving Vaccine Communication and Uptake," *Pediatrics*, Vol. 153, No. 3, March 2024, **https://doi.org/10.1542/peds.2023-065483**, accessed November 6, 2025.

2. "Could a Measles Outbreak Come to NH? Some Worry That Uneven Vaccine Coverage Puts the State at Risk," New Hampshire Public Radio, May 5, 2025, **https://www.nhpr.org/health/2025-05-05/could-a-measles-outbreak-come-to-nh-some-worry-that-uneven-vaccine-coverage-puts-the-state-at-risk**, accessed November 6, 2025.

3. "New Hampshire Immunization Program," New Hampshire DHHS, **https://www.dhhs.nh.gov/programs-services/disease-prevention/nh-immunization-program**, accessed November 6, 2025.

4. "Immunization Guidance for Healthcare Providers," New Hampshire DHHS, **https://www.dhhs.nh.gov/programs-services/disease-prevention/nh-immunization-program/immunization-guidance-healthcare**, accessed November 6, 2025.

Additional resources

The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies, National Academies of Sciences, Engineering, and Medicine, Washington, DC, The National Academies Press, March 27, 2013, **https://pubmed.ncbi.nlm.nih.gov/24901198/, accessed November 6, 2025**.

"Take Action: Protect Access to Vaccines for NH Families," New Futures, **https://new-futures.org/vaccine-access**, accessed November 12, 2025.

How completing a health risk assessment (HRA) can help you and your Medicaid patients

Health-related social needs can drive up to 80% of health outcomes (see chart), and patients covered by Medicaid are more likely to face barriers in meeting these needs. The health risk assessment (HRA) can help connect patients with resources for unmet health-related social needs.

Additionally, it helps you get to know your patient better and understand the challenges and barriers they face in maintaining or improving their health.

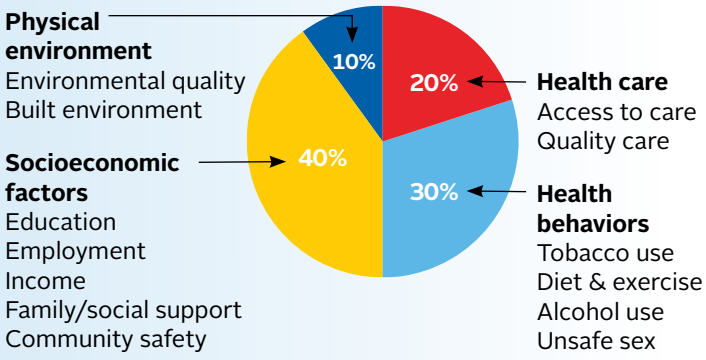
An HRA is a comprehensive assessment to evaluate a Medicaid patient's:

- Medical history
- Health behaviors
- Environment
- Access to food
- Employment status
- Education/ literacy levels

Evaluating these interconnected areas of a patient's life and health helps develop a plan personalized to each Medicaid patient and tailored to their specific needs and preferences.

You can use your own HRA form, include social determinants of health questions in your assessments, or ask us for a form to use.

Population health



Source: Authors' analysis and adaption from University of Wisconsin population Health Institute's County Health Rankings model ©2010, **http://www.countyhealthrankings.org**

Contributors of health outcomes

Physicians, nurse practitioners, and physician assistants in the following specialties are responsible for completing an HRA with their Medicaid patients at least once annually:

- General practitioner
- Family practice
- Internal medicine
- OB/GYN
- Pediatrics

Anyone can complete the HRA form.

A verbal or written HRA can be completed by office staff, a medical assistant, or an attending provider. You can also have your patient fill out the HRA form. **Regardless of who completes the HRA, it must be reviewed and signed by the attending provider.**

Connecting your patients to resources

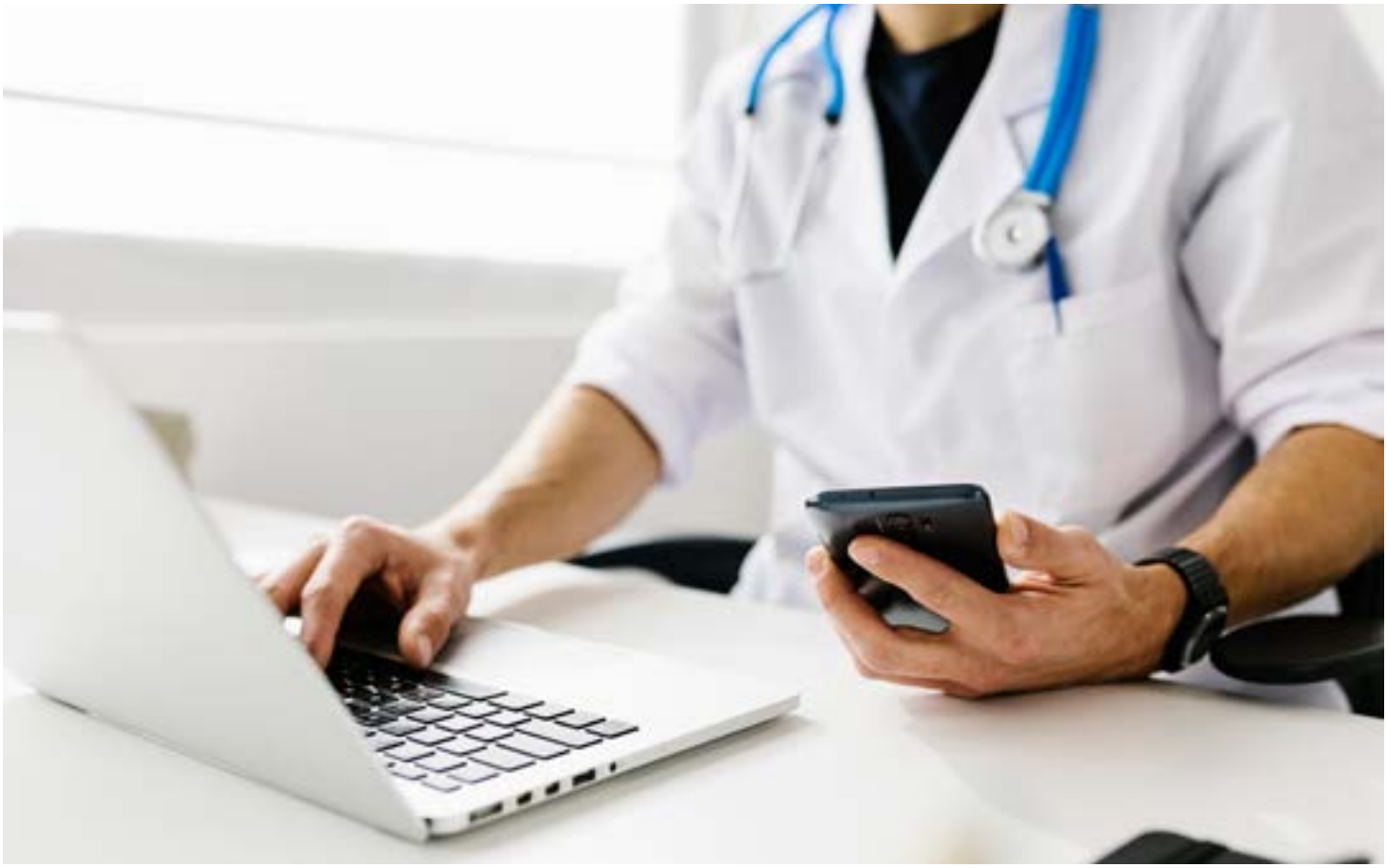
If you find that your patient has unmet health-related social needs, you can connect patients with resources through Unite Us. Remember, our Care Managers are here to help as well. To refer your patients to Care Management, please email **caremanagement-nh@amerihealthcaritasnh.com**.

To be reimbursed for completing the HRA with your Medicaid patients, please bill in the EMR using codes 96160, 96110, or 96127.

We offer an incentive to our members for completing the HRA.

AmeriHealth Caritas New Hampshire members can earn $30 on their CARE Card when you submit a claim showing the HRA was completed during their visit.

If you have questions on how to complete the HRA or how to bill for it, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479**.



Help us help you: Let Us Know

Have you tried our Let Us Know feature?
If you are unable to reach any assigned patients, or have assigned patients who haven't scheduled any visits, let us know. We can support you through cooperative patient outreach.

By notifying the Rapid Response and Outreach Team of issues like missed appointments or the need for additional education on treatment plans, providers can ensure members receive timely and appropriate care.

Complete the Member Intervention Request Form for help with patients' concerns:

Close care gaps: Reach out when you have a patient with multiple missed appointments, non-adherence with a treatment plan, or other identified care gaps.

Connect patients to Care Management: Let us know if you have a patient in need of care management, whether they are pregnant, need assistance with durable medical equipment, or could benefit from coaching and education on health conditions.

Connect patients to resources they need: We can help connect your patients to resources such as transportation, food and nutrition, housing resources, and more!

Our Account Executives are available to assist our provider network, so please reach out if you have questions or would like to set up an in-person meeting for a demonstration.

To locate the Account Executive in your region, go to **www.amerihealthcaritasnh.com/provider/resources/account-executives**.

Using the Let Us Know feature enhances the quality of care and helps us support member health. For more details, visit **www.amerihealthcaritasnh.com/let-us-know**.

Close care gaps in 2025 with AmeriHealth Caritas New Hampshire's Total Cost of Care incentive program

AmeriHealth Caritas New Hampshire would like to ensure that we are capturing and giving you credit for the great care that you are delivering to patients. Our incentive program is aimed at helping primary care providers close critical care gaps for patients with diabetes or hypertension while supporting practices in achieving strong year-end performance.

How to submit results for patients with diabetes or hypertension

For these incentive opportunities, please use one of the following methods.

Method 1: Providers can submit a claim using the appropriate CPT II codes. Use the codes listed under each program.

Method 2: Providers may submit a copy of the medical record, including either the A1c result or blood pressure reading, member name, date of birth, date of service/lab results, and provider name. If you need assistance with the submission process, your Account Executive is available to help.

Glycemic Status Assessment for Patients with Diabetes (GSD)

This program focuses on diabetic (Type 1 and 2) members between the ages of 18 and 75, whose most recent glycemic status (Hemoglobin A1c [HbA1c] or Glucose Management Indicator [GMI]) was less than 8.0%.

Please include the HbA1c result CPT II code that best matches the HbA1c reading and include the collection date as the date of service.

CPT II code	Most recent HbA1c reading	Incentive amount
3044F	HbA1c level less than 7%	$20
3051F	HbA1c level greater than or equal to 7% and less than 8%	$20

To participate, providers should identify eligible members using NaviNet, document A1c results in the health record, and submit the results using one of the approved methods previously mentioned.

Controlling High Blood Pressure (CBP)

This program focuses on adult patients with a diagnosis of hypertension whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.

For your patients who have a diagnosis of hypertension, close the gap in care for blood pressure with a BP reading below 140/90. Please include on the claim the blood pressure reading CPT II code that best matches the systolic reading below 140 and the diastolic reading below 90. You must include both the systolic and diastolic CPT II codes that best match the BP reading. This indicates BP control on the same claim on the date of service the blood pressure reading was taken.

CPT II code	Blood pressure reading	Incentive amount
3074F	Systolic below 130 mm Hg	$10
3078F	Diastolic below 80 mm Hg	$10
3075F	Systolic 130 – 139 mm Hg	$10
3079F	Diastolic 80 – 89 mm Hg	$10

When patients have a high BP reading during initial vitals screening, **retake blood pressure during the visit and record in the EMR when the initial blood pressure reading is over 140/90.**

Small Providers and Rural Communities (SPaRC)

PCP offices whose panels averaged fewer than 50 members are eligible for this program. The average of 50 is based on a defined average enrollment for the particular measurement year. Offices with more than 50 members are eligible to participate in the AmeriHealth Caritas New Hampshire PerformPlus® Total Cost of Care program for primary care providers.

SPaRC providers can earn an incentive payment based on the number of care gap closures achieved during the reporting period. A care gap closure is defined as providing the service for each metric (numerator) for all members in the panel that are eligible to receive the service (denominator). **A rate of $20** will be applied to each care gap closure and will be paid on an annual (plan-defined) basis. Performance is based on services rendered during the reporting period and requires accurate and complete encounter reporting.

This initiative not only helps improve patient outcomes but also offers an opportunity for your practice to enhance performance and financial results during the fourth quarter.

At AmeriHealth Caritas New Hampshire, we value your commitment to providing exceptional care to our members. Together, we can make a meaningful impact on the health of patients with diabetes or hypertension by closing care gaps and supporting better outcomes.

If you have any questions about the Total Cost of Care program, please reach out to your Account Executive. For updates to your provider information, email us at **network@amerihealthcaritasnh.com**.

Improve perinatal care timeliness

Take steps to aid timely prenatal and postpartum care.

AmeriHealth Caritas New Hampshire encourages providers to take proactive steps to help your patients (our members) receive timely prenatal and postpartum care.

By collaborating, we can support healthier pregnancies, reduce maternal mortality, and improve neonatal outcomes.

We have a new webpage showing what resources are available for pregnant members of AmeriHealth Caritas New Hampshire: **www.amerihealthcaritasnh.com/provider/resources/maternity-program**.

Check it out to see how we can work together to create the best outcomes for your patients and our members.

Critical women's health and wellness services, from prevention through screenings and early detection, to care during and after pregnancy, are integral to improving women's health outcomes.

With the help of the following incentive program, we want to make sure you are getting appropriate credit for your care and attention to the well-being of our members.

Incentives for timely prenatal and postpartum care

Timeliness of prenatal care

Measure: The percentage of women who had a prenatal visit in their first trimester.

Please submit a claim or encounter data record of an in-person or telehealth visit with the prenatal visit date of service to AmeriHealth Caritas New Hampshire.

For your patients who have a first prenatal visit, to close the gap in care for Timeliness of Prenatal Care, please submit a claim with the appropriate CPT II code and the date of service.

CPT II code	Description	Incentive amount
0500F	Initial prenatal care visit	$20

Postpartum care

Measure: The percentage of women who had a postpartum visit on or between day 7 and 84 days following the live birth delivery.

Please submit a claim or encounter data record of an in-person or telehealth visit with the postpartum visit date of service to AmeriHealth Caritas New Hampshire.

For your patients who have a postpartum visit, to close the gap in care for Timeliness of Postpartum Care, please submit a claim with the appropriate CPT II code and the date of service.

CPT II code	Description	Incentive amount
0503F	Postpartum care visit	$20

Eligibility

Providers must meet the minimum of 10 deliveries in the measurement period to be eligible for the quality performance incentive. The incentive payments will be paid out semiannually, based on deliveries occurring during the measurement period. Quality performance is the determinant of the additional compensation.

Provider engagement and quality improvement

AmeriHealth Caritas provides opportunities for providers to engage with our team to discuss quality improvement activities and address challenges related to population health outcomes. Please reach out to your Account Executive to learn more. Find your Account Executive at **www.amerihealthcaritasnh.com/provider/resources/account-executives**.

Cervical cancer screening

The U.S. Food and Drug Administration has approved the use of self-collection for HPV testing as an option for cervical cancer screening.[1] This allows individuals to collect their own sample, typically using a swab, in a health care setting and then have it tested for HPV.

The approved tests include:

- Onclarity HPV, made by Becton, Dickinson and Company (BD)
- Cobas HPV, made by Roche Molecular Systems

The self-collection kits are available from your lab provider and Quest Lab.

[1]Sharon Reynolds, "FDA Approves HPV Tests That Allow for Self-Collection in a Health Care Setting," National Cancer Institute, July 24, 2024, **https://www.cancer.gov/news-events/cancer-currents-blog/2024/fda-hpv-test-self-collection-health-care-setting**, accessed November 12, 2025.

Additional resources

1. AmeriHealth Caritas New Hampshire Bright Start® brochure, **www.amerihealthcaritasnh.com/assets/pdf/member/eng/bright-start-brochure.pdf**

2. "HEDIS® 2025 Documentation and Coding Guidelines," AmeriHealth Caritas, **www.amerihealthcaritasnh.com/assets/pdf/provider/resources/HEDIS-coding-guidelines.pdf**

3. "PerformPlus True Care — Maternity Care Providers, AmeriHealth Caritas New Hampshire, October 2024, **www.amerihealthcaritasnh.com/content/dam/amerihealth-caritas/acnh/pdf/provider/resources/maternity-qep.pdf.coredownload.inline.pdf**

4. "Prenatal and Postpartum Care (PPC)," NCQA, **https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/prenatal-and-postpartum-care-ppc/**, accessed November 7, 2025.

5. *Technical Specifications for Health Plans*, National Committee for Quality Assurance (NCQA), Version 2024.0, January 30, 2024.

EMR and CPT II codes

The benefits of setting up data exchange

Data exchange between clinicians and AmeriHealth Caritas New Hampshire is critical for ensuring that we are working collaboratively to improve the health and well-being of the people that we serve. This allows us to better understand the preventive care, chronic disease, and social determinants of health needs of our members. We can then appropriately reach out to individuals and build programs to fill gaps.

Financial resources are also tied to data. High performance on key quality measures enables us to earn incentives to invest back into programs and teams. Understanding health needs through risk capture also helps to ensure that we are all being reimbursed fairly for caring for those with higher needs.

There are several ways to capture key data through data exchange. Our goal is to implement strategic ways to capture data that lead to the least amount of administrative burden. **The optimal method is to provide AmeriHealth Caritas New Hampshire with electronic medical record (EMR) access.** This allows us to do the manual work. As an organization, we have a strong track record of integration that provides a seamless method for clinical teams. We have the needed training, security, privacy, and usage protocols that your IT team needs to feel comfortable. We only access what we need to ensure business continuity and patient support.

Method A: Provide AmeriHealth Caritas New Hampshire with EMR access.

Method B: Use CPT II codes.

An alternative method to capture data is CPT II codes. CPT II codes are supplementary tracking codes that are used for performance measurement in quality programs. Their use diminishes the need for record abstraction and chart review, which can be burdensome to your team. These codes are not inclusive of all quality measure performance, but do include key performance in BP control, HbA1c, prenatal and postpartum care, and diabetic retinal exams. Your billing software can be easily configured to turn these codes on.

Here are the CPT codes available for your use:

Future provider incentive quality measure	CPTII code	Definition
Diabetic eye exam required for Eye Exam for Patients With Diabetes (EED)	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy

Provider incentive quality measure	CPTII code	Definition
Blood pressure readings required for Controlling Blood Pressure (CBP) and Blood Pressure Control for Patients With Diabetes (BPD)	3074F	Most recent systolic blood pressure less than 130 mm Hg
	3075F	Most recent systolic blood pressure 130 – 139 mm Hg
	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
	3078F	Most recent diastolic blood pressure less than 80 mm Hg
	3079F	Most recent diastolic blood pressure 80 – 89 mm Hg
	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Provider incentive quality measure	CPTII code	Definition
A1c results required for Glycemic Status Assessment for Patients With Diabetes (GSD)	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
	3046F	Most recent hemoglobin A1c level greater than 9.0%
	3051F	Most recent hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%
	3052F	Most recent hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%

Provider incentive quality measure	CPTII code	Definition
Initial prenatal service and postpartum visit required for Prenatal and Postpar-tum Care (PPC)	0500F	Initial prenatal care visit — report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period (LMP).
	0503F	Postpartum care visit

Interested in learning more about data exchange? Please reach out to your Account Executive. You can find your account executive at **www.amerihealthcaritasnh.com/provider/resources/account-executives**.

Maintaining and sharing health records

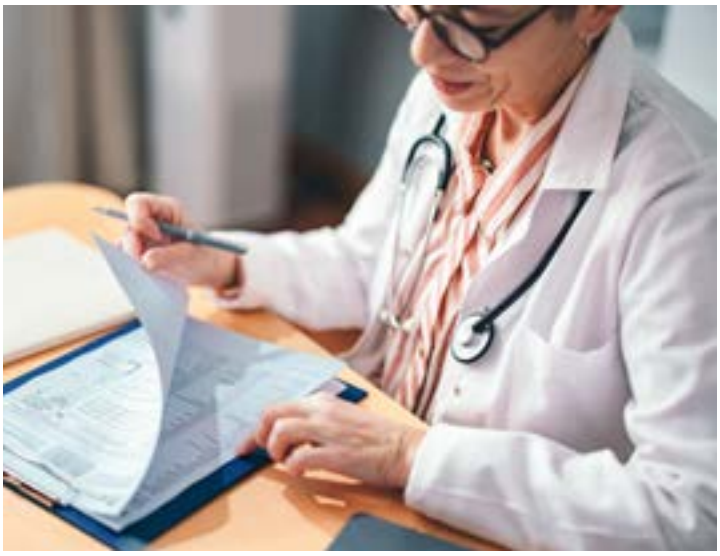
AmeriHealth Caritas New Hampshire has established comprehensive standards for maintaining and sharing member health records in accordance with NCQA requirements and professional standards. These standards apply to practitioners and providers within the network.

1. Maintain member health records appropriately and in line with professional standards.
2. Share member health records as needed, following professional standards.

Please share these medical record standards with practitioners, providers, and all appropriate staff members who handle medical records.

The medical record standards include, but are not limited to:

- Each page containing the patient's name and/or ID number
- Personal biographical data
- Author identification for all entries
- Dated entries
- Legible records
- Significant illnesses and medical conditions on the problem list
- Medication allergies and adverse reactions prominently noted
- Past medical history for patients seen three or more times
- Appropriate notation on substance use for patients 12 years and older
- Consistent working diagnoses with findings
- Treatment plans consistent with diagnoses
- Laboratory and other studies ordered as appropriate
- Preventive services and risk screenings documented



Maintaining accurate and comprehensive medical records is crucial for:

- Facilitating effective and confidential patient care
- Ensuring quality review
- Supporting communication and coordination of care

By adhering to these standards, you help ensure your patients are getting high-quality care.

Additional resources

AmeriHealth Caritas New Hampshire Provider Manual, **www.amerihealthcaritasnh.com/assets/pdf/provider/provider-manual.pdf**

"Medical Record Standards Help Coordinate Care," *Connections*, Fall 2020, **www.amerihealthcaritasnh.com/assets/pdf/provider/newsletters/connections-fall-2020.pdf**

NCQA Guidelines for Medical Record Documentation: **https://wpcdn.ncqa.org/www-prod/wp-content/uploads/2018/07/20180110_Guidelines_Medical_Record_Documentation.pdf**

Ensuring transparency in Utilization Management decisions

AmeriHealth Caritas New Hampshire is committed to upholding the highest standards of care and transparency in Utilization Management (UM) decisions. Our UM decision-making process is guided solely by the appropriateness of care and service and the existence of coverage. AmeriHealth Caritas New Hampshire will not arbitrarily deny or reduce the amount, duration, or scope of required services solely because of the diagnosis, type of illness, or condition of the member.

UM decisions are based on:

- **Appropriateness of care.** UM decision-making is based exclusively on the appropriateness of care and service and whether the patient is a current member of AmeriHealth Caritas New Hampshire, without external influence or bias.
- **No incentives for denials.** AmeriHealth Caritas New Hampshire does not reward health care professionals/providers or other individuals conducting utilization review for issuing denials of coverage or services.
- **No encouragement of underutilization**. Financial incentives for UM decision-makers do not promote decisions that lead to underutilization of necessary medical services.

AmeriHealth Caritas New Hampshire makes the effort to reach all relevant stakeholders with this important information through multiple distribution channels:

- **Online availability.** This statement about UM decision-making is accessible on the AmeriHealth Caritas New Hampshire website, with notifications informing members, practitioners, providers, and employees of its online availability.
- **Direct communication.** For individuals without internet access, the organization distributes the statement via mail, fax, or email to expand universal access.

By adhering to these standards, AmeriHealth Caritas New Hampshire reinforces its dedication to ethical UM practices, ensuring that coverage decisions are made in the best interest of members while maintaining compliance with regulatory requirements.

For additional information regarding UM decision-making policies, we encourage members and providers to visit the AmeriHealth Caritas New Hampshire website or contact the Provider Services department.

Understanding the grievance and appeal process: Ensuring access to member rights

AmeriHealth Caritas New Hampshire's grievances and appeals process includes the following essential factors:

- **The right to file grievances and appeals.** Members, practitioners, and providers have the right to challenge decisions and express concerns regarding coverage or services and/or payment.
- **Requirements and time frames.** 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, or
  - The date on which the Plan should have taken a required action but failed to do so.
- **Assistance in the filing process.** AmeriHealth Caritas New Hampshire offers support to members and providers in submitting grievances and appeals.

  Provider appeals must be submitted in writing, along with supporting documentation. A telephone inquiry regarding payment or denial of a claim does not constitute an appeal of the claim.

  Providers may submit appeals to:
  AmeriHealth Caritas New Hampshire
  Attn: Provider Appeals
  P.O. Box 7388
  London, KY 40742-7388
- **State Fair Hearing rights.** A provider may pursue a State Fair Hearing after exhausting the Plan's provider appeals process or if the Plan has not adhered to notice and timing requirements. The parties to the State Fair Hearing include AmeriHealth Caritas New Hampshire as well as the provider. A State Fair Hearing can be requested by completing an Appeal Request form (available at **https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/appeal-request.pdf**) and submitting it to:

  Administrative Appeals Unit
  New Hampshire Department of
  Health and Human Services
  105 Pleasant Street
  Room 121C
  Concord, NH 03301

The grievance and appeal process details are available on our website, in the Provider Manual, or by contacting the Provider Services Department. This information is distributed through the Provider Manual to all new practitioners, providers, and delegates upon contracting.

Keep your information updated with us

Our online provider directory is an important tool in helping members find a network doctor or health care facility, such as a hospital or urgent care clinic, in their area. An accurate provider directory helps our members find you. Keeping your contact information up to date with us also helps us communicate with you.

Please check often to make sure your AmeriHealth Caritas New Hampshire provider directory information is accurate. Some of the important items we include in the directory are:

- Phone and fax numbers
- Hospital affiliations
- Address and office hours
- Open status
- Website address
- Cultural and linguistic capabilities
- Accommodations for members with disabilities
- Whether you are accepting new patients

For us to contact you, it's important that we have your practice email address as well as your fax number.

To update or correct your provider information, please use practice letterhead to fax the information as it should appear, to the attention of Provider Services at **1-833-609-2264**. Or, you can contact your Account Executive or call Provider Services at **1-888-599-1479** to provide corrected information.

Call Provider Services at **1-888-599-1479**.

Use your letterhead to fax Provider Services at **1-833-609-2264**.

The online directory is updated daily Monday through Friday.

Help us improve member and provider relationships by sharing your demographic and language data

At AmeriHealth Caritas New Hampshire, we believe quality care starts with informed choice and culturally responsive connections between members and providers. AmeriHealth Caritas New Hampshire collects, stores, and reports race, ethnicity, and language (REL) data from providers and their offices that is made available to members upon request.

By sharing your demographic information, including but not limited to race, ethnicity, and/or language, you help empower our members to make informed decisions about their care, improve health equity, and support stronger health outcomes for the communities we serve.

This data allows us to:

- Provide members with meaningful, choice-based information when selecting a provider.
- Tailor resources and services to meet the cultural and linguistic needs of our diverse member population.
- Monitor and address health disparities across our network.

What is race and ethnicity data?

Race is a classification of humans based on genetic characteristics, such as lineage, which is when a group is connected by common descent. Although the National Human Genome Research Institute and other researchers confirm that race is a political and social construct,[1] the federal government uses six racial categories when collecting race:

- American Indian* or Alaska Native
- Asian
- Black/African American
- Pacific Islander/Native Hawaiian
- White
- Middle Eastern/North African

*Please be aware that some people consider "American Indian" outdated. Please use community- or individual-preferred terminology whenever possible.[2]

Ethnicity is a classification of humans based on historical connection by a common national origin or language. Ethnicity could also be defined as a person's roots, ancestry, heritage, country of origin, or cultural background. The two ethnicity categories as defined by the federal government are:

- Hispanic
- Non-Hispanic

Why is language data necessary?

The first step to strong patient-centered care is direct communication. Language is more than a communication tool; we express emotions, retain critical information, and make decisions in the language that we most prefer. Providing data on the language(s) spoken by the provider and their staff is the first step in strong communication between patients and providers.

Spoken language refers to the language in which a member prefers to speak about their health care.

Written language refers to the language in which a member prefers to read or write about their health care.

Federal laws and other guidance speak to nondiscrimination practices such as meaningful access through language access programs.

How do we collect this information?

AmeriHealth Caritas New Hampshire collects provider REL data through our standard processes such as credentialing, re-credentialing, and provider roster updates using the federal categories established by the Office of Management and Budget (OMB).

How do we store and share this information?

REL data is housed in a database that is made available to members.

- Gender data is available through the AmeriHealth Caritas New Hampshire provider directory.
- Provider's language, staff's language, and additional language services are also available through the provider directory.
- Please note: Race and ethnicity data are not displayed in our provider directories and will only be provided upon direct request by a member. Only language and gender information are shown publicly.

Demystifying common provider concerns

"My race and ethnicity have no impact on the care I give." Being grounded in cultural responsiveness is critical to building rapport, comfort, and trust with patients from various cultures.[3] REL data is one essential tool that health plans use to establish, enhance, and promote cultural competence.[4]

"My practice is equipped to support language services, so how does what language I or my staff speak matter?" When the health plan shares other languages spoken by the provider network, members have the autonomy to select a provider that matches their cultural and linguistic preferences.

Sharing your race, ethnicity, and language with AmeriHealth Caritas New Hampshire may feel uncomfortable at first. However, this is an important piece of provider-patient shared decision-making. Racial or ethnic concordance has been shown to have a positive impact on health outcomes[5] and reduce health expenditures.[6]

[1]"Race," National Human Genome Research Institute, January 14, 2025, **https://web.archive.org/web/20250114154121/https://www.genome.gov/genetics-glossary/Race**, accessed August 5, 2025.

[2]"Race-Related Coverage," *AP Stylebook*, Associated Press, **https://www.apstylebook.com/ap_stylebook/race-related-coverage**, accessed August 5, 2025.

[3]Carrington Moore et al., "'It's Important to Work with People that Look Like Me': Black Patients' Preferences for Patient-Provider Race Concordance," *J Racial Ethn Health Disparities*, Vol. 10, No. 5, December 19, 2022, **https://web.archive.org/web/20250114092031/https://pmc.ncbi.nlm.nih.gov/articles/PMC9640880/**, accessed July 31, 2025.

[4]Megan Johnson Shen et al., "The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature," *J Racial Ethn Health Disparities*, Vol. 5, No. 1, 2018, pp. 117 – 140, **https://web.archive.org/web/20241228034235/https://pmc.ncbi.nlm.nih.gov/articles/PMC5591056/pdf/nihms858748.pdf**, accessed May 16, 2025.

[5]"Do Black Patients Fare Better With Black Doctors?" American Association of Medical Colleges, June 6, 2023, **https://web.archive.org/web/20250119013744/https://www.aamc.org/news/do-black-patients-fare-better-black-doctors**, accessed January 19, 2025.

[6]Timothy T. Brown et al., "Shared Decision-Making & Racial or Ethnic Concordance Reduces Health Expenditures," National Institute for Health Care Management Foundation, August 2023, **https://nihcm.org/assets/articles/FINAL_RI-PDF-Tim-Brown_2023-07-12-032727.pdf**, accessed July 22, 2025.

Additional resources

Marcella Alsan et al., "Does Diversity Matter for Health? Experimental Evidence from Oakland," Working Paper 24787, National Bureau of Economic Research, June 2018.

Erin Dehon et al., "A Systematic Review of the Impact of Physician Implicit Racial Bias on Clinical Decision Making," Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine, Vol. 24, No. 8, August 2017, pp. 895 – 904.

Sherman James, "The Strangest of All Encounters: Racial and Ethnic Discrimination in US Health Care." *Cadernos De Saude Publica*, Vol. 33, No. Suppl 1, May 8, 2017,

Rachel Johnson et al., "Patient Race/Ethnicity and Quality of Patient–Physician Communication During Medical Visits," *American Journal of Public Health*, Vol. 94, No.12, December 2004, pp. 2084 – 2090.

Ivy Maina et al., "A Decade of Studying Implicit Racial/Ethnic Bias in Healthcare Providers Using the Implicit Association Test," *Social Science & Medicine*, Vol. 199, February 2018, pp. 219 – 229.

Salimah Meghani et al., "Patient–Provider Race-Concordance: Does It Matter in Improving Minority Patients' Health Outcomes?" *Ethnicity & Health*, Vol. 14, No. 1, February 2009, pp. 107 – 130.

Richard Street et al., "Understanding Concordance in Patient-Physician Relationships: Personal and Ethnic Dimensions of Shared Identity," *The Annals of Family Medicine*, Vol. 6, No. 3, May 1, 2008, pp. 198 – 205.

AmeriHealth Caritas New Hampshire Wellness and Opportunity Center: Connecting community, health, and opportunity

AmeriHealth Caritas New Hampshire is proud to spotlight our **Wellness and Opportunity Center** in Manchester, a vibrant resource hub designed to bridge health care, social supports, and community engagement. The center is central to our mission of caring for the whole person, not just their medical needs, and to fostering stronger partnerships with providers, patients, and New Hampshire communities.

Location and hours

- The Wellness and Opportunity Center is located at **25 Sundial Avenue, Suite 130, First Floor, Manchester, NH 03103**.
- Hours: **8:30 a.m. to 4 p.m., Monday through Friday**, with a lunch break from **noon to 12:30 p.m.** daily.
- Services are offered by walk-in or by appointment.

The Wellness and Opportunity Center offers a wide range of features and supports, including:

- Cooking demonstrations and preventive health education
- Computer access (for job searches, printing, etc.) and a children's area.
- A food pantry and Giving Closet for basic needs.
- Private telephones, meeting space, and referral to community services.
- Appointments with Care Managers for chronic disease support or care coordination.

Providers can refer patients to the Wellness and Opportunity Center for community-based supports, such as our yoga or chronic disease management classes.

The facility is also available for reservation by nonprofit community partners.

To learn more about what we can offer your patients, please visit www.amerihealthcaritasnh.com/community/community-center.

Recent impact

Since its grand opening, the Wellness and Opportunity Center has become a hub for community outreach and health-promotion events.

One notable initiative was the **Community Baby Shower**, where more than 50 new and expectant parents were welcomed, educated, and supported: **https://manchester.inklink.news/amerihealth-caritas-new-hampshire-community-baby-shower/**.

Through that event, the Wellness and Opportunity Center fostered direct engagement with families, offering resources, education, and a space of connection. It underscores the center's role in more than just clinical care: It's about building trust, reducing barriers, and meeting people where they are.

Can you spot the phish?

More than 3.4 billion phishing emails[1] are sent out each day worldwide. But one factor can make life much harder for scammers: You. As the first line of defense, it is important that you are able to recognize and report a suspected phishing email.

What is phishing?

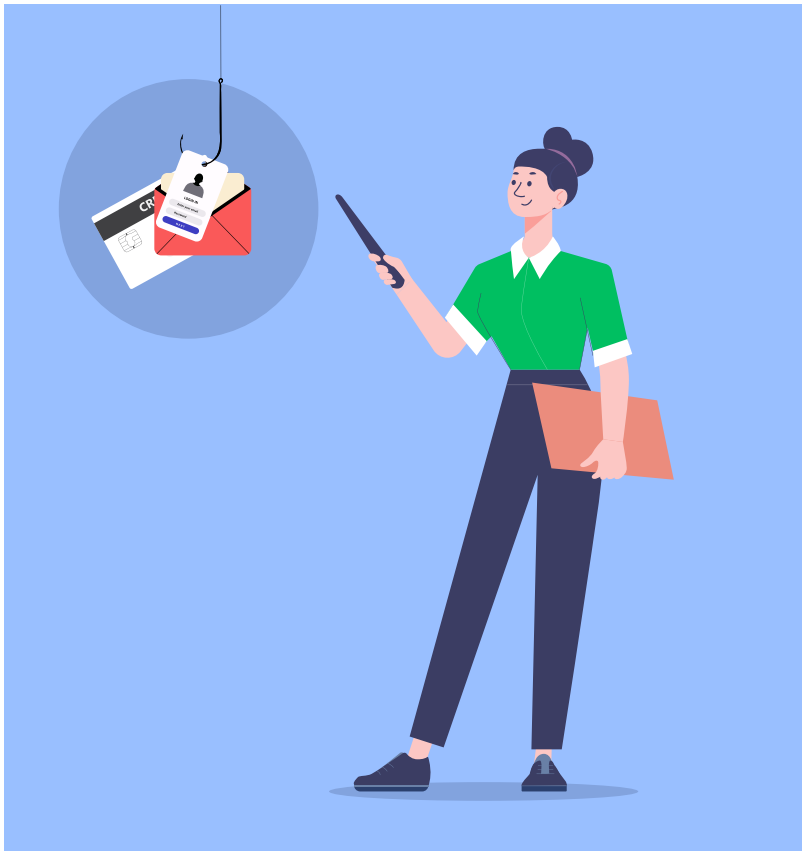
Phishing scams are emails that look real, but they are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information (PHI) and personally identifiable information (PII), as well as your practice's confidential and proprietary information, at risk.

Beware of ransomware

In addition to stealing information, phishing scams can lead to ransomware attacks. Ransomware is a form of malware designed to encrypt files on a device, rendering them unusable until a ransom is paid.

It may be a phishing email if it:

- Promises something of value (e.g., "Win a free gift card!")
- Asks for money or donations
- Comes from a sender or company you don't recognize
- Links to a site that is different than the company the sender claims to represent
- Asks you for personal information, such as your username and password/passphrase
- Includes misspelled words in the site's URL address or subject line
- Has a sense of urgency for you to act now



What you should do

If you receive a suspicious email:

- Do not click any links in the email.
- Do not provide your username and password. You should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as banks or retailers like Target or Amazon.
- Do not reply to the email or forward it to anyone else at your practice.
- Familiarize yourself with your practice's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- If you have questions, please contact your practice's security department.

1. Gary Smith, "Top Phishing Statistics for 2025: Latest Figures and Trends," StationX, June 2, 2025, **www.stationx.net/phishing-statistics**, accessed July 8, 2025.

AmeriHealth Caritas®

New Hampshire

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