

# September 2023 updates to AmeriHealth Caritas New Hampshire Provider Manual

Page # (current)	Section	ACNH 2023 Provider Manual Change
2	cover	updating date of publishing
12	About our program	To reach Provider Network Management for questions, please reach out to your Account Executive directly or call 1-855-332-0104 anytime Monday through Friday, 8 a.m. to 6 p.m. or Saturday 9 a.m. to 12 p.m.
23	Provider Credentialing and Recredentialing	Removed "Doctor of Dental Surgery" from the bullet list of providers
38	Practitioner and Provider Responsibilities	<p>Added the following two bullets:</p> <ul style="list-style-type: none"> <li>• Review Behavioral Health Took Kit, and other training resources, available on the AmeriHealth Caritas New Hampshire website that overview, resources, medication options, assessment, and screening tools.</li> <li>• Agree to connect Members that are identified as having risk factors for either physical or behavioral health with their assigned primary care or behavioral provider using resources outlined in Chapter Seven of the Behavioral Health Tool Kit.</li> </ul>
39	PCP Responsibilities	adding sentence to 4th paragraph: "Providers may encounter minors in state custody or guardianship. Providers are required to consult with the Division for Children, Youth and Families (DCYF) about any medical or behavioral health matters involving minors in state custody or guardianship."
61	State Fair Hearings	<p>Added the following sentence to the first paragraph: The parties to the State fair hearing include the MCO as well as the Provider.</p> <p>Replacing URL in first paragraph of section with:  <a href="https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/appeal-request.pdf">"https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/appeal-request.pdf"</a></p> <p>To the last paragraph, added: The MCO shall appear and defend its decision before the DHHS AAU. Nothing in this manual or provider agreement shall preclude the MCO from representation by legal counsel.</p> <p>Also added "Participating Providers" and "(3) in the following sentence:  "Upon Participating Providers request for a State Fair Hearing, AmeriHealth Caritas New Hampshire will, within three (3) business days,"</p>
65	Covered Services	Removed "Including facility and ancillary services for dental procedures" from under Outpatient Hospital cell
67	Extra Benefits	<p>Removed: "Dental Benefits for Adults — Adult members age 21 and older are covered for a range of dental services including preventive services (cleanings), diagnostic services (exams and X-rays), restorative services (fillings), and some periodontal services (root planing and scaling). New Hampshire DHHS will continue to cover extractions, and that is a separate program.</p> <p>Benefits are covered only within the network. Prior authorization is not required for any of the above services. "</p>

69	Non-Covered Services	adding second paragraph above chart: "Standard X -- Access A-5 Recommendation: ACNH must ensure that providers are aware of the requirement to consult with DCYF regarding medical and psychiatric matters for members who are children in State custody/guardianship."
69	Services Not Included in Managed Care(DHHS Covered)	Removed "*Not included in DHHS Managed Care program but offered by AmeriHealth Caritas New Hampshire as a value-added service for adults."
75	Formulary	updated link to reflect the current DHHS URL
76	Pharmacy Prior Authorization	updated phone number hours of operation
76	Pharmacy Prior Authorization	added "can be submitted by phone, fax or online. Please note the phone and fax number are different for CHMCs."

76	Emergency Supply	Deleting text "Unless otherwise provided by law, if the AmeriHealth Caritas New Hampshire fails to respond to a member's expedited prior authorization request within 72 hours of receiving all necessary documentation, the authorization is deemed to be gran
76	Over-the-Counter Medications	changed last sentence in paragraph to "Please use our searchable formulary to find covered OTCs: <a href="https://www.amerhealthcaritasnh.com/apps/formulary/formulary.aspx">https://www.amerhealthcaritasnh.com/apps/formulary/formulary.aspx</a> . "
76	DME	changed last sentence to DME that is available on the pharmacy formulary does process via PerformRx POS.
76	DME	added "More products are available; use the searchable formulary: <a href="https://www.amerhealthcaritasnh.com/apps/formulary/formulary.aspx">https://www.amerhealthcaritasnh.com/apps/formulary/formulary.aspx</a> "
77	DME	changed first bullet item to "Pharmacies that provide DME supplies not on the pharmacy formulary must enroll as a DME provider with AmeriHealth Caritas New Hampshire and submit claims directly to AmeriHealth Caritas New Hampshire in order for claims to be processed."
78	Pharmacy Lock-In Program	removed from first paragraph: "and primary care" (we do not have primary care lock-in)
79	Pharmacy Lock-In Program	removed from Condition 5: "and/or a PCP" (we do not have primary care lock-in)
79	Pharmacy Lock-In Program	removed from second paragraph after Condition 6: "and/or PCP" and "PCP and/or one" (we do not have primary care lock-in)
79	Pharmacy Lock-In Program	removed last paragraph before AmeriHealth Caritas New Hampshire Prescription Drug Monitoring Program : "If a member is placed in the Pharmacy Lock-In program, the member's assigned PCP will receive a letter from AmeriHealth Caritas New Hampshire identifying the restricted member by name and ID number, and, as appropriate, the pharmacy where the member must receive his/her prescription medications."
87	Let Us Know Program	Removed "dental or" from the first bullet item
92	Health & Lifestyle Education	Removed "dental care" from the second bullet
97	Services Requiring Prior Authorization	removed psychological testing
102	Benefit Determinations	Added to last bullet of first bullet list: Service authorization decisions not reached within the timeframes specified in §438.210(d) constitute a denial and are thus an adverse benefit determination once the timeframes expire.

Urgent  
Determination and  
Continued/Extended  
Services Decision  
Turnaround Time

Deleting text "Unless otherwise provided by law, if the AmeriHealth Caritas New Hampshire fails to respond to a member's expedited prior authorization request within 72 hours of receiving all necessary documentation, the authorization is deemed to be granted and notice shall be given. In accordance with 42 C.F.R. § 438.404(c)(1), if the Plan intends to take an action to terminate, suspend, or reduce previously authorized Medicaid-covered services, AmeriHealth Caritas New Hampshire shall give notice of the adverse action at least 10 days before the date of action." at the end of third paragraph, and adding a fourth paragraph before the last paragraph of the section: "Untimely service authorizations constitute an Adverse Benefit Determination, and the Health Plan treats these as appealable adverse actions. An Adverse Benefit Determination will be issued if a determination or need for an extension is not communicated to the provider within the required time frames."