AmeriHealth Caritas New Hampshire

CONNECTIONS

A Provider's Link to AmeriHealth Caritas New Hampshire

SUMMER 2026

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A Letter From the Chief Medical Officer

To Our Clinical Community,

As we move into the second half of 2026, I want to thank you for continuing to deliver outstanding care to our members and communities during this uncertain time in health care. I have been impressed, as I have joined a variety of meetings with clinicians across the state, with your heart, advocacy, and commitment to the evidence-based practice of medicine and health care for all.

At AmeriHealth Caritas New Hampshire, we will continue to advocate for whole-person care models with equitable access to high-value care to improve overall health outcomes. This includes our work to support the key areas of:

Practice transformation

- Fundamental to the delivery of the Primary Care and Prevention Focused Care Model and the Rural Health Transformation Program, is practice transformation. Our goal is to continue to provide resources to help grow the interdisciplinary care team model through our programs and partnerships. Our communities are best served when we work in collaboration to better understand the health needs of those that we serve and develop interventions together.

Medicaid redeterminations

- In 2027, we will be moving towards six-month redetermination cycles. We are at risk for movement towards every three-month redetermination. Our goal is to support our members, the clinical community, and community-based organizations in keeping individuals who are eligible for Medicaid benefits receiving these benefits.

Work requirements

- Non-disabled adults ages 19 to 64 in Medicaid expansion will be required to to show proof of work, education, community services, or caregiving responsibilities as part of the eligibility and redetermination process. We will continue to advocate for the resources that both you and your patients need to demonstrate medical frailty where appropriate.

Now, more than ever, we cannot do our work in silos. We look forward to expanding on these topics in future communications, and toward ongoing conversations where we work together to develop person-centered solutions to the challenges that lie ahead. Please do not hesitate to reach out to me with any questions, comments, or concerns.

With thanks,

LouAnne Giangreco, MD, FACEP
Market Chief Medical Officer
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Collaborate to enhance population health

Providing care for our members requires teamwork, communication, and a unified dedication to improving outcomes. Population health management aims to utilize data to understand the needs of those we serve, support individuals across the care continuum with the services that they need, and promote comprehensive well-being across our communities. We strive to supply your practice with valuable tools and resources that complement the exceptional care you already offer.

How we can help

AmeriHealth Caritas New Hampshire supports its clinicians by:

- **Sharing data**
  Through actionable data and quality performance reports, we're able to identify members who could benefit from extra support.
- **Offering shared decision-making aids**
  With tools like our Navinet provider portal and Solventum, we are able to provide you with robust data and resources regarding the patients you serve.
- **Providing practice transformation support to primary care practitioners**
  Between our extensive catalog of online resources and our Provider Network Management team, we're here to help you navigate the transition from volume-based care to value-based care.
- **Enabling our clinical partners in care excellence**
  Our job is to support the amazing clinical community that cares for our members. Please do not hesitate to reach out with suggestions on how we can better support you in the care of your patients.

Important updates to maternity care coding

Significant changes have been made by the American Medical Association (AMA) about how maternity care services will be coded and billed.

Although the actual code changes take place effective **January 1, 2027,** these changes will impact members who are pregnant during 2026 and have a delivery date on or after January 1, 2027.

We recommend transitioning now to billing each prenatal service with a CPT evaluation and management (E/M) code for a relevant pregnancy diagnosis. This will help minimize billing disruptions over the transition.

American College of Obstetricians and Gynecologists (ACOG), in collaboration with other national medical specialty societies, advocated for these changes to reflect obstetrical care.

To learn more, please visit the AMA website or reach out to your Provider Account Executive or the Provider Services department at **1-888-599-1479**.

Member rights and responsibilities

AmeriHealth Caritas New Hampshire is committed to treating our members with dignity and respect. AmeriHealth Caritas New Hampshire, its network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members also have specific rights and responsibilities, including the right to receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities.

Member rights:

- To participate in and make decisions regarding their health care, including the right to refuse treatment.
- 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. This right applies regardless of cost or benefit coverage.
- To obtain benefits, including family planning services and supplies, from nonparticipating providers.
- To voice complaints or appeals about AmeriHealth Caritas New Hampshire or the care we provide.
- To make recommendations regarding AmeriHealth Caritas New Hampshire's member rights and responsibilities policy.

Examples of member responsibilities:

- To tell their medical provider, DHHS, and AmeriHealth Caritas New Hampshire if anyone else is responsible for paying their medical bills, including other insurance.
- To keep doctor's appointments or call to cancel at least 24 hours in advance.
- Request interpretation services if they need them.
- 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.

- To treat AmeriHealth Caritas New Hampshire employees, practitioners, and providers with respect.
- To supply information, to the extent possible, that AmeriHealth Caritas New Hampshire and its practitioners and providers need in order to provide care, including information about other insurance coverage.
- To follow plans and instructions for care that they have agreed to with their practitioners.
- To understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

The complete list is available on our website at www.amerihealthcaritasnh.com. Go to **Member homepage** and choose **Your rights and responsibilities** (the bottom link on the left).

Partnering in immunization best practices

At AmeriHealth Caritas New Hampshire, we are partnering with our network of clinicians to ensure that your patients and our members are receiving evidence-based vaccination recommendations. Our shared goal is to provide individuals with the tools and resources to protect their own health as well as the health of our communities.

Vaccinations are fully covered by Medicaid in the state of New Hampshire. The schedule illustrated here and on the Department of Health and Human Services website outlines vaccine schedules recommended by the New Hampshire Department of Health and Human Services, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Well-Child Vaccine Schedule

	Birth	1-2 mos.	2 mos.	4 mos.	6 mos.	6-18 mos.	12-15 mos.	12-23 mos.	15-18 mos.	2-3 yrs.	4-6 yrs.	11-12 yrs.	16 yrs.	7-18 yrs.
DTap			✓	✓	✓				✓		✓			
IPV			✓	✓		✓					✓			
MMR							✓				✓			
Hib			✓	✓	✓		✓							
Varicella							✓				✓			
HepB	✓	✓				✓								
PCV13			✓	✓	✓		✓							
Flu (yearly)						✓		✓		✓	✓			✓
HepA								✓						
Meningococcal												✓	✓	
Rotavirus			✓	✓	✓**									
Tdap												✓		
HPV												✓		

**A third dose may be necessary at 6 mos. if using RotaTeq (RV5)
Starting at 6 months after birth, everyone should get an annual flu vaccine and stay up to date on COVID-19 vaccines.
Infants should get an RSV vaccine during cold and flu season.

With resources readily available, providers can work to debunk misinformation in the community. Along with the tools below, your practice can champion science-backed messaging and keep the community healthy.

Communicating with Families and Promoting Vaccine Confidence

- The American Academy of Pediatrics has created a tool kit that shares strategies, communication aids, and social media infographics to support communication around the science of vaccinations.

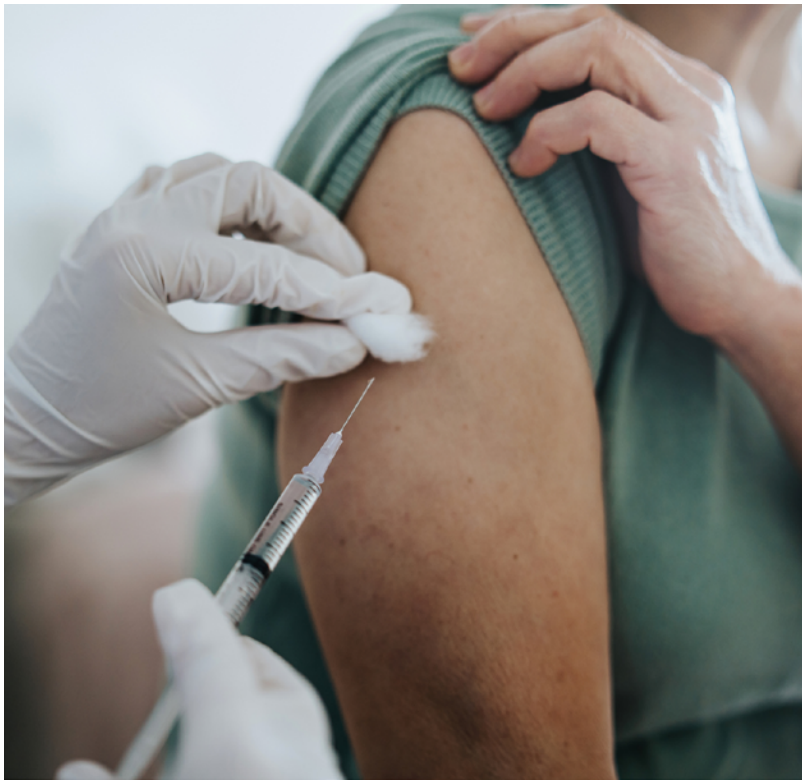
VaccineInformation.org

- VaccineInformation.org is a resource from Immunize.org. This resource shares stories of loss due to vaccine-preventable conditions, public service announcements, and educational materials.

Vaccine Education Center

- The Vaccine Education Center at Children's Hospital of Philadelphia provides a variety of resources. They are a member of the World Health Organization's Vaccine Safety Net as they meet criteria for credibility and content as defined by the Global Advisory Committee on Vaccine Safety. They offer a variety of resources, with information about topics ranging from measles to Tylenol, to share with patients and their loved ones regarding vaccine science and safety. This includes Parents PACK, a tool kit to support a dialogue with families.

At AmeriHealth Caritas New Hampshire, we continue to provide our members with these best practices through our Member Newsletter and through our social media campaigns. Our Population Health team provides outreach in support of prevention and vaccination through digital campaigns and during Care Management calls.



We also provide our members with incentives for immunizations – from infants to seniors. Our goal is to utilize these incentives to promote healthy behaviors while providing our members with resources for healthy foods, baby care, over-the-counter medications, and home health supplies. Through our CARE Card program, members can earn the following:

- **$20** for an annual flu shot
- **$20** for the RSV vaccine between 32 to 36 weeks of pregnancy or at age 60+
- **$25** by the second birthday if the member has had all 10 required immunizations
- **$50** if Tdap, meningococcal, and HPV vaccinations are received by a member's 13th birthday

Together, we can help to protect those we serve and our communities by supporting vaccination programs rooted in evidence-based medicine.

Well-child visits: tools and incentives for closing the gap

At AmeriHealth Caritas New Hampshire, ensuring that the children in our community receive the care they need is of the utmost importance. With evidence-based tools and incentive programs that keep you, your patients, and your practice in mind, together we can improve the Well-Child Visit Care Gap in 2026.

CARE Card and practice incentives

Remind patients at every visit that they receive incentives directly to their CARE Cards whenever they complete specific wellness activities – including the well-child visits.

Below is a list of incentives by age group that earn dollars for patients to apply toward anything from healthy foods to over-the-counter medications.

- For infants and toddlers:
  - **$25** for all 6 infant well-visits by 15 months old
  - **$25** for all 10 required vaccines by 24 months
  - **$25** after the first lead screening
  - **$25** after the second lead screening
  - **$30** for a health risk assessment each year

- For children and teens:
  - **$20** for an annual flu vaccine
  - **$30** for a health risk assessment each year
  - **$30** for an annual check-up
  - **$50** for the recommended preteen vaccines by the 13th birthday

These rewards can go a long way to **pay for everyday needs**, like toothpaste, body wash, fruits and vegetables, and so much more!

Your practice can receive additional reimbursement for providing well-child visits beyond the evaluation and management (E&M) code for the visit. Review the chart below to see how.

Code	Amount earned per patient	What needs to be done
96160	$14.39	A focused health risk assessment, which includes but is not limited to, screenings for social determinants of health (SDOH), lead risk assessments, tuberculosis risk factor assessments, or the asthma control test.
96110	$5.48	Administration and interpretation of developmental screening.
96127	$3.50	Assessment for emotional or behavioral needs, such as ADHD, depression, or anxiety.

Provider outreach and follow-up

The well-child visits are essential to ensure children have an early, comprehensive start on the path to whole health.

To ensure your patients stay on track, be sure to use the tools available to you in NaviNet. Here you can reach out to them regarding upcoming or missed appointments and even assist with things that may be getting in the way.

If you have any patients with care needs such as diabetes, asthma, trouble getting to appointments, etc. please reach out through the "Let Us Know" Member Intervention Request Form found on our website. From the homepage, click **Providers** > **Resources** > **Let Us Know**.

Building trust to strengthen well-child visits

The importance of well-child visits in pediatric care

Well-child visits serve as a fundamental component of pediatric care, giving health care providers essential opportunities to monitor children's growth and development, deliver preventive services, and foster trusted relationships with families.

These visits are particularly significant for addressing disparities in preventive care. For example, a 2020 study within a large health care system found that 71% of white children were up to date with their well-child visits, compared to only 64% of Hispanic/Latino children and 59% of Black children.[1] For Black/African American children, well-child visits also present critical moments to address disparities in timely immunizations and other preventive screenings. By prioritizing culturally responsive communication and patient-centered care, providers can help improve adherence to recommended visits, reduce health inequities, and support healthier futures.[2]

Challenges and barriers to preventive care

Preventive care in childhood is essential for encouraging healthy growth, facilitating early screenings, and ensuring children receive timely immunizations consistent with national recommendations.[3] Yet, racial and ethnic disparities in preventive care persist. Black/African American children are less likely to be fully immunized by age two, compared with their white and Latino peers.[4,5] This gap may be caused by mistrust of the health care system, transportation issues, and scheduling problems, which can lead not only to vaccine delays but also to missed well-child visits.[6] Each visit becomes more than just a routine checkup. It is an opportunity for providers to build trust, address family concerns, and equip parents with the information needed to support their child's health.[7]

Five strategies for building trust and strengthening well-child visits

1. **Review care gaps by race and ethnicity.** Examine your practice data by race and ethnicity to identify missed visits, incomplete vaccinations, or other disparities. Pay particular attention to vaccines, such as DTaP and flu, as these often reflect broader gaps in preventive care.[5]

2. **Acknowledge mistrust.** Recognize that families may have concerns rooted in historical and ongoing inequalities. Responding with empathy and clear explanations can help build trust.[8]

3. **Connect preventive care to family priorities.** Go beyond simply saying vaccines are "safe and effective." Frame the benefits in ways that resonate with parents. For example, "This helps keep your child healthy, in school, and protected from serious illnesses."[7]

4. **Address practical barriers.** Engage families in conversations about challenges they encounter with transportation, time off work, or scheduling. Providing solutions such as flexible hours, reminders, and connections to ride assistance programs can make a significant impact.[6]

5. **Create space for open dialogue.** Encourage questions and listen closely to family concerns about vaccines, nutrition, or development. Dialogue, instead of one-way information, helps build confidence and makes guidance more meaningful.[7]

Well-child visits provide essential opportunities to build trust, overcome barriers, and fill care gaps. By communicating clearly and remaining attentive to the unique challenges faced by Black/African American families, providers can help ensure every child has the chance to grow up healthy and supported.

1. Amanda Luff, et al., "Attendance patterns in well-child visits across diverse pediatric populations, Midwestern United States," *Preventive Medicine Reports*, Vol. 54, Article 103082, June 2025, https://doi.org/10.1016/j.pmedr.2025.103082, accessed February 13, 2026.
2. Joseph F. Hagan, Jr., et al. (Eds.), *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th ed.), American Academy of Pediatrics, 2017.
3. Centers for Disease Control and Prevention. (2026). *Child and Adolescent Immunization Schedules*. https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html [cdc.gov], accessed February 16, 2026.
4. Cierra Buckman, et al., "The influence of local political trends on childhood vaccine completion in North Carolina," *Social Science & Medicine*, Vol. 260, Article 113187, September 2020, https://doi.org/10.1016/j.socscimed.2020.113187 [doi.org], accessed February 13, 2026.
5. Trisha C. Parker, et al., "Rotavirus vaccination rate disparities seen among infants with acute gastroenteritis in Georgia," *Ethnicity & Health*, Vol. 22, No. 6, pp. 585-595, October 14, 2016, https://www.tandfonline.com/doi/full/10.1080/13557858.2016.1244744, accessed February 13, 2026.
6. Lavanya Vasudevan, et al., "Vaccine hesitancy in North Carolina: The elephant in the room?" *North Carolina Medical Journal*, Vol. 82, No. 2, pp. 130-137, March 1, 2021, https://doi.org/10.18043/ncm.82.2.130 [doi.org].
7. Monica Schoch-Spana, et al., "The public's role in COVID-19 vaccination: Human-centered recommendations to enhance vaccine acceptance, uptake, and equity," *Vaccine*, Vol. 39; No. 40, pp. 6004-6012, September 24, 2021, https://doi.org/10.1016/j.vaccine.2021.09.012 [doi.org], accessed February 13, 2026.
8. Giselle Corbie-Smith, "Vaccine hesitancy is a scapegoat for structural racism," *JAMA Health Forum*, Vol. 2; No. 3, Article e210434, March 25, 2021, https://doi.org/10.1001/jamahealthforum.2021.0434 [doi.org], accessed February 13, 2026.

The importance of syphilis screenings during pregnancy

In 2024, The American College of Obstetricians and Gynecologists (ACOG) underscored a report from the Centers for Disease Control and Prevention (CDC) that revealed a 755% increase in cases of congenital syphilis had occurred between 2012 and 2021.[1,2] As the rates of congenital syphilis in the U.S. continue to rise, it is imperative that birthing people are tested regularly throughout their pregnancy journey. ACOG's latest advisory updated their syphilis testing advisory, recommending "all pregnant individuals [be tested] serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth, rather than use a risk-based approach to testing."[3]

Additionally, The American Academy of Pediatrics (AAP) has updated its guidance as well. Despite varying testing mandates across the country, the AAP Red Book states, "No newborn infant should be discharged from the hospital without confirmation of the birthing parent's serologic status for syphilis."[4,5]

A 2024 report from the CDC found significant disparities in congenital syphilis rates across different racial and ethnic groups. For example, "Infants born to American Indian/Alaska Native parents had a rate of about 681 cases per 100,000 live births, while rates were lowest for Asian families at nine cases per 100,000 births. Data also showed Black infants represented 30% of all cases while making up just 14% of live births."[6]

The same report revealed that "about 43% of birth parents had no documented timely test, and about 23% had no documented treatment."[6]

As gatekeepers of health, providers have a vital role in reducing congenital syphilis rates and mitigating its risks and effects. Providers also have the task of educating patients on the risks associated with congenital syphilis and stressing the importance of regular testing. Adverse pregnancy outcomes occur in 50% to 80% of pregnancies affected by syphilis.[7]

Serious complications of congenital syphilis may include:

- Miscarriage or stillbirth
- Premature birth
- Low birth weight
- Severe anemia
- Blindness or deafness

Many factors can influence pregnancy and birth outcomes, but consistent syphilis screening offers a practical step toward prevention. It remains vital for all professionals involved in obstetric care to prioritize frequent patient testing throughout the birthing journey.

1. "Screening for syphilis in pregnancy," American College of Obstetricians and Gynecologists (ACOG) Practice Advisory, April 2024, https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy#:~:text=endorse%20this%20document, accessed February 13, 2026.
2. Centers for Disease Control and Prevention (CDC), "U.S. Syphilis Cases in Newborns Continue to Increase: A 10-Times Increase Over a Decade," November 7, 2023, https://www.cdc.gov/media/releases/2023/s1107-newborn-syphilis.html, accessed February 13, 2026.
3. American College of Obstetricians and Gynecologists (ACOG), "Screening for Syphilis in Pregnancy: Updated ACOG Recommendation," Reaffirmed October 2025, https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy#s1, accessed February 13, 2026.
4. "Syphilis," in David W. Kimberlin, et al. (eds.), Red Book: 2024-2027 Report of the Committee on Infectious Diseases (33rd ed), Committee on Infectious Diseases, American Academy of Pediatrics, April 2024, pp. 825-841.
5. Melissa Jenco, "CDC: Congenital syphilis cases rose 740% over a decade," AAP News, American Academy of Pediatrics, November 13, 2024, https://publications.aap.org/aapnews/news/30741/CDC-Congenital-syphilis-cases-rose-740-over-a, accessed February 13, 2026.
6. "Sexually Transmitted Infections Surveillance, 2024 (Provisional)," Centers for Disease Control and Prevention (CDC), September 24, 2025, https://www.cdc.gov/sti-statistics/annual/index.html, accessed February 13, 2026.
7. Shelun Tsai, et al., "Syphilis in pregnancy," Obstet Gynecol Surv, Vol. 74, No. 9, pp. 557-564, September 2019, https://pubmed.ncbi.nlm.nih.gov/31830301/, accessed February 13, 2026.

Staying on top of medicine updates

The Pharmacy and Therapeutics (P&T) Committee at AmeriHealth Caritas New Hampshire meets four times a year to review and vote on changes to the Preferred Drug List, including which medicines to add or remove.

Prescribing practitioners are notified within 30 calendar days in advance of Preferred Drug List updates, but if you miss a notice, you can find current and past updates on our website, www.amerihealthcaritasnh.com. Updates on coverage, authorization, billing, quality, system, and safety topics can also be found here.

Looking for a specific drug list update? Visit our Newsletters and Updates page and scroll down to "Provider updates" to browse recent notices by date.

Looking for prescription benefits for a member? Visit the Pharmacy and prescription benefits page on the member side of our website to review prescription benefits with your patient.

Need our most up-to-date Preferred Drug List? You can access our most up-to-date Preferred Drug List for the latest information about our prescription drug benefits. If you have any questions, please call PerformRX Pharmacy Provider Services at **1-888-765-6394**, 24 hours a day, seven days a week.

Get rewarded for value-based care

Your great care doesn't go unnoticed. With the AmeriHealth Caritas incentive program, you can feel even better about going the extra mile.

With this program, you can bring in additional dollars to help your practice when you close critical care gaps for patients.

Some highlighted HEDIS Measures include:

- HEDIS Glycemic Status Assessment for Patients With Diabetes (GSD)
- HEDIS Blood Pressure Control for Patients With Diabetes (BPD)
- HEDIS Controlling High Blood Pressure (CBP)

Primary care and prevention-focused care reminder

Providers can also qualify for incentives under our Primary Care and Prevention Focused Care (PCPFC) Model.

Encourage patients to seek care for targeted care gaps, and other important visits like their annual well visit, with their primary care provider. They'll continue to develop meaningful relationships with you as their PCP, and you will earn more dollars for your practice.

Every care gap matters

When treating incentivized care gaps, take the opportunity to speak to members about other items of concern. For example, cervical cancer screenings, while not currently eligible for our incentive program, are another priority care gap to address. With your patient already in your office, health will likely and their mind, allowing you to open a seamless discussion about other areas of care.

Closing care gaps is a vital part of our approach to wellness at AmeriHealth Caritas New Hampshire. We appreciate you and everything you do to provide quality care to your patients and our members.

For more information, review HEDIS and Care Gaps and reach out to your Provider Network Management team for details on codes.

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 choices 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 term used to describe a category of people who share certain physical traits, such as skin color, hair color and texture, or eye color. Race, as popularly understood, divides human populations into groups based on physical factors. 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
  *Please be aware that some people consider "American Indian" outdated. While it may be necessary to use when collecting data, when speaking to an individual, refer to them using the terms they use to identify themselves.[2]
- Asian

- Black/African American
- Pacific Islander/Native Hawaiian
- White
- Middle Eastern/North African

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 achieving 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.

Several laws, like the 1964 Civil Rights Act, Title III of the Americans with Disabilities Act (ADA) and Section 1557 of the Patient Protection and Affordable Care Act (ACA), require medical facilities, doctors, and other health care providers to implement a language access program. Independent of this, patient satisfaction, care adherence, and other positive benefits result when patients can access services in their preferred language.

How do we collect this information?

- AmeriHealth Caritas New Hampshire requests that our contracted provider network voluntarily share their REL data, as well as their office support staff's languages.
- AmeriHealth Caritas New Hampshire requests and collects network provider REL data using the same Office of Management and Budget (OMB) categories used to collect members' REL.

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 AmeriHealth Caritas New Hampshire provider directory.
- Provider's language, staff's language, and additional language services are also available through the provider directory.
- Information on race and ethnicity is only made available to members upon request.

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 outcomes5 and reduce health expenditures.[6]

Additional resources

Marcella Alsan et al., "Does Diversity Matter for Health? Experimental Evidence from Oakland," *American Economic Review,* Vol. 109, No. 12, December 2019, pp. 4071-4111.

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

Sherman A. 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, e00104416.

Rachel L. 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 W. 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 H. 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.

1. "Race," National Human Genome Research Institute, June 10, 2026, https://www.genome.gov/genetics-glossary/Race, accessed June 10, 2026.
2. "Race-Related Coverage," AP Stylebook, Associated Press, https://www.apstylebook.com/ap_stylebook/race-related-coverage, accessed June 2, 2026.
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://link.springer.com/article/10.1007/s40615-022-01435-y, accessed June 10, 2026.
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://link.springer.com/article/10.1007/s40615-017-0350-4, accessed May 16, 2025.
5. "Do Black Patients Fare Better With Black Doctors?" American Association of Medical Colleges, June 6, 2023, https://www.publicnow.com/view/88C892D6B8FE5551C89887F702CC113CE3260E5F?1686149279, accessed June 10, 2026.
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.

Social determinants of health and low birth weight: what providers need to know

Low birth weight is a significant health concern

Low birth weight (LBW), defined as a neonatal weight of less than 5 pounds, 8 ounces, affects 1 in 12 infants (8.5%) in the United States and is widely recognized as a public health concern.[1] Infants with LBW are considered to be at elevated risk for infant mortality, developmental delays, and long-term health complications. Common medical concerns associated with LBW include the need for specialized intensive care due to conditions such as respiratory distress syndrome, intraventricular hemorrhage (IVH), patent ductus arteriosus, necrotizing enterocolitis, retinopathy of prematurity, jaundice, and infections. These babies may also face other health conditions later in life which may include diabetes, heart disease, high blood pressure, intellectual and/or developmental disabilities, metabolic syndrome, or obesity.

How SDOH can affect birth weight

While the clinical complications of LBW are well understood, what is often less recognized is the critical role that social determinants of health (SDOH) play in driving these outcomes. Providers are uniquely positioned to identify and address these factors during pregnancy.

Social determinants of health, as defined by the World Health Organization, comprise the circumstances in which individuals "are born, grow, live, work, and age."[2] Pregnant individuals are especially vulnerable to

adverse outcomes related to unmet basic needs within these domains. When basic social, economic, and environmental needs remain unfulfilled, the likelihood of LBW increases:[3]

- **Access to basic needs:** Lack of stable housing, nutritious food, safe water, and reliable transportation impacts maternal health and prenatal care.
- **Stress and mental health:** Maternal stress, domestic violence, language barriers, and limited social support increase biological and behavioral risks.
- **Environmental exposures:** Pollution, unsafe neighborhoods, and poor working conditions contribute to adverse birth outcomes.
- **Structural inequities:** Limited access to high-quality, culturally responsive care prolongs disparities, especially among minority and underserved populations.

Ways that providers can intervene

Clinical interventions alone cannot address the multifactorial origins of low birth weight. However, through comprehensive prenatal care, providers can play a pivotal role in mitigating the impact of SDOH on birth weight:[4]

- **Screening:** Systematically incorporate SDOH screening into prenatal visits to identify needs related to housing, nutrition, transportation, and mental health at an early stage.
- **Connection:** Establish partnerships with community organizations to link patients to resources (e.g., food assistance, housing support, transportation services, counseling).
- **Education:** Offer targeted provide education on nutrition, stress management, and health literacy to empower patients through pregnancy,
- **Advocacy:** Champion policy and program changes that expand access to maternal health services, reduce inequities, and improve long-term outcomes.

Benefits of addressing SDOH

Delivering culturally competent care – including language access, respectful communication, and awareness of systemic barriers – empowers pregnant individuals to be more open about their actual needs and stay on top of getting the care they need throughout their pregnancy. Building trust encourages pregnant individuals to be proactive with their conversations about risks and supports better care coordination.[5]

Low birth weight is not only a clinical complexity, but it also has roots in the social, economic, and environmental conditions that are affecting pregnant individuals. Through collaboration and integrating SDOH into clinical care, health care providers and community partners can help reduce disparities in birth outcomes, improve maternal health and infant survival, and strengthen families and communities in the long term.

1. "Low Birthweight," March of Dimes, June 2021, https://www.marchofdimes.org/find-support/topics/birth/low-birthweight, accessed February 13, 2026.
2. "Social determinants of health," World Health Organization, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1, accessed February 13, 2026.
3. Guillermina Girardi, et al., "Social determinants of health in pregnant individuals from underrepresented, understudied, and underreported populations in the United States," *Int J Equity Health*, Vol. 22, No. 186, September 6, 2023, https://doi.org/10.1186/s12939-023-01963-x, accessed February 13, 2026.
4. "Social Determinants of Health: Improving Maternal and Infant Health requires more than clinical care," Progeny Health, https://info.progenyhealth.com/sdoh, accessed February 13, 2026.
5. Jon-Michial Carter, "Why Cultural Competence is Essential to Delivering Patient-Centered Care, " Chartspan, updated February 23, 2025, https://www.chartspan.com/blog/why-cultural-competence-is-essential-to-delivering-patient-centered-care/#:~:text=Embedding%20cultural%20competence%20into%20everyday,informed%20by%20understanding%20and%20respect.

New Hampshire communication access profile

At AmeriHealth Caritas New Hampshire, we strive for the best possible service for both our members and providers. The ability to communicate is the foundation of creating trusting relationships between providers and members, and sometimes accommodations are needed to make that possible.

Communication access services include interpretation (spoken word), translation (written word), Braille, sign language, and other auxiliary services such as, but not limited to, teletypewriter or telehealth communications for the deaf (TTY/TDD). In addition, communication access is required by Title VI of the Civil Rights Act and the Americans with Disabilities Act.

We know you are busy providing quality services so we wanted to provide you with a language profile of New Hampshire residents to help you anticipate encounters where communication access services may be needed to ensure effective communication.

New Hampshire	AmeriHealth Caritas New Hampshire Members
Top 10 languages spoken at home* other than English: 1. Spanish 2. French 3. Chinese 4. German 5. Portuguese 6. Nepali 7. Arabic 8. Greek 9. Russian 10. Vietnamese ***Note:** Languages spoken at home indicates bilingual/multilingual ability, not necessarily a need for interpretation or translation services. **Source:** The Demographic Statistical Atlas	**Top 5 spoken languages other than English:** 1. Spanish 2. French 3. Swahili 4. Nepali 5. Portuguese **Source:** AmeriHealth Caritas Member Demographic Dashboard, April 2026 **Top 5 interpretation requests:** 1. Spanish 2. Swahili 3. Arabic 4. Kinyarwanda 5. French **Source:** Language Services Associates, April 2026

According to the American Foundation for the Blind, approximately 26,000 Granite Staters report vision difficulty. Members with vision difficulty may need a larger font or material translated into Braille. Almost 5% of New Hampshire residents report having a hearing disability (e.g., deaf or hard of hearing); these members may need a sign language interpreter or an assistive listening device.

Effective communication contributes to high-quality care and fewer follow-up visits or readmissions. A benefit of being part of AmeriHealth Caritas New Hampshire's provider network is that we make our interpretation and translation vendors' corporate pricing available to you. Call Provider Services at **1-888-599-1479** to learn more about this benefit.

Practitioner rights in the credentialing process

At AmeriHealth Caritas New Hampshire, we want every provider to know their rights during the credentialing and recredentialing process.

The right to review information

You have the right to review information from outside sources, such as malpractice insurance carriers or state licensing boards, that was obtained to support your credentialing application. Please note, this excludes references, recommendations, and peer-review protected information.

You also have the right to be informed of the status of your application upon request.

Responses will be communicated to you via email or phone call within 24 business hours of receipt of the request.

All requests for status must be made in writing by email, letter, or fax to Provider Services at

Email:

amerihealthcaritasnh@amerihealthcaritas.com

Mail:

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

Fax:

Attn: AmeriHealth Caritas New Hampshire
Credentialing Department
1-215-863-6369

The right to correct erroneous information

If the information obtained by the Credentialing Department varies substantially from the information provided, you'll receive either a written notification or a call from the Provider Services team within seven business days.

You have the right to correct this information within 10 business days of receipt to keep the application process moving. You may do this by:

- Providing written confirmation this information has been received.
- Providing written confirmation explaining the discrepancy or an amended application.

Receipt of the corrected information will be documented in the credentialling database.

The right to be notified and appeal if necessary

After the Medical Director Review or Credentialing Committee comes to a decision, you will be notified within:

30 calendar days for initial credentialing decisions

5 calendar days for recredentialing decisions

Any denial may be appealed withing 30 calendar days of receiving the written notification of the decision.

It's important to us that this information is available for you to access whenever necessary. If you need more information on any of the details above, please contact AmeriHealth Caritas New Hampshire's Credentialing Department.

Mail:

Attn: AmeriHealth Caritas New Hampshire
Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113
amerihealthcaritasnh@amerihealthcaritas.com

Maintaining and sharing member health records

AmeriHealth Caritas New Hampshire is proud to offer a network of providers who understand that quality care encompasses the whole patient experience – including their records. Our comprehensive standards for maintaining and sharing member health records ensure the safety of our members, providers, and the organization as a whole.

Health records are maintained in an organized and secure manner to support timely retrieval, continuity of care, and protection of confidential information.

All practitioners, providers, and any staff handling medical records in our network must:

- Maintain member health records appropriately and in line with professional standards.
- Share member health records as needed and in accordance with professional standards.

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

- Patient's name and/or ID number is on each page
- Personal biographical data is included
- Author identification is provided for all entries
- Entries are dated
- Records are legible
- Significant illnesses and medical conditions are on the problem list
- Medication allergies and adverse reactions are prominently noted
- Past medical history is provided for patients seen three or more times
- Appropriate notation on substance use is included for patients 12 years and older
- Consistent working diagnoses are identified with findings
- Treatment plans are consistent with diagnoses
- Laboratory and other studies are ordered as appropriate
- Preventive services and risk screenings are documented

Maintaining these standards ensures that our patients' care remains effective, confidential, and of the utmost quality.

Clinical practice guidelines

AmeriHealth Caritas New Hampshire adopts evidence-based clinical practice guidelines to support quality, safe, and effective care for our members.

Clinical practice guidelines are made available to practitioners who are likely to use them, and practitioners are notified through provider communications of the availability of clinical practice guidelines online.

Guidelines and related updates are shared through the Provider Manual, provider communications, and the organization's website.

Medical record standards and clinical practice guidelines are available on the Clinical Resources page of the AmeriHealth Caritas New Hampshire website. From the homepage, click **Providers > Resources > Clinical Resources.** Copies are available upon request from Provider Services or your Account Executive.

Members and potential members may request copies of clinical practice guidelines at any time.

Printed copies are available upon request for individuals who do not have electronic access. Contact Provider Services or your Account Executive.

Get online medical authorizations through NaviNet

AmeriHealth Caritas New Hampshire has worked with AmeriHealth Caritas New Hampshire has worked with NantHealth | NaviNet to bring you Medical Authorizations – a robust, intuitive, and streamlined online authorizations workflow.

In addition to submitting new authorizations and inquiring on existing authorizations, you will also be able to:

- Verify if no authorization is required
- Receive auto-approvals, in some circumstances
- Submit an amended authorization
- Attach supplemental documentation Sign up for in-app status-change notifications directly from the health plan
- Access a multi-payer authorization log
- Submit inpatient concurrent reviews online if you have Health Information Exchange (HIE) capabilities (Fax is no longer required.)
- Review inpatient admission notifications and provide supporting clinical documentation

Want to learn more about Medical Authorizations? Video tutorials and step-by-step instructions will be available via the NaviNet Plan Central page and the NantHealth Help Center.

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 updated with us also helps us communicate with you.

To keep your information updated: 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 or special needs

And 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, use the Provider Change Form, call Provider Services at **1-888-599-1479**, or use your letterhead to fax Provider Services at **1-833-609-2264**. The online directory is updated daily Monday through Friday.

Useful resources at your fingertips

As an AmeriHealth Caritas Provider, there are multiple resources at your disposal to ensure you have the tools you need to offer high-quality care.

Please visit our website and head to the Provider Manuals and Forms page for the most up-to-date documents for your practice, your patients and essential contact information.

Find forms such as: Obstetrical Needs Assessment Form, Health Risk Assessment Form (HRA), vital Behavioral Health request forms, and the essential Let Us Know: RROT Member Intervention Request Form.

If you have any questions about these materials or about AmeriHealth Caritas New Hampshire, call Provider Services at **1-888-599-1479**, or contact your Account Executive.

Keep care accessible with Coordinated Transportation Solutions

We all want to make it easier to provide access to care for our members. That includes helping to remove transportation barriers.

As a provider, you can remind members that if they have no other means of transportation to or from non-emergency medical visits, they can call Coordinated Transportation Solutions (CTS) at **1-833-301-2264 two days before their trip**.

CTS provides support both before and during a trip if the member encounters any issues. CTS can help with a replacement vehicle, rescheduling the return trip, or other transportation needs. This help is available to them even on the day of the trip if necessary.

In addition, when members coordinate their own ride to appointments, they can be reimbursed $0.72/mile if they call at least two days before their trip.

Using CTS services helps improve the member experience and provides additional training to our CTS teams. Every call helps keep this essential resource supportive and easy to use.

Reminder: ECHO series

The ECHO program at AmeriHealth Caritas New Hampshire offers CME-accredited continuing education. In the past, we have offered behavioral health-related topics such as integrated health, refugee health and wellness, behavioral health equity, opioids and benzodiazepines. Stay tuned or connect with us at projectecho@amerihealthcaritas.com for upcoming ECHO programs.

Access to care

AmeriHealth Caritas New Hampshire requires that medically necessary services included in its Medicaid contract be available 24 hours a day, seven days a week. This means that, outside of normal business hours, members must still have access to quality care via answering services that connect to PCPs or the on-call provider via the provider's daytime telephone number. For emergencies, these services must direct members to either **911** or the nearest emergency room.

Hours of operation

Per NCQA standards and AmeriHealth Caritas New Hampshire provider guidelines, AmeriHealth Caritas New Hampshire requires that practitioners' hours of operation offered to Medicaid members are no less than those offered to commercial members. Please review your scheduling policies to ensure alignment with this requirement.

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- Click **Submit**.
- Watch for a confirmation email in your inbox.

Your information will be kept confidential.
We encourage all providers to register.

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