



**NH Department of Health and Human Services
New Hampshire Medicaid Program
July 21, 2020 (Updated)**

The table below describes administrative protocols for New Hampshire Medicaid’s Fee-for-Service (FFS) program and its three Managed Care Organizations (MCO) during the COVID-19 Public Health State of Emergency. The below protocols apply to Medicaid covered services rendered by NH Medicaid enrolled providers participating with FFS and/or one or more of the MCOs, and other providers authorized through [Executive Order #15](#). Unless otherwise prescribed in federal authorities and/or the Governor’s [Executive Orders](#), these protocols shall remain in effect until rescinded or terminated.

ID	Description of Administrative Protocol	Member’s COVID-19 Status	Administrative Protocols for Fee-for-Service, AmeriHealth Caritas New Hampshire, NH Healthy Families, and the Well Sense Health Plan, referred to as NH Medicaid Payers below
Physical and Behavioral Health Services			
PBH-1	Prior Authorization - Telehealth Services	Confirmed COVID-Positive Members	NH Medicaid Payers do not require prior authorization for covered services; however, practitioners are ineligible to bill for services outside their scope of practice in accordance with Executive Order #8 .
		All Other Members	
PBH-2	Care Management Support	Confirmed COVID-Positive Members (including COVID-related exposures)	NH Medicaid Payers conduct related care management follow-up, including care transition coordination through analysis of medical and pharmacy claims, as well as Admission/Discharge/Transfer (ADT) reports.
		All Other Members	Payers and providers shall utilize standard operating procedures at this time.
PBH-3	Prior Authorization - Care Transitions, Including Coordination of Members Redirected to Alternative Settings	Confirmed COVID-Positive Members (including COVID-related exposures)	NH Medicaid Payers temporarily waive prior authorization for care transition admissions. However, payer notification is required (except NH Medicaid FFS) to help identify the need for care management support.
		All Other Members	Payers and providers shall utilize standard operating procedures at this time.
PBH-4	Prior Authorization - EPSDT Services	Confirmed COVID-Positive Members	NH Medicaid Payers require prior authorization for services not specifically listed as a State Plan benefit.
		All Other Members	



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Physical and Behavioral Health Services, Continued			
PBH-5	Prior Authorization - Physical Health Services (e.g., routine and specialty care visits) (excluding prescriptions)	Confirmed COVID-Positive Members	NH Medicaid Payers have relaxed prior authorization timelines to allow for backdated requests and concurrent or retrospective review within 60 days of rendered service dates. Contact the Medicaid Payer for more information.
		All Other Members	Payers and providers shall utilize standard operating procedures at this time.
PBH-6	Prior Authorization - All Other Physical Health Services (e.g., PT/OT/ST, out-of-network services, imaging and surgical procedures) (excluding prescriptions)	Confirmed COVID-Positive Members	NH Medicaid Payers have relaxed prior authorization requirements to allow for backdated requests and concurrent or retrospective review within 60 days of rendered service dates. Contact the Medicaid Payer for more information.
		All Other Members	Payers and providers shall utilize standard operating procedures at this time.
PBH-7	Prior Authorization - Behavioral Health Services (excluding prescriptions)	Confirmed COVID-Positive Members	Payers and providers shall utilize standard operating procedures at this time.
		All Other Members	
PBH-8	Prior Authorization - Inpatient Admissions	Confirmed COVID-Positive Members	NH Medicaid Payers require notification of inpatient admissions, including diagnosis and estimated date of discharge. Contact the Medicaid Payer for more information.
		All Other Members	Payers and providers shall utilize standard operating procedures at this time.



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Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DME/POS)			
DME-1	Oxygen, Equipment and Supplies	Confirmed COVID-Positive Members	NH Medicaid Payers temporarily waive prior authorization for oxygen, equipment and supplies. Proof of delivery is required via text, email, photograph or confirmed shipment receipt from third-party carriers.
		All Other Members	
DME-2	Other DME/POS (excluding custom equipment, prosthetics and orthotics; oxygen, equipment and supplies)	Confirmed COVID-Positive Members	<p>NH Medicaid Payers have relaxed prior authorization requirements to allow for backdated requests and concurrent or retrospective review within 60 days of rendered service dates.</p> <p>Prior authorization is waived for certain covered monitoring devices (e.g., blood pressure cuffs and monitors, home blood glucose monitors (including batteries, lancets and test strips), scales))</p> <p>Proof of delivery is required via text, email, photograph or confirmed shipment receipt from third-party carriers. Extended quantity limits may be permitted dependent upon member health risk and vendor recommendations. Proof of delivery is required via text, email, photograph or confirmed shipment receipt from third-party carriers.</p> <p>Contact the Medicaid Payer for more information.</p>
		All Other Members	Payers and providers shall utilize standard operating procedures at this time.
DME-3	Expired Orders	Confirmed COVID-Positive Members	NH Medicaid Payers grant 30-day extensions for medical DME/POS orders that expire during the State of Emergency period. Expired pharmacy orders are ineligible for extensions.
		All Other Members	



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Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DME/POS), Continued			
DME-4	Sleep Studies, Equipment, Devices, and Supplies	Confirmed COVID-Positive Members	NH Medicaid Payers grant home sleep studies and CPAP devices, subject to retrospective medical necessity review within 60 days of the rendered service date during the State of Emergency period.
		All Other Members	
DME-5	Service Edits During Inpatient Stays	Confirmed COVID-Positive Members	NH Medicaid Payers waive place of service edits. Proof of delivery is required via text, email, photograph or confirmed shipment receipt from third-party carriers.
		All Other Members	
DME-6	Timely Filing of Claims	Confirmed COVID-Positive Members	NH Medicaid Payers extend timely claim filing 180-days from the date of service (DOS).
		All Other Members	
DME-7	Assistive Technology and Equipment	Confirmed COVID-Positive Members	NH Medicaid Payers authorize fittings for assistive technologies through use of remote telehealth technology, whenever practical. However, when equipment measurement is required for complex fittings (e.g., wheelchair), telehealth remote technology is generally not appropriate.
		All Other Members	
DME-8	Non-par or Out-of-Network Provider Orders	Confirmed COVID-Positive Members	NH Medicaid Payers permit non-participating and out-of-network providers to order durable medical equipment; however, rendering providers must minimally have a temporary State license.
		All Other Members	



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DME-9	Early Medical Supply Refills	Confirmed COVID-Positive Members	NH Medicaid Payers permit early fills of medical supplies for a maximum day supply of 30 days with a provider's order.
		All Other Members	
Prescription Drugs			
RX-1	Prior Authorization - Covered Prescriptions	Confirmed COVID-Positive Members	<p>During the State of Emergency period, NH Medicaid Payers:</p> <ul style="list-style-type: none"> • Waive prior authorization for generic non-controlled behavioral health drugs • Extend prior authorizations for 90 days for currently prescribed drugs scheduled to expire during the Emergency period, excluding certain drugs for a specific course of treatment (e.g., Hepatitis) • Maintain drug safety edits • Waive prior authorization for Actemra® and Kevzara® <p>Contact the Medicaid payer for more information.</p>
		All Other Members	
RX-2	Covered Prescription Refills	Confirmed COVID-Positive Members	<p>For covered prescriptions, NH Medicaid Payers:</p> <p>Controlled Substances (Schedules II-IV):</p> <ul style="list-style-type: none"> • Review each request for clinical appropriateness given the high risk of overdose with the opioid epidemic, and • Consider the CDC recommendation of having a 14-day supply on hand during the current state of emergency. <p>Non-controlled Substances and Controlled Substances (Schedule V):</p> <ul style="list-style-type: none"> • Allow a one-time early refill over-ride for current prescriptions. <p>Contact the Medicaid payer for more information.</p>
		All Other Members	



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Revision History

Activity Date	Version	Description of Activity	Author	Approved By
7/20/2020	7/21/2020	Expanded opening paragraph to acknowledge federal authorities; telehealth in accordance with Executive Order #8	S. Iacopino	H. Lipman