

April 2019

For all providers

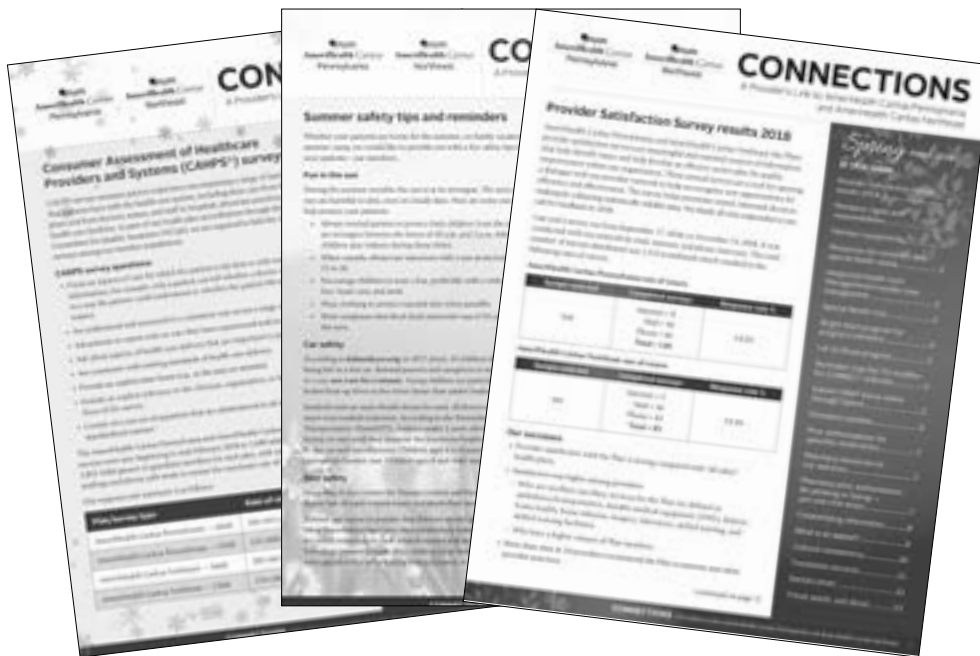
AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast are reaching out to you to gather your thoughts and opinions about our triannual provider newsletter, *Connections*. Our goal in Provider Communications is to continually strive to improve the methods we use to connect with our provider network and to ensure our information is effective, timely, and helpful to you.

Connections is published in March, July, and December. To view the newsletter, go to www.amerihealthcaritaspa.com or www.amerihealthcaritasnortheast.com → **Providers** → **Communications** → **Provider newsletters**.

If you are already familiar with *Connections*, or even if you are reviewing it for first time, we invite you to take a quick and easy online survey regarding your experience accessing the newsletter and your opinion of its content. Your feedback will have a direct impact on how we create and distribute the newsletter going forward. We value your honest evaluation.

Please begin your survey by clicking <https://www.surveymonkey.com/r/C7PCLF5Connections> or by cutting and pasting the link into your browser.

Thank you, in advance, for your participation.



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Our mission

We help people:

Get care.

Stay well.

Build healthy communities.

We have a special concern for those who are poor.

If you have questions about this communication, please contact your provider Account Executive or one of the following departments:

**AmeriHealth Caritas
Pennsylvania
Provider Services
1-800-521-6007**

**AmeriHealth Caritas
Northeast
Provider Services
1-888-208-7370**

For durable medical equipment (DME) providers

DME criteria requirements



The Pennsylvania Department of Human Services (DHS) Bureau of Program Integrity retrospectively monitors and reviews services to ensure they comply with Medical Assistance (MA) regulations. As part of this monitoring process, AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast's (the Plan's) network providers' paid claims and the DHS encounters are validated, and pertinent medical and/or financial records are reviewed to ensure the Plan made payments properly.

To fulfill our Plan's obligations with the Commonwealth of Pennsylvania, our network DME providers are **required** to adhere to the following from 55 Pa. [Pennsylvania] Code and/or Plan requirements:

55 Pa. Code	
1101.31	Scope. The scope of benefits for which MA recipients are eligible differs according to recipients' categories of assistance, as described in this section.
(a) (3)	Recipients shall exhaust other available medical resources prior to receiving MA benefits.
1101.33	Recipient eligibility
(c)	Other resources. The [Medical Services Eligibility] MSE card lists any other medical coverage a recipient has of which the Department may be aware. However, the provider has the responsibility of attempting to identify and utilize all of the recipient's medical resources before billing the Department as described in § 1101.64 (relating to third-party medical resources (TPR)).
1101.51	
(e)	Record keeping requirements and onsite access. Providers shall retain, for at least 4 years, unless otherwise specified in the provider regulations, medical and fiscal records that fully disclose the nature and extent of the services rendered to MA recipients and that meet the criteria established in this section and additional requirements established in the provider regulations. Providers shall make those records readily available for review and copying by State and Federal officials or their authorized agents. Readily available means that the records shall be made available at the provider's place of business or, upon written request, shall be forwarded, without charge, to the Department. Providers who are subject to an annual audit shall submit their cost reports within 90 days following the close of their fiscal years. If the Department terminates its written agreement with a provider, the records relating to services rendered up to the effective date of the termination remain subject to the requirements in this section.
(2)	Fiscal records. Providers shall retain fiscal records relating to services they have rendered to MA recipients regardless of whether the records have been produced manually or by computer. This may include, but is not necessarily limited purchase invoices, prescriptions, the pricing system used for services rendered to patients who are not on MA, either the originals or copies of Departmental invoices and records of payments made by other third-party payers.

(continued on page 3)

DME criteria requirements (continued from page 2)

1101.64		
(a)	General. Other private or governmental health insurance benefits shall be utilized before billing the MA Program. Providers shall make reasonable efforts to secure from the recipient sufficient information regarding the primary coverages necessary to bill the insurers or programs. The medical resources which are primary third parties to MA include Medicare; CHAMPUS (Civilian Health and Medical Programs of the Uniformed Services); Blue Cross Blue Shield or other commercial insurance; VA benefits; Workers' Compensation; and the like. The information needed to bill third parties includes the insurer's name and address, policy or group I.D. number, and the patient's or the patient's employer's address. When the total amount of payment by the third-party resource is less than the Department's fee or rate for the same service, the provider may bill the Department for the difference by submitting an invoice with a copy of the third party's statement of payments attached. If a third-party resource refuses payment to the provider based on coverage exclusions or other reasons, the provider may bill the Department by submitting an invoice with a copy of the third party's refusal advisory attached.	
1101.75		
(a)	An enrolled provider may not, either directly or indirectly, do any of the following acts:	
(4)	Submit a duplicate claim for services or items for which the provider has already received or claimed reimbursement from a source.	
(5)	Submit a claim for services or items which were not rendered by the provider or were not rendered to a recipient.	
(7)	Submit a claim or refer a recipient to another provider by referral, order or prescription, for services, supplies or equipment which are not documented in the record in the prescribed manner and are of little or no benefit to the recipient, are below the accepted medical treatment standards, or are not medically necessary.	
(8)	Submit a claim which misrepresents the description of the services, supplies or equipment dispensed or provided, the date of service, the identity of the recipient or of the attending, prescribing, referring or actual provider.	
1101.77 Enforcement actions by the Department		
(a)	Departmental determination of violation. The Department may terminate a provider's enrollment and direct and indirect participation in the MA Program and seek restitution as specified in § 1101.83 (relating to restitution and repayment) if it determines that a provider, an employee of the provider or an agent of the provider has:	
(10)	Rendered or ordered services or items which the Department's medical professionals have determined to be harmful to the recipient, of inferior quality or medically unnecessary.	

AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast requirement

1123.55 Oxygen and related equipment		
(d)	A physician shall recertify orders for oxygen at least every 6 months and recertification shall be kept by the provider.	

To view the complete Pennsylvania Code sections, click the links below or cut and paste the URLs into your browser.

Link	URL
Pennsylvania Code, Chapter 1101, General Provisions	https://www.pacode.com/secure/data/055/chapter1101/chap1101toc.html
Pennsylvania Code, Chapter 1123, Medical Supplies	https://www.pacode.com/secure/data/055/chapter1123/chap1123toc.html

Failure to follow the Pennsylvania Code may result in retraction of claims payment.

If you have questions, please contact your ancillary Account Executive. You can find their contact information at www.amerihealthcaritaspa.com or www.amerihealthcaritasnortheast.com → **Providers** → **Communications** → **Account executives** → **Contact an ancillary account executive.**

For dental providers**Opioid programs for dental providers**

Recent reports have revealed dentistry's role in the opioid epidemic, particularly with adolescents. Dentists prescribe about 1 billion–1.5 billion dosage units (pills) of narcotics to patients in the United States, which represents about 12.5 percent of total opioid doses by all U.S. prescribers in 2015.

This may not sound like a major issue, but consider that, in 2015, U.S. dentists prescribed approximately 200 million opioid dosage units for post-op third molar surgeries yet only 50 percent (100 million opioid dosage units) were actually used by patients. The remaining doses were left in the home and available for possible drug diversion.¹

In an effort to be part of the solution, the Plan will be launching a series of programs to create awareness around substance use disorder with viable solutions to reduce prescription opioid-related harm and combat drug diversion. Programs will include:

- Periodic communications.
- Data analysis to determine prescription writing and dispensing outliers.
- Continuing education (CE) program(s) or postings.
- Distribution of the Pennsylvania Guidelines on the Use of Opioids in Dental Practices.
- Webinar on Opioid Use Disorder Behavioral Health.

If you have concerns about possible substance use disorder or need assistance with referrals to behavioral health services, please see our resources at www.amerihealthcaritaspa.com or www.amerihealthcaritasnortheast.com → **Providers → Resources → Behavioral health and substance abuse resources.**

You can also call Dental Provider Services at **1-855-434-9241**.

Additionally, you are reminded to query Pennsylvania's Prescription Drug Monitoring Program (PDMP) (<https://www.health.pa.gov/topics/programs/PDMP/Pages/PDMP.aspx>) prior to prescribing Schedule II-V drugs and report to the PDMP system within 72 hours of dispensing a prescription within this drug classification.

Sincerely,



Jeff Fike, D.M.D.
Dental Director



¹Schroeder AR et al. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. *JAMA Intern Med.* 2019;179(2):145–152.

For all providers

**If you suspect it, report it.
Help us fight fraud, waste, and abuse.**

- Call our toll-free Ethics and Compliance Hotline at **1-866-833-9718**.
- Email **fraudtip@amerihealthcaritas.com**.
- Mail a written statement to:
Special Investigations Unit
AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast
200 Stevens Drive
Philadelphia, PA 19113

Information may be left anonymously.

Providers can also report suspected fraud, waste, and abuse by:

Phone: **1-844-DHS-TIPS (1-844-347-8477)**

Online: **www.dhs.pa.gov**

Fax: **1-717-772-4655**, Attn: MA Provider Compliance Hotline

Mail: Bureau of Program Integrity
MA Provider Compliance Hotline
P.O. Box 2675
Harrisburg, PA 17105-2675

Mandatory fraud, waste, and abuse provider training is available online at **www.amerihealthcaritaspa.com** or **www.amerihealthcaritasnortheast.com** → **Providers** → **Resources** → **Fraud, waste, and abuse**.



Please contact AmeriHealth Caritas Pennsylvania's Provider Services department at **1-800-521-6007** or AmeriHealth Caritas Northeast's Provider Services department at **1-888-208-7370** with any demographic changes to your office information or changes, additions, or deletions to your provider rosters. Keeping us apprised of your office's correct physical location and provider rosters ensures our members have the best possible experience when trying to locate their medical providers. You may check your information in our systems by going to either **www.amerihealthcaritaspa.com** or **www.amerihealthcaritasnortheast.com** → **Providers** (top menu) → **Provider Directory** (left-hand menu) and searching for your information in our Provider Directory.

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