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COVID-19 vaccine reimbursement update

AmeriHealth Caritas Pennsylvania (the Plan) follows the updated guidelines issued on April 19, 2021, in the Department of Human Services (DHS) Medical Assistance Bulletin (MAB) 01-21-03 outlining and updating the reimbursement for the administration of the novel coronavirus (SARS-CoV-2) vaccines.

What is new?

1. DHS made the decision to again increase the Medical Assistance (MA) program fee schedule rate to that of Medicare for the administration of the SARS-CoV-2 vaccines. The Plan will follow that guidance and update our systems to reflect a \$40 reimbursement for the administration of each dose of a SARSCoV-2 vaccine.

2. This rate increase is effective March 15, 2021. Providers do not need to resubmit claims; the Plan will reprocess and adjust payment.
3. The complete MAB, outlining all appropriate procedure codes, national code descriptions, provider types, provider specialties, places of service, pricing, and/or informational modifiers is available at www.amerhealthcaritaspa.com > **Providers > Communications > DHS/Medical Assistance Bulletins.**

Please continue to check the Providers section of www.amerhealthcaritaspa.com for the latest updates on COVID-19 and the vaccines.

Focus on community engagement

We have a team of associates called **Community Health Navigators (CHNs)**, whose name says just what they do — they live and work in the communities we serve, so they understand our members' needs. As the world cautiously reopens, our CHNs are slowly returning to the communities we serve and beginning to participate in neighborhood functions and community outreach events such as baby showers and community gardens.

Community outreach events are held at local community organizations and places of worship to educate our members and to stress the importance of

early detection, preventive care, healthy behaviors, and overall personal health awareness.

For more information on our community engagement, please be sure to check our website for all the latest updates at www.amerhealthcaritaspa.com > **Community.**

We encourage you to connect with our CHNs via our website at www.amerhealthcaritaspa.com > **Providers > Resources > Community Health Navigators.**

Reminder: Balance billing members is prohibited

As outlined in your provider agreement with AmeriHealth Caritas Pennsylvania and as outlined in DHS MAB 99-99-06, titled Payment in Full, we strongly remind all providers of the following points from the bulletin:

The Pennsylvania Code, 55 Pa. Code § 1101.63 (a) statement of policy regarding full reimbursement for covered services rendered specifically mandates that:

- All payments made to providers under the MA program plus any copayment required to be paid by a recipient shall constitute full reimbursement to the provider for covered services rendered.
- A provider who seeks or accepts supplementary payment of another kind from DHS, the recipient, or another person for a compensable service or item is required to return the supplementary payment.

To review the complete MAB 99-99-06, visit www.amerihhealthcaritaspa.com > **Providers** > **Communications** > **DHS/Medical Assistance Bulletins**.

Similarly, the Centers for Medicare & Medicaid Services (CMS) clearly outlines the prohibition of **AmeriHealth Caritas VIP Care** providers to balance bill members as follows:

- Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997, prohibits Medicare providers from balance billing qualified Medicare beneficiaries for Medicare cost-sharing.
- Under the requirements of the Social Security Act, all payments from AmeriHealth Caritas VIP Care to participating providers must be accepted as payment in full for services rendered. Members may not be balance billed for medically necessary covered services under any circumstances.

Providers can reference CMS MLN Matters number SE1128 for further details. If you have questions, please contact your Provider Account Executive or Provider Services at **1-800-521-6007**.

Gender-specific editing: billing reminder

AmeriHealth Caritas Pennsylvania follows all current and correct coding guidelines established by CMS and DHS relating to gender-specific editing. As such, this is a reminder that:

- When the listed diagnosis is not typically performed for a person of the patient's gender, modifier KX must be reported.
- The KX modifier should be billed on the detail line with any procedure code(s) that are gender-specific.
- The billing of the KX modifier will override the edit to deny when, for example, a female is presenting for a typically male only procedure according to the coding guidelines and allow the service to continue normal processing.

If you have questions, please contact Provider Services at **1- 800-521-6007**.

Sources: ICD-9-CM; ICD-10-CM; CMS policy; AMA and specialty societies

Claims submission via Change Healthcare

As of May 2021, Change Healthcare has transitioned from WebConnect to **ConnectCenter**. ConnectCenter is designed to improve claims management functionality previously experienced with Emdeon Office/WebConnect. Providers who have limited ability to submit claims through their hospital or project management system may now benefit from key features of the new ConnectCenter tool. There is no cost to providers to use ConnectCenter.

Key features are:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted.
- Institutional claims are supported.
- Claims created online are fully validated in real time so that providers can correct them immediately.
- Whether providers upload their claims or create them online, the claim reports are integrated with the claim correction screen for ease in follow-up.
- Dashboard and work list views enable providers to streamline their billing to-do list.
- Remittance advice is automatically linked to a provider's submitted claim, providing a comprehensive view of the status of their claim.

To transition to the new portal, go to **ConnectCenter Sign-Up**. Change Healthcare customer support is available through online chat, or you can call **1-800-527-8133, option 2**, for assistance.

You can find more information on electronic claims submission, payment, and remittance advice services, including video tutorial and user guides, on our website at www.amerihealthcaritaspa.com > **Providers > Billing > EDI-EFT-ERA electronic billing services**.



Providers can now run NaviNet reports at the Tax ID Number (TIN) level

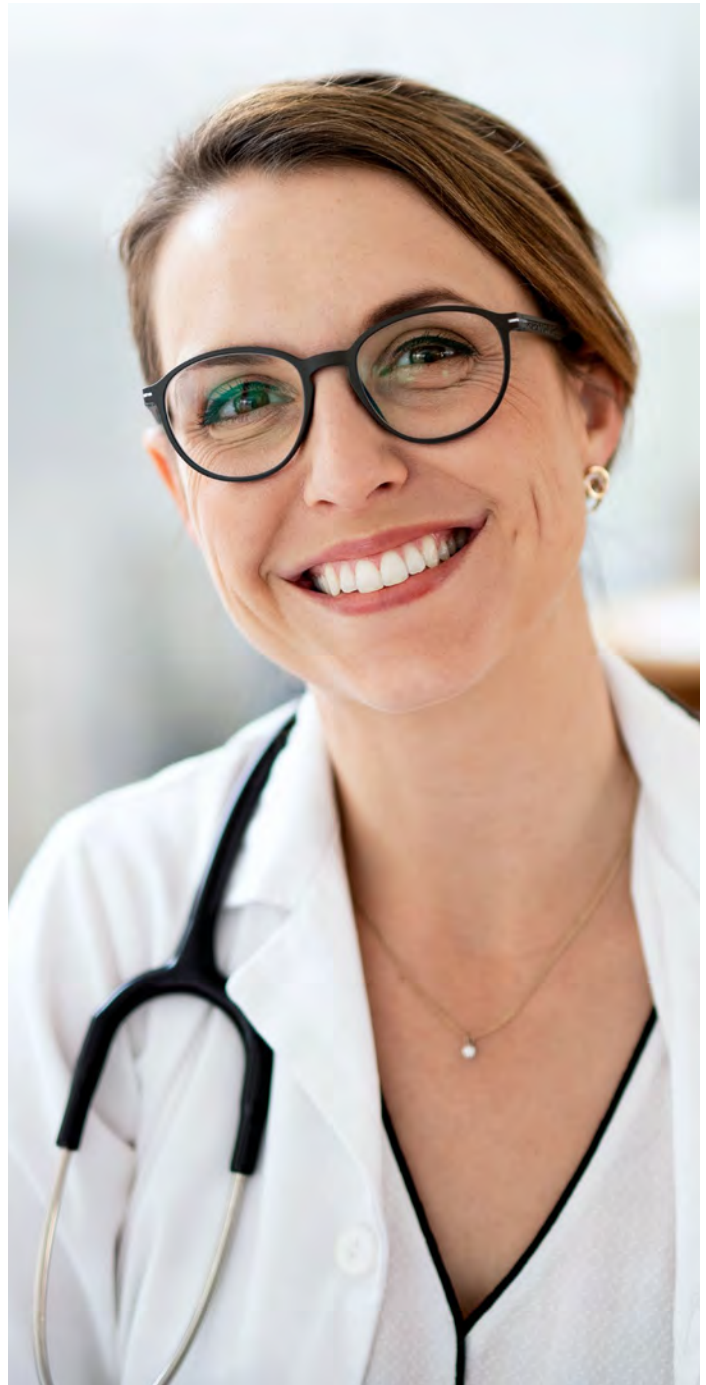
Providers now have the capability to run certain reports on a “RollUp” basis. Instead of having to run a report for each of the provider ID numbers that may exist for your group, you can now run **one** report with data consolidated for the practice at the TIN level. The specific reports that can be run at the RollUp TIN level are:

- Administrative Reports.
- Claims Status Summary RollUp.
- Panel Roster Report.
- RollUp Clinical Reports.
- Admit Report RollUp.
- Care Gap Query RollUp.
- Discharge Report RollUp.

To create a RollUp report in NaviNet:

- Under Workflows for this Plan on Plan Central, select **Report Inquiry**.
- Select either **Administrative Reports** or **Clinical Reports**.
- Select the specific report you would like to run.
- Select any of the “Group Name – PIN” options available in the “Choose a Provider Group” dropdown menu.
- Click **Search**.

If you have questions, please contact your Account Executive or call Provider Services at **1-800-521-6007**.



HEDIS® measures: Spirometry (SPR)

AmeriHealth Caritas Pennsylvania wants to help improve your quality ratings. The information below discusses key aspects of these specific HEDIS measures, provides useful administrative aid, and offers guidance.

We are developing strategies to raise awareness in our member population for those diagnosed with chronic obstructive pulmonary disease (COPD) to get spirometry in the first six months of their diagnosis.

This measure focuses on making sure that all patients with COPD (including those with chronic bronchitis or emphysema) receive spirometry testing as part of their initial assessment and diagnosis. It is the percentage of members ages 40 and older with a new diagnosis of COPD or newly active COPD who received spirometry testing to confirm the diagnosis.

How can you improve this HEDIS score?

Use proper coding: This measure uses administrative claims information to identify adults ages 40 and older who were diagnosed with COPD or who have newly active COPD, and looks for a claim for spirometry testing. You will receive the highest scores if you document spirometry testing accurately on a claim, as this ensures you receive credit and reimbursement for the test.



Obstetrical Needs Assessment Form (ONAF) no longer accepted via fax

As you know from past notifications and trainings, the Optum® OB Care website is now our only submission method for the ONAF as of July 1, 2021. ONAFs submitted after July 1, 2021, via fax to the Bright Start® department will not be processed or eligible for reimbursement.

To get started, please visit www.obcare.optum.com to take advantage of benefits such as:

- No legibility issues.
- No incomplete submissions leading to returns to your office.
- Easy and quick submission of the first prenatal, 28–32 week, postpartum, or additional risk visit.

The OB Care User Guide, a PowerPoint training deck, and a link to the Optum website are all available at www.amerihhealthcaritasp.com > **Providers > Initiatives > Bright Start**. Thank you for the continued care that you provide to our pregnant members. If you have questions, please contact your Provider Account Executive for assistance or training.



Provide critical blood lead level screenings in your office today

Did you know?

- All Medicaid members are required to be tested for lead levels.
- All Medicaid-eligible children are considered at risk for lead toxicity and must receive blood lead level screening tests for lead poisoning starting at 9 months old, as well as other ages based on history and risk assessment.
- Primary care providers (PCPs) are required (regardless of responses to the lead screening questions) to ensure that children be screened for lead toxicity from 9 months to 18 months old and again from 2 years to 6 years old. Risk questions should be asked at every visit thereafter.
- AmeriHealth Caritas Pennsylvania members with a venous lead draw showing an elevated blood level of ≥ 5 $\mu\text{g}/\text{dL}$ are eligible for an environmental lead investigation (ELI).

To help you comply with these standards, we will reimburse you for blood level screening services if they are performed in your office. PCPs are reimbursed a \$10 fee after submitting a claim with the CPT code 83655 and modifier 90.



Environmental lead investigation (ELI)

As stated, our members with a venous lead draw showing an elevated blood level of ≥ 5 $\mu\text{g}/\text{dL}$ are eligible for an ELI. **Note:** This service is only covered when the CMS/DHS guidelines are followed. If you have questions about this issue, its screening details, its diagnosis, or its follow-up, call our EPSDT Outreach program at **1-855-300-8334**.

ELI process

We have contracted with Accredited Environmental Technologies (AET) and UPMC Pinnacle to provide ELI services to our members. For more information, contact Eric Sutherland at AET at **1-800-9696-AET**.

To refer a member for an ELI through UPMC Pinnacle (Dauphin and Lancaster counties only):

- Call **1-717-782-6443** or **1-717-782-4608**.
- Fax **1-717-782-2709**.
- Email **lead@pinnaclehealth.org**.

For our members with elevated blood lead levels, health care practitioners can make direct referrals to our Care Management team by calling our Special Needs Unit at **1-800-684-5503**. You can also “let us know” by faxing the Let Us Know referral form to our Care Management team at **1-866-208-8145**. For more information on the Let Us Know program, go to **www.amerhealthcaritaspa.com > Providers > Initiatives > Let Us Know**.



Provider Satisfaction Survey results, 2020

We would like to thank you for your tireless work and commitment to providing care to our members as we worked together through the challenges of the pandemic. We sincerely appreciate the practices that were able to participate in the 2020 Provider Satisfaction Survey, and we value your feedback and opinions. The survey results have been analyzed, and action plans are being developed to address areas that were identified as needing improvement. We look forward to working with you to address these areas.

We are very pleased that the survey indicated you are comfortable recommending our Plan to other practices, providers, and their patients. We truly appreciate the confidence you have in us and want to reinforce that we are here to support you in the care of our members.

Areas that we will strive to improve our performance in are:

1. Resolution of claims payment issues.
2. Accuracy of claims processing.

We look forward to working with you and welcome your ideas and comments. We encourage you to share them at provider.communications@amerihealthcaritaspa.com or with your Account Executive.

We are so encouraged and proud of your commitment to cultural competency. Practices surveyed scored high in this category and are committed to providing culturally competent care to their patients. For example:

- 84.21% have clinicians in their practice/facility that have taken training to take an accurate history and physical on culturally and linguistically diverse patients.
- 45% conduct the office visit in the patient's preferred or native language.

We would like to remind you about the first line support services available to you:

- Provider Services staff (**1-800-521-6007**) are always ready to answer your questions.
- The Providers section of our website has a wealth of plan information and resources.
- NaviNet plan sites have information on eligibility, claims status, etc.

Provider education: monthly webinars

On the third Thursday of every month, we host educational webinars for our providers. Featured topics for the rest of the calendar year are:

August	Pharmacy Focus
September	Federally Qualified Health Centers and Rural Health Clinics
November	OB/GYN and Dental Care
December	Community Outreach Update

If you are interested in attending one of these events, please reach out to your Account Executive!

Bright Start® support services

Our Bright Start maternity program is composed of a team of associates who are dedicated to ensuring members receive early and regular prenatal care that will result in healthy birth outcomes. Support services available to our members are:

Community Health Navigators (CHNs)

CHNs are health coordinators who work closely with our Bright Start Maternity team. The CHNs live/work within the community and meet our pregnant members “where they are,” providing mental, physical, and social support, and connecting our members to medical providers and community resources throughout the prenatal and postpartum periods. CHNs can:

- Assess the home environment.
- Assess/assist with social determinants of health (SDOH) issues.
- Connect members to community resources.
- Provide women’s health education.
- Assist with prenatal and postpartum appointment scheduling.
- Assist with transportation coordination.

Lactation support

The OB or pediatrician can refer any breastfeeding mom and baby for home visits for lactation support by trained lactation agents and have the following evaluated:

- Feeding technique.
- Nipple status/comfort care.
- Feeding frequency.
- Milk production tips.
- If the baby is satisfied after feedings (how to tell when a baby is full).
- Breast pump function and additional flanges, tubing, or connection parts.

For the support services listed above, please call Bright Start at **1-877-364-6797**, and be sure to visit our website at **www.amerihhealthcaritaspa.com** > **Providers > Initiatives > Bright Start.**





Quality and utilization management (UM)

Our Plan has adopted clinical practice guidelines for treating members with the goal of reducing unnecessary variations in care. Clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, the practitioner's clinical judgment. The practitioner remains responsible for ultimately determining the applicable treatment for each individual patient. All clinical practice guidelines are available at www.amerihhealthcaritaspa.com > **Providers > Resources > Clinical practice guidelines**, or upon request by calling the Provider Services department at **1-800-521-6007**.

The Plan will provide their utilization management (UM) criteria to network providers upon request. To obtain a copy of the UM criteria:

- Call the UM department at **1-800-521-6622**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.

You will receive a faxed copy of the requested criteria within 24 hours or a written copy by mail within five business days of your request.

Please remember that the Plan has medical directors and physician advisors available to address UM issues or answer your questions regarding decisions relating to prior authorization, durable medical equipment, home health care, and concurrent review. Call the Medical Director Hotline at **1-877-693-8480**.

Additionally, we would like to remind you of our affirmation statement regarding incentives:

- UM decision-making is based only on appropriateness of care and the service being provided.
- Our Plan does not reward providers or other individuals for issuing denials of coverage or services.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

Health literacy — simple ways to improve patient and physician communication

In our March 2021 issue of *Connections*, we focused on the concept of the teach-back method. The teach-back method is used to ensure patients understand health information and risk and benefit tradeoffs associated with treatments, procedures, tests, and medical devices. Another way to engage with your patient is by improving their health literacy.

Health literacy is defined as the ability to communicate with patients in a way that is easy for them to understand and act upon. Patient understanding is a key to better health. Research shows that patients remember and understand less than half of what clinicians explain to them. It is estimated that only 11% of the entire population is proficient in health literacy.¹

Did you know?

- Nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease.²
- Patients may try to hide their lack of understanding of health information due to fear of being misunderstood or disrespected.

Enhancing health literacy does not always require additional resources. It is a method for improving the effectiveness of the work you are already doing. Patient behaviors that may indicate low health literacy include:

- Seeking help only when illness is advanced.
- Making excuses for not reading materials in front of the provider (“I forgot my glasses”).
- Being quiet or passive.
- Frequently skipping appointments.
- Being noncompliant with medications.



- Being unable to name their medications or explain their medications' purpose.
- Having difficulty explaining their medical concerns.
- Having no questions at all.

We thank you for your constant improvement in the way you build your relationships with your patients — our Participants. If you'd like additional resources on health literacy, please go to www.cdc.gov/healthliteracy or ask your Account Executive for our resources on health literacy including our Ask 3™ posters.

¹ C. C. Cutilli and I. M. Bennett, “Understanding the Health Literacy of America: Results of the National Assessment of Adult Literacy,” *Orthopaedic Nursing*, Vol. 28, No. 1, pp. 27 – 32, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2668931/>.

² Office of Disease Prevention and Health Promotion. Health Literacy. [HealthyPeople.gov. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/health-literacy](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/health-literacy).

Translation services

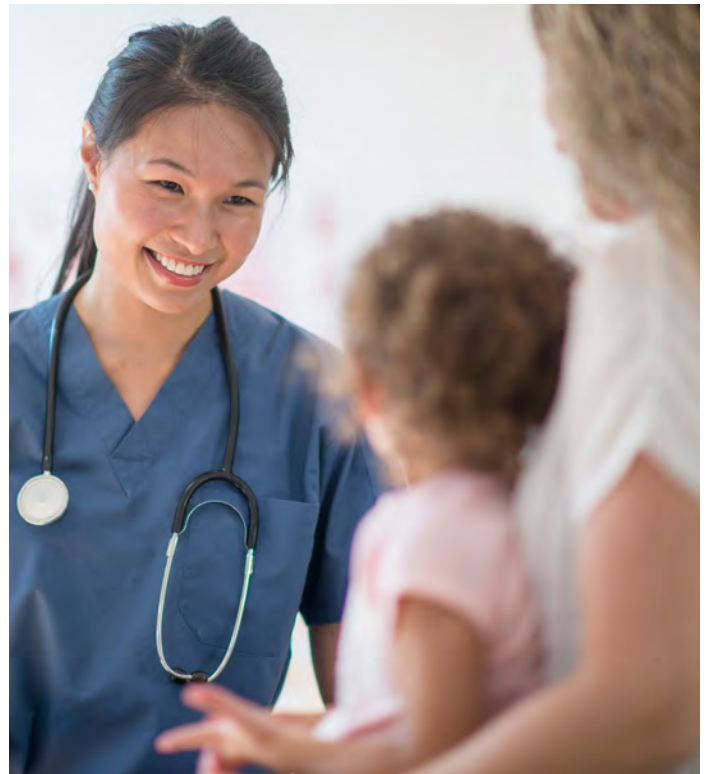
To help ensure our members continue to have access to the best possible health care and services in their preferred language, we are extending to our network providers the opportunity to contract with Language Services Associates (LSA) at our low, corporate telephonic rates.

Visit www.amerihhealthcaritaspa.com > **Providers** > **Resources** > **Initiatives** > **Cultural competency** to review a description of services and a letter of commitment for complete details and contact information. You may address any questions you have directly to LSA, since this relationship will be between your office and LSA. Feel free to call them at **1-800-305-9673, ext. 55321**.



Formulary updates

Additions	Update
Iron supplements, ferrous sulfate, ferrous fumarate, ferrous gluconate, etc. (various; see supplemental formulary for full listing)	January 18, 2021
Removals	Update
Isoniazid 50 mg/5 mL oral solution	April 5, 2021
In-Check Oral Flow Meter and In-Check Nasal with Mask	April 5, 2021



Pharmacy prior authorization: no phoning or faxing — just a click away!

Use our online prior authorization request form to submit pharmacy prior authorization requests instantly.

To get started, go to www.amerihealthcaritaspa.com > Pharmacy > Pharmacy Prior Authorization > Online Prior Authorization Request Form.

Visit our pharmacy website

Please note the following are available in the Pharmacy Services section of our website at www.amerihealthcaritaspa.com > Pharmacy:

- A list of pharmaceuticals, including restrictions and preferences.
- How to use the pharmaceutical management procedures.
- An explanation of limits or quotas.
- Drug recalls.
- How to use pharmaceutical management procedures.
- Prior authorization criteria and procedures for submitting prior authorization requests.
- Changes approved by the Pharmacy and Therapeutics Committee.



Dental Let Us Know form: new and updated

Our dental program remains steadfast in highlighting the importance of oral health and its essential role in an individual's overall health. A patient's medical history is a vital part of his or her dental history and increases the dentist's awareness of diseases and medications that might interfere with the patient's dental treatment. Having the dentist serve as an additional touchpoint in evaluating the patient can lead to identifying critical information that might otherwise be ignored. Examples of things to note in the correlation of physical and oral health include: current or new medications; medication the patient has stopped taking; hypertension, diabetes, and cardiovascular history; allergies; and any recent health changes.

The Dental Let Us Know form gives you an opportunity to communicate valuable information that can help keep our members healthier. Could the member benefit from Case Management services, or could a pregnant mom benefit from our Bright Start program?

We also appreciate your office "letting us know" if a member is **not cooperative**, is **chronically missing appointments**, displays **inappropriate behavior** toward staff, or **has not returned to pick up a set of dentures**. Our associates are prepared to intervene to provide some guidance to resolve and educate. The dental team will be included if necessary. The Dental Let Us Know form is a user-friendly tool for communicating important information about your experience with treating a member.

We are now asking your office to become familiar with the updated version of the Dental Let Us Know form. As we continue to encourage the importance of providing patient-centered care, this new version allows you to communicate new elements that will allow us to support the member. It bridges the gap between the delivery of dental services and the circumstances that impact the member's overall health.

The form is available at www.amerihealthcaritaspa.com > **Providers > Resources > Dental Program.**

Please contact your Dental Account Executive if you have questions.



Quality Improvement updates

Our Quality Improvement (QI) program monitors and assesses the health care services used by our members to ensure that these services:

- Meet quality guidelines.
- Are appropriate.
- Are efficient.
- Are effective.

The Quality Assessment and Performance Improvement (QAPI) Committee oversees the QI program and coordinates efforts to measure, manage, and improve the quality of care and services for our members. The committee is made up of local health care providers, along with clinical and nonclinical associates. Each year, the QI program sets goals to improve members' health outcomes by using data and conducting activities to meet those goals. The QI program is evaluated at the beginning of each year and determines the successes and new activities to focus on. The QI program supports our organization's mission to help people get care, stay well, and build healthy communities.

Recent successes (2020)

HEDIS measure successes:

- Prenatal Care performed better than 90% of other Medicaid health plans.
- Adolescent Well-Care Visits performed better than 90% of other Medicaid health plans.
- Well-Child Visits in the First 15 Months of Life performed better than 75% of other Medicaid health plans.
- Controlling Blood Pressure performed better than 90% of other Medicaid health plans.

AmeriHealth Caritas Pennsylvania evaluates the QI program at the beginning of every year and determines the successes and new activities to focus on.

Goals for 2021

- Controlling blood pressure for members with hypertension.
- Improving medication adherence for members prescribed antidepressants.
- Increasing the compliance rate for African Americans by reducing disparities.
- Implementation of a comprehensive Diabetes Management program across teams.



Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of AmeriHealth Caritas Pennsylvania become concerned about or identify potential fraud or abuse, please contact us by:

- Calling the toll-free Fraud, Waste, and Abuse hotline at **1-866-833-9718**.
- Emailing **fraudtip@amerihealthcaritas.com**
- Mailing a written statement to:
Special Investigations Unit
AmeriHealth Caritas Pennsylvania
200 Stevens Drive
Philadelphia, PA 19113

Information may be left anonymously.

For more information about Medical Assistance fraud and abuse, please visit the DHS website at

<https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Fraud-and-Abuse---General-Information.aspx>

Mandatory training: Reporting Fraud, Waste, and Abuse

We are committed to detecting and preventing acts of fraud, waste, and abuse and have a webpage dedicated to addressing these issues and mandatory screening information. Visit **www.amerihealthcaritaspa.com** > **Providers > Resources > Manuals, guides and training > Fraud, Waste, Abuse and Mandatory Screening Information**.

Topics include:

- Information on screening employees for federal exclusion.
- How to report fraud to AmeriHealth Caritas Pennsylvania.
- How to return improper payments or overpayments to us.
- Information on provider mandatory fraud, waste, and abuse training.

Note: After you have completed the training, please complete the attestation.





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