



In This Issue

AmeriHealth Caritas Northeast is changing its name!.. 2

Claims filing instructions are available 3

Translation services..... 3

DHS to implement changes to the statewide preferred drug list (PDL) on January 5, 2021 4

Formulary updates 6

Pharmacy prior authorization: no phoning or faxing — just a click away! 6

HEDIS® measure: Controlling High Blood Pressure (CBP) 7

HEDIS data collection and reporting 8

Reminder: Silver diamine fluoride 9

2020 Dental Provider Supplement now online! 9

Considerations for implementing health equity strategies in telemedicine services 10

Did you know you can close your member care gaps and meet the NCQA's HEDIS guidelines by using telehealth?..... 11

Summary of Privacy Practices 12

Case management resources 12

Medical record standards 12

What is covered and what is not covered by AmeriHealth Caritas Pennsylvania? 13

Help us fight fraud, waste, and abuse..... 15



AmeriHealth Caritas Northeast is changing its name!

We are pleased to announce that on January 1, 2021, we will be changing our name in the northeast region from AmeriHealth Caritas Northeast to AmeriHealth Caritas Pennsylvania.

What else is changing?

- Members will be issued new ID cards that will have the AmeriHealth Caritas Pennsylvania logo.
- The AmeriHealth Caritas Northeast website will change to www.amerihealthcaritaspa.com. (Until January, please continue to visit us at www.amerihealthcaritasnortheast.com.)
- The Provider Services department phone number will change to **1-800-521-6007**. Please encourage your staff to use this new number; however, there will be a transition period in which AmeriHealth Caritas Northeast Provider Services (**1-888-208-7370**) will continue to take your calls.
- The EDI payer ID number is changing from **77001** to **22248** on January 1. At this time, there is no action required by your practice to make this switch.
 - Claims submitted for date of service (DOS) January 1, 2021, or later must be submitted with 22248. After this date, any claim submitted with 77001 will be rejected.
 - Claims submitted for DOS December 31, 2020, or earlier may be submitted using 77001; however, to avoid confusion for your staff, please submit using 22248. Both will be accepted until December 31, 2021.
 - Remittance advice (both electronic and paper) sent January 1, 2021, or later, whether submitted using 22248 or 77001, will be received reflecting payer ID 22248 and have the AmeriHealth Caritas Pennsylvania logo.
 - Change Healthcare and ECHO Health Inc. are the vendors that AmeriHealth Caritas Pennsylvania uses to provide electronic payment methods. If you are using a practice management system, to ensure continued receipt of electronic remittance advices (ERAs), please ensure your software is accepting the ECHO payer ID 58379 in addition to the plan payer ID 22248.
 - Payment (both electronic and paper) sent January 1, 2021, and after will be issued reflecting payer ID 22248 and have the AmeriHealth Caritas Pennsylvania logo.

What's not changing?

- Your provider ID number.
- Our policies and procedures.
- Your NaviNet® access.
- Your assigned Provider Account Executive
- Member ID numbers.

Claims filing instructions are available

We are pleased to announce the availability of the 2020 claims filing instructions. Some important updates:

- Added guidance on correct EDI submission when primary payer is Medicare or another commercial payer.
- Updated Change Healthcare Provider Support phone number to **1-877-363-3666**.
- Added new section on Electronic Claims Submission outlining Electronic Claims Payment options, enrollment processes, and links to user guides and frequently asked questions.
- Added new section on Clinical Laboratory Improvement Amendments (CLIA) requirements.
- Updated EPSDT appropriate diagnosis codes.

Access the 2020 Claims Filing Instructions at www.amerihealthcaritaspa.com > **Providers** > **Billing Information**. If you have questions, please contact your Provider Account Executive or the Provider Services department at **1-800-521-6007**.

Prior authorization lookup tool

This tool provides general information for outpatient services performed by a participating provider.

The following services always require prior authorization:

- Elective inpatient services.
- Urgent inpatient services.
- Services from a nonparticipating provider.

The results of this tool are not a guarantee of coverage or authorization. All results are subject to change in accordance with plan policies and procedures and the Provider Manual.

If you have questions about this tool or a service, or to request a prior authorization, call **1-800-521-6622**.

Find out if a service needs prior authorization. Type a Current Procedural Terminology (CPT) code or a Healthcare Common Procedure Coding System (HCPCS) code in the tool to get started.

Instructions

1. Enter a CPT/HCPCS code in the tool found at www.amerihealthcaritaspa.com > **Providers** > **Prior Authorization**.
2. Click **Submit**.
3. The tool will tell you if that service needs prior authorization.

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.amerihealthcaritaspa.com > **Providers** > **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.





The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 5, 2021*

As a reminder, DHS required all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices plans to move to the mandated statewide PDL. As such:

- AmeriHealth Caritas Pennsylvania will continue to adhere to the preferred and nonpreferred status and list of drugs included in the statewide PDL.
 - Please see below* for a list of drugs that will be changing formulary status for AmeriHealth Caritas Pennsylvania effective January 5, 2021.
- AmeriHealth Caritas Pennsylvania will continue to use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.

Reminders

- AmeriHealth Caritas Pennsylvania will maintain a list of preferred and nonpreferred drugs in classes that are not included in the statewide PDL. This is called the Supplemental Formulary.

- Medication classes that are not included in the statewide PDL are reviewed and approved by the AmeriHealth Caritas Pennsylvania Pharmacy and Therapeutics (P&T) Committee.
- The process for obtaining prior authorization process remains the same. For more information about prior authorization, contact us by:

Phone **1-866-610-2774**

Fax **1-888-981-5202**

Online **www.amerihealthcaritasp.com > Pharmacy**

Where can I see the changes?

The up-to-date PDL is available on DHS' Pharmacy site at <https://papdl.com/>.

If you have questions about these changes, please contact AmeriHealth Caritas Pennsylvania Pharmacy Services at **1-866-610-2774**.

***Important note: Please keep in mind that until January 5, 2021, the current version of the statewide PDL is still in effect.**





Statewide PDL drugs changing from preferred to nonpreferred effective January 5, 2021*

Drug	Preferred alternative options*
Acne agents	
Azelex cream	Clindamycin-benzoyl peroxide 1.2%–5% gel (generic Duac, Neuac), adapalene-benzoyl peroxide 0.1%–2.5% gel pump (generic EpiDuo), Retin-A (brand) gel
Clindamycin-benzoyl peroxide 1%–5% gel, Differin 0.1% lotion	Adapalene-benzoyl peroxide 0.1%–2.5% gel pump (generic EpiDuo), Differin (brand) 0.1% gel, Retin-A (brand) gel
Claravis, Isotretinoin (generic) capsule	Amnesteem, Myorisan, Zenatane
Sulfacetamide sodium-sulfur 10%–5% cleanser	Sulfacetamide sodium-sulfur 8%–4% suspension or 9%–4.5% wash, adapalene-benzoyl peroxide 0.1%–2.5% gel pump (generic EpiDuo)
Other topical agents	
Calcitriol ointment, Vectical ointment	Calcipotriene cream, ointment, solution
Sklice	Natroba, Permethrin 5% cream, Piperonyl Butoxide/Pyrethrins/Permethrin Kit (OTC) (Lice Solutions Kit)
Synera patch	Lidocaine cream, ointment, solution
Hematologic agents	
Aranesp, Mircera	Retacrit, Epogen
Udenyca	Fulphila
Other injectable and biologic agents	
Byetta, Bydureon	Ozempic, Trulicity, Victoza
Cosentyx	Enbrel, Humira, Taltz
Gel-one syringe, Hymovis syringe	Sodium hyaluronate (generic), Euflexxa, Hyalgan
Ophthalmic agents	
Acuvail	Ketorolac drops, Ilevro, Nevanac
Lotemax drops	Ketorolac drops, Lotemax ointment, prednisolone
Moxeza	Ciprofloxacin, Gentak, ofloxacin
Other agents	
Clorazepate dipotassium tablet	Chlordiazepoxide, diazepam, lorazepam
Diclegis	Bonjesta
Gengraf capsule, Sandimmune capsule	Cyclosporine capsule, cyclosporine (modified) softgel or solution
Didanosine DR capsule, Stavudine	Abacavir, lamivudine, zidovudine
Hemocytel Plus capsule	Virt-Gard
Hemocytel-F tablet	Ferrex 150 Forte, Folivane-F, Iferex
Hydrocodone-ibuprofen tablet	Hydrocodone-acetaminophen tablet, oxycodone-acetaminophen tablet
Savella	Duloxetine, gabapentin, pregabalin
Tirosint	Levothyroxine (generic), Levoxyl

*Not an all-inclusive list, and some drugs may be subject to additional limits.

For a complete list of preferred and nonpreferred drugs to be included in the 2021 statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.



Formulary updates

Additions	Update
Seasonal flu vaccines (2020/2021)	August 24, 2020
Diaphragms (quantity limit per 34 days)	June 1, 2020
Nonoxynol-9 4% gel (quantity limit 3 boxes [8 grams] per month)	June 1, 2020
Nonoxynol-9 3% jelly (quantity limit 2 tubes [162 grams] per month)	June 1, 2020
Phos-NaK Oral Packet 280-160-250 mg	May 20, 2020
Phospha 250 Neutral Oral Tablet 155-852-130 mg	May 20, 2020
K-Phos Oral Tablet 500 mg	May 20, 2020
K-Phos-Neutral Oral Tablet 155-852-130 mg	May 20, 2020
Virt-Phos 250 Neutral Oral Tablet 155-852-130 mg	May 20, 2020
Ceftriaxone injection vials	May 11, 2020
Fexofenadine HCl Oral suspension 30 mg/5 mL	May 11, 2020
Fexofenadine HCl Children's Oral suspension 30 mg/5 mL	May 11, 2020
CVS Allergy Relief Children's Oral Suspension 30 mg/5 mL	May 11, 2020
Wal-Fex Children's Oral Suspension 30 mg/5 mL	May 11, 2020
EQL Allergy Children's Oral Suspension 30 mg/5 mL	May 11, 2020
Aller-Ease Children's Oral Suspension 30 mg/5 mL	May 11, 2020

Note: No removals.

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** > **Prior authorization**.

Pharmacy resources on our website

Please visit the Pharmacy section of our website at www.amerihealthcaritaspa.com > **Pharmacy** for up-to-date pharmacy information, including:

- Changes approved by the P&T Committee.
- Drug formulary listing, including restrictions and preferences; an explanation of limits or quotas.
- Drug recalls.
- How to use pharmaceutical management procedures.
- Prior authorization criteria and procedures for submitting prior authorization requests.



HEDIS® measure: Controlling High Blood Pressure (CBP)

Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease, and in reducing the risk of developing other serious conditions. Health care providers and plans can help individuals manage their blood pressure (BP) by prescribing medications and encouraging low-sodium diets, increased physical activity, and smoking cessation.¹

HEDIS measure definition

Patients ages 18–85 who had a diagnosis of hypertension reported on an outpatient claim, and whose blood pressure was adequately controlled (<140/90 mm Hg) as of December 31 of the measurement year.

What has changed

Due to updates to the National Committee for Quality Assurance (NCQA) guidelines, members now have the ability to take and report their own blood pressure readings to their physician's office. Primary care practitioners (PCPs) also now have the ability to write a script for the member to obtain the BP cuff through the member's pharmacy benefits.

Please use the following codes when reporting test results and collections. For each reporting of these CPT II codes with a qualifying diagnosis (submitted in box 24E), we will make a \$10 administrative payment when the claim is processed. **Note:** The date to be reported for CPT II codes is the **date the service was performed**, not the date the results were reviewed with the member, which also applies to member self-reported results.

Category II CPT codes for reporting high blood pressure			
Code	Description	Incentive	Requirements (either or both)
3074F	Systolic blood pressure <130 mm Hg	\$10	Diabetes diagnosis code payable once every 90 days
3075F	Systolic blood pressure 130–139 mm Hg	\$10	
3077F	Systolic blood pressure ≥140 mm Hg	\$10	Hypertensive diagnosis code payable once every 90 days
3078F	Diastolic blood pressure <80 mm Hg	\$10	
3079F	Diastolic blood pressure 80–89 mm Hg	\$10	
3080F	Diastolic blood pressure ≥90 mm Hg	\$10	

¹American Medical Association, Current Procedural Terminology (CPT) codes 2018, Category II codes.





HEDIS data collection and reporting

As we look forward to our next cycle of HEDIS data collection and reporting, we wanted to first thank you for your continued participation in this important quality initiative. We are also taking this opportunity to highlight some of the lessons we have learned through this process, and to remind you of your key role in helping us measure and report on the quality of care delivered to our members — your patients.

- Every provider in our network is required by contract to cooperate with and participate in our Quality Management (QM) program and Quality Assessment and Performance Improvement (QAPI) program. We rely on your cooperation and participation to meet our own state and federal obligations as a Medicaid managed care organization (MCO).
- Our access to the medical records maintained by our providers is a critical component of our data collection as we seek to ensure appropriate and continued access to care for our members. Our Plans or our designees must receive medical records from you in a timely manner for purposes of HEDIS data collection, NCQA accreditation, medical records documentation audits, and other quality-related activities that our QAPI program comprises. We will reach out from time to time to request records for these purposes; it is essential that you provide requested records within the time frames set forth in those notices.

Our clinical reviewers fully investigate potential quality of care (QOC) concerns, in accordance with our policy. Providers are expected to comply with QOC review processes, beginning with the timely submission of records in response to requests from us. Your support of and participation in this critical review process helps to ensure the provision of high-quality care and service to our members.

Reminder: Silver diamine fluoride

The U.S. Food and Drug Administration (FDA) approved the application of silver diamine fluoride (SDF) in 2014 as a clinical treatment to help reduce sensitivity. Commonly referred to as SDF, silver diamine fluoride can be used “off label” in dental offices to help control the active progression of dental caries. Currently, dentists, dental hygienists, and Expanded Functions Dental Assistants are permitted to apply SDF.

SDF is a liquid medication that is applied topically to the teeth with a small brush or a special type of floss. The silver fluoride formula is 38% silver fluoride salt which is made water-soluble by the addition of small amounts of ammonia. The result is a formula that dentists can painlessly paint onto teeth in a matter of seconds.

In 2018, AmeriHealth Caritas Pennsylvania included SDF as a benefit for its members ages 0 to 20 including those with special needs. It serves as an alternative to more invasive procedures and can help delay drilling to fill a cavity or sedation until a child is older. Today, the benefit has been expanded to include all ages.

Older adults face multifactorial challenges, which put them at a higher risk for untreated dental caries and other oral manifestations. Changes in salivary flow due to age and medications, poor diet, and exposure of root surfaces in areas of recession place older adults at a greater risk for developing caries than younger patients. The incidence of root caries increases with an increase in medical conditions and age.

SDF can provide a safe and effective treatment option for use in community-living facilities and for medically compromised patients. Application is simple and requires no special equipment or infrastructure support. For patients in ambulatory or palliative care, SDF can prevent the



progression of carious lesions without the added stress that often occurs when transporting these patients to a dental facility for treatment. Patients with advanced dementia or mental illnesses do not fully understand dental and medical procedures, making it difficult to treat them safely. In these cases, SDF can be an alternative treatment option.

Dental and medical providers should understand that even though SDF can be used to successfully arrest a carious lesion, it is not a final restoration. Composite resin or glass ionomer materials may be placed on a lesion to fill the cavitation, with glass ionomer as the material of choice for root surface lesions in older adults.

Adverse effects of SDF are rare and mostly limited to the dark brown or black staining that occurs when SDF contacts a carious lesion. SDF will not stain healthy tooth structures. Contraindications include patients with allergies to heavy metals (specifically silver or fluoride allergies), ulcerative gingivitis, or stomatitis; those undergoing thyroid gland therapy; and those with teeth that show signs and symptoms of irreversible pulpitis.

For more information, visit www.amerhealthcaritasp.com > **Providers > Resources > Dental Program > Provider Resources > Silver Diamine Fluoride Information.**

2020 Dental Provider Supplement now online!

Go to www.amerhealthcaritasp.com > **Providers > Resources > Dental Program > Providers > Resources > Dental Provider Supplement.**



Considerations for implementing health equity strategies in telemedicine services

This article highlights some of the health equity challenges vulnerable groups face and provides strategies on how to address barriers for these populations.

The American Academy of Family Physicians (AAFP) Foundation defines telemedicine as “the practice of medicine using technology to deliver care at a distance. A physician in one location uses telecommunication infrastructure to deliver care to a patient at a distance.”¹ In response to COVID-19, health care organizations and providers are conducting a large number of health care visits virtually. A recent report published by the CDC shows a 154% increase in telemedicine visits during the emergence of the COVID-19 pandemic.² Efforts to increase and sustain telemedicine utilization have also been supported by regulatory agencies and insurance companies reworking and allowing for flexibility in the reimbursement for telemedicine services. Therefore, telemedicine is being integrated as part of the health care patients receive.

Telemedicine and health equity

Current research shows that the shift in telemedicine services does have a number of benefits. These include comfort of the patient to access health services from their home; no wait time for patients; easier access to medication to allow for more accurate reporting of medication management; and a greater ability for other care providers to participate, e.g., social worker, interpreter, etc.

However, increased use of telemedicine services also increases challenges for communities of color and low-resourced populations. For example, differential access to internet and broadband quality; limited access to devices such as smartphones, tablets, or computers; and lack of familiarity with technology are ongoing challenges that many patients face. Additionally, virtual visits are only effective for non-acute visits and do not allow for a thorough physical examination. Lastly, patients who live in smaller housing have challenges with privacy and confidentiality. These barriers to telemedicine disproportionately affect already vulnerable groups including Black/African American and Latino individuals, the elderly, rural populations, and individuals with limited English proficiency.

Telemedicine has the potential to address and improve health care access barriers including unreliable transportation, inability to get time off work, lack of culturally appropriate care including language barriers, and lack of child care or elder

care. However, based on current challenges that vulnerable groups are facing with telemedicine services, there is potential to create, reinforce, and/or widen disparities further.

Strategies to improve telemedicine services

The CDC has compiled the following actionable solutions for health care systems to improve telemedicine services that address health inequities³:

1. Analyze telehealth utilization data to identify potential access to care gaps.
2. Prepare for the telemedicine visit prior to the visit, including:
 - a. Assessing and putting in place needed resources relating to the patient’s medical, technological, and cultural needs.
 - b. Having a system in place that flags additional support before visits, such as a need for a language or sign language interpreter, and having that support already scheduled before the visit.
 - c. Ensuring patient and provider settings for the telemedicine visit are appropriate and confidential.

The current pandemic brought telemedicine rapidly into mainstream care. However, many patients, especially vulnerable groups, still need support to be equipped to fully benefit from telemedicine access and convenience. To seamlessly integrate telemedicine into regular care, providers need to consider systematic approaches to providing telemedicine, including equitable digital and technological access, and ensure services are addressing health literacy and engagement challenges.

¹AAFP. “What’s the Difference between Telemedicine and Telehealth?” *AAFP*. 2020, www.aafp.org/news/media-center/kits/telemedicine-and-telehealth.html.

²Koonin LM, Hoots B, Tsang CA, et al. Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69:1595–1599.

³Liburd, L., et al. “Telehealth & Health Equity: Considerations for Addressing Health Disparities during the COVID-19 Pandemic.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 27 July 2020, emergency.cdc.gov/coca/calls/2020/callinfo_091520.asp.

Did you know you can close your member care gaps and meet the NCQA’s HEDIS guidelines by using telehealth?

Telehealth visits can capture the following HEDIS measures when you apply the appropriate modifiers or place of service codes: Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC), Care for Older Adults (COA), Prenatal and Postpartum Care (PPC), Weight Assessment Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Child and Adolescent Well-Care Visits (WCV), Well-Child Visits in the First 30 Months of Life (W30), and Transitions of Care (TRC).

Telephone visits can help close HEDIS gaps for CBP, CDC, and TRC.

Member-reported height, weight, and blood pressure readings are now acceptable for many HEDIS measures if the information is collected by a PCP or specialist, or if the specialist is providing a primary care service related to the condition being assessed, while taking a patient’s history. **The information must be recorded, dated, and maintained in the member’s legal health record.**

Type of service	Place of service	CPT modifier	Description	CPT codes
Telehealth	02	GT 95	Via interactive audio and video telecommunication systems. Synchronous, telemedicine service rendering via a real-time interactive audio and video telecommunication system.	Appropriate E/M codes
Telephone Visit, Non-Physician			Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.	98966: 5–10 minutes of medical discussion
				98967: 11–20 minutes of medical discussion
				98968: 21–30 minutes of medical discussion
Telephone Visit, Physician			Telephone evaluation and management (E/M) services by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	99441: 5–10 minutes of medical discussion
				99442: 11–20 minutes of medical discussion
				99443: 21–30 minutes of medical discussion

Source: National Committee for Quality Assurance –M. HEDIS® MY 2020 Volume 2, Value Set Directory, 2020.

If you have any questions, please contact your Provider Network Management Account Executive.

Summary of Privacy Practices

AmeriHealth Caritas Pennsylvania is committed to protecting the privacy of our members' health information, and to complying with applicable federal and state laws that protect the privacy and security of a member's health information. Consistent with this commitment, we have established basic requirements for the use or disclosure of member protected health information (PHI). For a complete and detailed description of our routine uses and disclosures of PHI, as well as our internal protection of oral, written, and electronic PHI, please visit www.amerhealthcaritaspa.com > **Providers** > **Communications** > **HIPAA resource center**.

Case management resources

AmeriHealth Caritas Pennsylvania has multiple programs and resources available for providers caring for our members who may require complex case management services, such as:

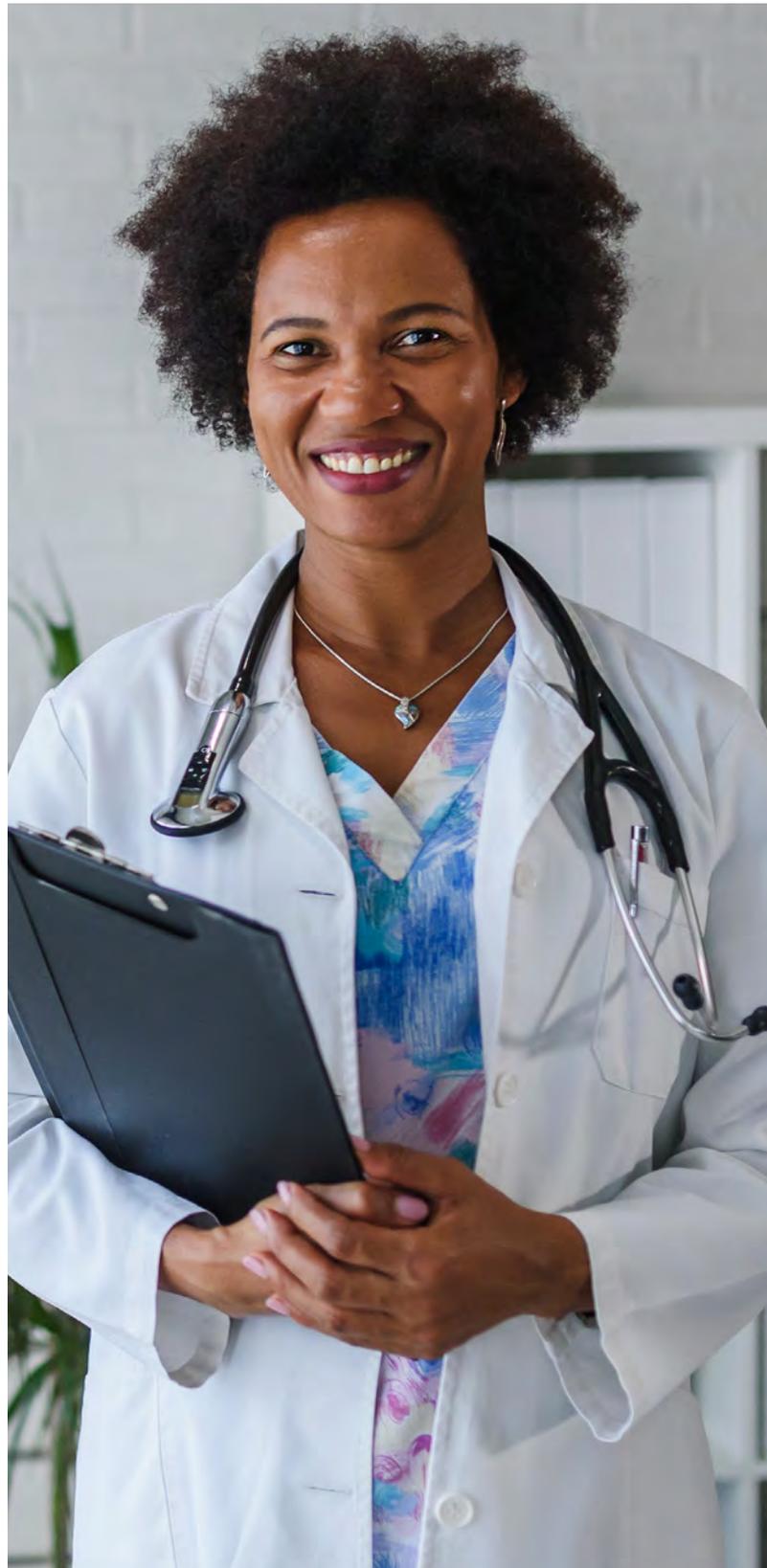
- Integrated Health Care Management (complex case management).
- Let Us Know program.
- Special Needs Unit.
- Bright Start® program for pregnant members.

For more information and contacts for these programs, visit www.amerhealthcaritaspa.com > **Providers**.

Medical record standards

Complete and consistent documentation in patient medical records is an essential component of quality patient care. AmeriHealth Caritas Pennsylvania adheres to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations. We perform an annual medical record review on a random selection of practitioners. Medical records are audited using these standards.

A list of our Medical Record Standards is available at www.amerhealthcaritaspa.com > **Providers** > **Resources** > **Medical Record Standards**.



What is covered and what is not covered by AmeriHealth Caritas Pennsylvania?

Benefits include, but are not necessarily limited to, the following:

- Ambulance.
- Behavioral health services.*
- Chemotherapy and radiation therapy.
- Dental care.
- Durable medical equipment and medical supplies.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.
- Family planning.
- Home health care.
- Hospitalization.
- Laboratory services.
- Nursing facility services.
- Obstetrical/gynecological services.
- Other specialty care services.**
- Pharmacy services.
- Primary care services.
- Physical, occupational, and speech therapy.
- Rehabilitation services.
- Renal dialysis.
- Vision care.

*Under the HealthChoices program, behavioral health services are coordinated through, and provided by, the member's county behavioral health managed care organization (BH-MCO). These services are not part of AmeriHealth Caritas Pennsylvania's benefit package, but are available to all our members through the BH-MCOs.

**For members with a life-threatening, degenerative, or disabling disease or condition, or members with other special needs, a standing referral may be available. For more information on obtaining standing referrals, please contact the Provider Services department at 1-800-521-6007.

Important note

AmeriHealth Caritas Pennsylvania is required to comply with requirements by the Affordable Care Act (ACA) §42 CFR 455 and DHS that all providers, including those who order, refer, or prescribe items or services for AmeriHealth Caritas Pennsylvania members, must be enrolled in the Pennsylvania Medical Assistance (MA) program. The complete DHS MA bulletin (99-17-02) outlining all requirements is available at www.amerihhealthcaritaspa.com > **Providers > Communications > DHS/Medical Assistance Bulletins.**

AmeriHealth Caritas Pennsylvania will use the NPI of the ordering, referring, or prescribing provider included on the rendering provider's claim to validate the provider's enrollment in the Pennsylvania MA program. A claim submitted by the rendering provider will be denied if it is submitted without the MA-enrolled ordering, prescribing, or referring provider's NPI, or if the NPI does not match that of an enrolled Pennsylvania MA provider.

(continued on page 14)



What is covered and what is not covered by AmeriHealth Caritas Pennsylvania?

(continued from page 13)

Services not covered

Some services are not covered by the Pennsylvania MA program and/or AmeriHealth Caritas Pennsylvania, including, but not necessarily limited to, the following:

- Services that are not medically necessary.
- Services rendered by a health care provider who does not participate with AmeriHealth Caritas Pennsylvania, except for Medicare-covered services, emergency services, family planning services, or when otherwise prior-authorized by AmeriHealth Caritas Pennsylvania.
- Cosmetic surgery, such as tummy tucks, nose jobs, face lifts, and liposuction.
- Dental implants.
- Experimental treatments and investigational procedures, services, and/or drugs.
- Acupuncture.
- Infertility services.
- Paternity testing.
- Any service offered and covered through another insurance program, such as Workers' Compensation, TRICARE, or other commercial insurance that has not been prior-authorized by AmeriHealth Caritas Pennsylvania. However, Medicare-covered services provided by a Medicare provider do not require prior authorization.
- Motorized lifts for vehicles.
- Services provided outside the United States and its territories.
- Private duty (also known as shift care) skilled nursing and/or private duty home health aide services for members age 21 or older.
- Services not considered a "medical service" under Title XIX of the Social Security Act.

When in doubt about whether AmeriHealth Caritas Pennsylvania will pay for health care services, please contact the Provider Services department at **1-800-521-6007**.





Help us fight fraud, waste, and abuse.

If you suspect it, report it.

- Phone: Our toll-free Fraud Tip Line at **1-866-833-9718**
- Email: **fraudtip@amerihealthcaritas.com**
- Mail a written statement to:
AmeriHealth Caritas Pennsylvania
Special Investigations Unit
200 Stevens Drive
Philadelphia, PA 19113

Information may be left anonymously.

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

- Phone: Ethics and Compliance hotline: **1-844-DHS-TIPS** or **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 > Providers > Resources > Fraud, Waste, and Abuse.**

AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast Connections Editorial Board

Marge Angello, R.N.
Market President

Lily Higgins, M.S., M.D., M.B.A.
Market Chief Medical Officer

Jeffrey M. Fike, D.D.S.
Network Dental Director

Steve Orndorff
Director
Provider Network Management

Senna Slack
Director
Provider Network Management

Molly Kearney
Editor
Provider Communications

Contact us:

provider.communications@amerihealthcaritaspa.com

providercommunications@amerihealthcaritasnortheast.com

Coverage by AmeriHealth First.

ACPA_201064015-1

All images are used under license for illustrative purposes only.
Any individual depicted is a model.



www.amerihealthcaritaspa.com



www.amerihealthcaritasnortheast.com