



2021-2022 flu vaccinations

Your strong recommendation is a critical factor in whether your patients get vaccinated. In preparation for the onset of the 2021–2022 flu season, while still facing COVID-19, we are asking you to encourage your AmeriHealth Caritas Pennsylvania patients to get their flu shots.

Important reminder: Our members (now ages 3 and older) can also be referred to their local participating pharmacy for flu vaccinations.

Participating providers will be reimbursed for the administration of the seasonal flu vaccine to children

and adults for the following procedure codes:

- 90630 - Influenza, quadrivalent (IIV4), split virus, preservative free, intradermal.
- 90656 - Influenza, trivalent, split virus, 3 years and older, preservative free.
- 90662 - Influenza, split virus, 65 years and older, enhanced immunogenicity via increased antigen content, intramuscular use, preservative free.
- 90672 - Influenza, quadrivalent, live, intranasal, 2–49 years.

(continued on page 2)

In this issue

| | | | |
|---|---|--|----|
| 2021-2022 flu vaccinations..... | 1 | Pharmacy prior authorization: no phoning or faxing — just a click away!..... | 8 |
| COVID-19 news and updates | 2 | Formulary updates..... | 9 |
| Announcing the availability of the 2021 Provider Manual..... | 3 | Announcing the availability of the 2021 Claims Filing Instructions..... | 10 |
| Cultural competency | 4 | Timely filing deadlines..... | 10 |
| Protecting members' information..... | 5 | Prior authorization submission tip sheet..... | 11 |
| Access to Care Management | 5 | New services available on NaviNet | 11 |
| Medical record standards | 5 | HEDIS® data collection and reporting | 12 |
| What is covered and what is not covered by AmeriHealth Caritas Pennsylvania? | 6 | Reminder: Take the Provider Satisfaction Survey | 12 |
| DHS will implement changes to the statewide preferred drug list (PDL) on January 3, 2022..... | 8 | Fraud Tip Hotline | 13 |
| Reminders | 8 | Fraud, waste, and abuse training | 13 |

2021–2022 flu vaccinations (continued from page 1)

- 90674 - Influenza, quadrivalent (ccIIIV4), derived from cell cultures, subunit, preservative and antibiotic free, intramuscular use.
 - 90685 - Influenza, quadrivalent, split virus, 6–35 months, preservative free, intramuscular.
 - 90686 - Influenza, quadrivalent, split virus, preservative free, 3 years and older, intramuscular.
 - 90687 - Influenza virus vaccine, quadrivalent, split virus, 6–35 months of age, intramuscular.
 - 90688 - Influenza virus vaccine, quadrivalent, split virus, 3 years and older, intramuscular.
 - 90756 - Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, antibiotic free.
 - 0.5 mL dosage, for intramuscular use.
- ✓ Reimbursement for administration of seasonal flu vaccine to members over age 18 includes the cost of the vaccine.
 - ✓ Providers administering seasonal flu vaccine to members over age 18 should obtain the vaccine and supplies from their regular vaccine supplier.
 - ✓ Reimbursement for administration of seasonal flu vaccine to members 18 and under is an administration fee only.
 - ✓ Seasonal flu vaccines for children (up to age 18) are provided free through the Pennsylvania Department of Health's Vaccines for Children (VFC) program.

COVID-19 news and updates

Administration and payment of SARS-CoV-2 vaccines for homebound members

AmeriHealth Caritas Pennsylvania will follow the guidelines recently released by the Pennsylvania Department of Human Services (DHS) Medical Assistance Bulletin (MAB) regarding the administration and payment of the SARS-CoV-2 vaccine for homebound members.

As outlined in the MAB, “the provision of SARS-CoV-2 vaccines to MA beneficiaries who are homebound include but are not limited to those individuals that need help from another person or from medical equipment such as crutches, a walker, or a wheelchair to leave their home, those individuals whose medical provider believes that their health or illness could get worse if they leave their home, and it is difficult for them to leave their home and they typically cannot do so.”

Providers are reimbursed as follows:

- Submit the newly created CPT code M0201 with the applicable SARS-CoV-2 administration code. Payment is \$35.
- This payment will be made in addition to the current \$40 SARS-CoV-2 administration fee when the vaccine is administered to an individual in their home.

Expansion of providers for the administration of SARS-CoV-2 vaccines and monoclonal antibody therapy

DHS also recently released MAB 01-21-08 regarding expanding the scope of Medical Assistance (MA) enrolled providers who may bill for administration of the novel coronavirus (SARS-CoV-2) vaccines and monoclonal antibody therapy.

To support the vaccination of our members, we are following the guidelines outlined by DHS and will expand providers who may bill us for the administration of the SARS-CoV-2 vaccines to include the following types:

- Home health agencies.
- Ambulance providers.
- Renal dialysis centers.
- Drug and alcohol outpatient clinics.

Both MABs, outlining all appropriate procedure codes, national code descriptions, provider types, provider specialties, places of service, pricing, and/or informational modifiers if applicable, etc., are available in the Providers section of our website at www.amihealthcaritasp.com > **Providers > Important information regarding COVID-19 vaccines.**



Announcing the availability of the 2021 Provider Manual

Examples of updates and changes include:

- Updated Services Requiring Prior Authorization and added information about the Prior Authorization look-up tool in the Providers section of our website.
- Clarified Home Modifications not covered.
- Information about Home Accessibility DME coverage.
- Information about Obstetrical Needs Assessment Forms (ONAFs) being submitted only through the Optum website.
- Medical Record Standards: added Plan evaluation of medical record standards and preventive health guidelines timeframes, and provider notification methods when the standards change.
- Program Integrity: revised language for clarity around our Program Integrity department and processes.
- Information about cultural competency trainings and resources available on our website, including LGBTQIA resources.

For the complete list of the 2021 manual updates and changes, and to access the manual in its entirety, visit www.amerihhealthcaritaspa.com > **Providers** > **Resources** > **Provider manual**.

Cultural competency

Title III of the Americans with Disabilities Act (ADA) states that public accommodations, including health care provider sites, must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment of any person with a disability.

Race, ethnicity, linguistics, gender, sexual orientation, gender identity, and culture must not present barriers to members' access to and receipt of quality services.

Providers should demonstrate willingness and the ability to make necessary accommodations in providing services; to employ appropriate language and language preference when referring to and speaking with people with disabilities; and to understand communication, transportation, scheduling, structural, and attitudinal barriers to accessing services.

If a member requires or requests translation services because they are either non-English or limited-English-speaking, have a preferred language, or have some other sensory impairment, the provider has a responsibility to make arrangements to procure translation services for them, and to facilitate the provision of health care services.

Providers who are unable to arrange for translation services should contact Member Services at **1-888-991-7200**.

With an aim to increase sensitivity, awareness, and knowledge, and to help decrease potential disparities, we offer opportunities to receive free Continuing Medical Education (CME) credits for ongoing cultural competency training on our website. Please check often for updated resources and trainings at **www.amihealthcaritaspa.com > Providers > Resources > Provider Training and Education**.

We also offer resources and training specific to the health care needs of the LGBTQIA+ community. Access this important information at **www.amihealthcaritaspa.com > Providers > Resources > Provider Training and Education > Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Cultural Competency Training**.



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.amerhealthcaritaspa.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**.

Protecting members' information

We are 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 that 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 the organization's internal protection of oral, written, and electronic PHI, please visit www.amerhealthcaritaspa.com > **Providers > Resources > Communications > HIPAA**.

Access to Care Management

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

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

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

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. The medical records are audited using the standards listed on our website at www.amerhealthcaritaspa.com > **Providers > Resources > Medical Record Standards**.



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

Our members are entitled to all of the benefits provided under the Pennsylvania MA program.

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

- Ambulance.
- Behavioral health services.*
- Chemotherapy and radiation therapy.
- Dental care.
- Durable medical equipment (DME) 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 our benefit package, but are available to all AmeriHealth Caritas Pennsylvania members through the BH-MCOs.

(continued on page 7)

What is covered and not covered (continued from page 6)

Services not covered

- Services that are not medically necessary.
- Services rendered by a health care provider who does not participate with our Plan, except for:
 - Medicare-covered services.
 - Emergency services.
 - Family planning services.
 - When otherwise prior authorized by the Plan.
- Cosmetic surgery, such as tummy tucks, nose jobs, face lifts, and liposuction.
- Dental implants.
- Experimental treatment and investigational procedures, services, and/or drugs.
- 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 us. 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. We are prohibited from making payments for these services.
- 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.
- Structural or home modifications including:
 - Modifications to the home or place of residence.
 - Repairs to the home, including repairs caused by the installation, use, or removal of medical equipment or appliances.
 - Changes to the internal or external infrastructure of the home or residence including:
 - Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor.
 - Constructing retaining walls or footers for a retaining wall.
 - Installation of or modification of a deck.
 - Installation of a driveway or sidewalk.
 - Upgrading the electrical system.
 - Plumbing.
 - Ventilation or HVAC work.
 - Widening a doorway.
 - Drywall.
 - Painting.
 - Installation of flooring or carpeting.
 - Tile work.
 - Landscaping.
 - Demolition of existing property or structure.

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



DHS will implement changes to the statewide preferred drug list (PDL) on January 3, 2022*

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

- We continue to adhere to the preferred and non-preferred status and list of drugs included in the statewide PDL.
 - Please see the table on page 9 for a list of drugs that will be changing formulary status for AmeriHealth Caritas Pennsylvania effective January 3, 2022.
- We will continue to use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.

*Important note: Please keep in mind that up until January 3, 2022, the current version of the statewide PDL is still in effect.

Reminders

- AmeriHealth Caritas Pennsylvania will maintain a list of preferred and non-preferred 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.amerhealthcaritaspa.com > Pharmacy**

Where can I see the changes?

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

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.amerhealthcaritaspa.com > Providers > Pharmacy Services > Pharmacy Prior Authorization > Online Prior Authorization Request Form**.

The following are available on our website:

- 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 P&T Committee.



Formulary updates

| Drug | Preferred alternative options* |
|---|--|
| Antibiotics, inhaled | |
| Kitabis | Tobramycin |
| Antiemetics/antivertigo agents | |
| Bonjesta ER | Diclegis Tablet, Metoclopramide, Ondansetron |
| Antihyperuricemics | |
| Colchicine capsules | Colchicine Tablet |
| Colony stimulating factors | |
| Fulphila | Ziextenzo |
| Nivestym | Granix, Neupogen |
| Contraceptives, other | |
| Zafemy Patch | Xulane Patch |
| Eluryng and Etonogestrel EE Vaginal Ring | Nuvaring |
| HIV/AIDS antiretrovirals | |
| Kaletra | Lopinavir-Ritonavir |
| Hypoglycemics, incretin mimetics/enhancers | |
| Ozempic | Trulicity, Victoza |
| Hypoglycemics, insulin and related agents | |
| Humalog Mix 75-25 Kwikpen | Insulin Lispro Protamine Mix 75-25 Pen |
| Humulin 70/30 Kwikpen | Humulin 70-30 Vial |
| Humulin R 100 unit/mL | Novolin R Vial |
| Novolog 100 unit/mL | Insulin Aspart Penfill Cartridge, Apidra, Insulin Lispro |
| Novolog Mix 70-30 Flexpen, Vial | Insulin Aspart Protamine-Insulin Aspart 70-30 Pen, Vial |
| Immunomodulators, atopic dermatitis | |
| Pimecrolimus 1% Cream | Elidel Cream |
| Macrolides | |
| E.E.S. Suspension, ERYPED Suspension | Azithromycin, Clarithromycin |
| Migraine acute treatment agents | |
| Zomig Nasal Spray | Imitrex, Sumatriptan, Zolmitriptan Nasal Spray |
| Monoclonal antibodies - anti-IL, anti-IGE | |
| Nucala | Dupixent, Xolair, Fasenra |
| Ophthalmics, antibiotic-steroid combinations | |
| Zylet Eye Drops | Tobradex Drops, Neomycin-Polymyxin-Dexamethasone Drops |

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

For a complete list of Preferred and Non-preferred drugs to be included in the 2022 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.

Announcing the availability of the 2021 Claims Filing Instructions

Some important updates include:

- Added an additional item under Invalid Electronic Claim Records – Common Rejections from the Plan.
- ConnectCenter is now used in place of WebConnect. Corrected all references and added ConnectCenter phone number.
- Updated the Rendering Provider ID section.
- Added a section under important billing reminders about reimbursement for all rendering network providers for claims subject to the ordering/referring/prescribing (ORP) requirement.
- Updated appropriate X12 837P claim fields.

To access the 2021 Claims Filing Instructions, please go to www.amerhealthcaritaspa.com > **Providers** > **Billing**.

Timely filing deadlines

As outlined in the Claims Filing Guides, not following claims submission deadlines will result in a denied claim. The Claims Filing Deadline section states the following:

- Original invoices must be submitted to the Plan **within 180 calendar days** from the date services were rendered or compensable items were provided.
- Resubmission of previously denied claims with corrections and requests for adjustments must be submitted **within 365 calendar days** from the date services were rendered or compensable items were provided. Claims beyond the 365 days will not be reconsidered for reimbursement.
- Please allow for normal processing time before resubmitting a claim either through the electronic data interchange (EDI) or paper process. This will reduce the possibility of your claim being rejected as a duplicate claim.
- Claims are not considered as received under timely filing guidelines if rejected for missing or invalid provider or member data.
- Exceptions to the claims filing timeframes will not be granted. Failure to comply with these timeframes will result in the denial of all claims filed after the filing deadline. Late claims paid in error shall not serve as a waiver of the right to deny any future claims that are filed after the deadlines or as a waiver of the right to retract payments for any claims paid in error.



Prior authorization submission tip sheet

We are introducing automation to our faxed prior authorization process through Optical Character Recognition (OCR) technology.

We encourage all providers to submit prior authorization requests via Jiva for optimal processing. You can access Jiva through our NaviNet® Plan Central page.

If you need to submit a prior authorization request by fax, please follow the tips below. Adopting these practices will help ensure your requests are processed quickly and accurately.

- Be sure you are using the most recent version of the AmeriHealth Caritas Pennsylvania prior authorization form. The prior authorization form has been updated for use with the new OCR technology. The updated form is available at <https://www.amerihealthcaritaspa.com/provider/prior-auth/index.aspx>.
- Please type and do not hand-write the information. Handwritten requests can lead to unnecessary delays in processing.
- If you must fill out the form by hand, please print neatly with adequate spacing between letters. Do not use cursive.
- Keep information within the assigned borders of the form. Don't overlap values into multiple fields, or extend values beyond the end-border of a field as this could result in delayed processing.
- Submit only one member prior authorization request per fax. If more than one member is submitted in a single fax request, the request will be returned unprocessed.

New services available on NaviNet

Providers can now access all practice locations under a specific Tax ID Number (TIN) once registered for NaviNet. We are committed to making doing business with us easier by minimizing administrative burdens for our providers.

In keeping with that, we are pleased to announce that now when you register for NaviNet, you will automatically have access to all of the group/practice locations that fall under one TIN. Previously, if you needed access to more than one location/provider entity for which you were responsible, you would contact your designated Security Officer to request access. Now, all registered users will have access to all of the providers under a specific TIN, without the need for any additional steps.

Current NaviNet users' accounts have automatically been upgraded to this level of access.

New information available on the Member Clinical Summary report!

- **The Member Clinical Summary report** is a virtual snapshot of a patient's clinical data and demographic information in a user-friendly format. **Just added: COVID-19 Vaccine Status.**

| COVID-19 Vaccine Status | | |
|-------------------------|----------------------|---------------|
| Dose | Brand and Lot Number | Date Received |
| 1-Dose | Moderna | 24/12/2020 |
| 2-Dose | Moderna | 21/01/2021 |

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.

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 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. We, or our designees, must

receive medical records from you in a timely manner for purposes of HEDIS data collection, NCCA 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: Take the Provider Satisfaction Survey

Your opinion counts — take the survey today!

We count on your feedback to let us know how we are doing and how we can improve.

What's involved?

- The survey takes about 5 to 7 minutes to complete.

Who should take the survey?

- **One*** person from your practice or facility, such as:
 - Provider.
 - Office manager.
 - Staff member who works closely with AmeriHealth Caritas Pennsylvania.

***Note:** Only **one** survey submission per location.

Please take the survey today and be entered to win a \$25 VISA gift card. Use this link to get started:

<https://www.surveymonkey.com/r/J7VJKV8>

Thank you in advance for taking the time to share your opinion. As always, we appreciate your participation in our network and the care you provide to our members.



Fraud Tip Hotline

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>**.

Fraud, waste, and abuse training

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

Topics include:

- Screening employees for federal exclusion.
- How to report fraud to us.
- How to return improper payments or overpayments to us.
- Mandatory fraud, waste, and abuse training for providers.

Note: After you have completed the training, please complete the attestation. Medical providers, please go to **<https://www.surveymonkey.com/r/FWAAttest>**.



AmeriHealth Caritas Pennsylvania Connections Editorial Board

Marge Angello, R.N.
Market President

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

Steve Orndorff
Director
Provider Network Management

Senna Slack
Director
Provider Network Management

Aniya Jester
Editor
Provider Communications

Contact us:

[provider.communications@
amerihealthcaritaspa.com](mailto:provider.communications@amerihealthcaritaspa.com)

Coverage by AmeriHealth First.

ACPA_211687932-1

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


AmeriHealth Caritas[™]
Pennsylvania

www.amerihealthcaritaspa.com