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## Gun safety — making the conversation a normal part of well visits

As our members' trusted physicians, you have the ability to impact members' health, safety, and well-being. Candid discussion with your patients about safety issues will help patients protect themselves and their families.

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**The goal of the gun safety counseling conversation is child safety and injury prevention.**

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Talking about guns can be a simple question added to your current list of safety questions, like questions on car seat usage, locking medications, and wearing bike helmets.

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**We have a dedicated website on gun safety that provides resources for you and your staff, including conversation starters and local and national websites for reference and information.**

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Please visit our Gun Safety site for information on gun safety and other critical safety topics: [www.amerihhealthcaritaspa.com](http://www.amerihhealthcaritaspa.com) > **Providers > Initiatives.**



## 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.
- 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  $\geq 3.5 \mu\text{g/dL}$  are eligible for an environmental lead investigation (ELI).



**To help you comply with these standards, we will reimburse you for blood lead 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.**

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## Environmental lead investigation (ELI)

As stated above, AmeriHealth Caritas Pennsylvania members with a venous lead draw showing an elevated blood level of  $\geq 3.5 \mu\text{g/dL}$  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**.

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## 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.amerihealthcaritasp.com > Providers > Initiatives > Let Us Know**.

## 2022 Medical Providers Claims Filing Instructions

AmeriHealth Caritas Pennsylvania is pleased to announce the availability of the 2022 Medical Provider Claims Filing Instructions.

### Some important updates:

- Added language to introduction to indicate that claims that are subject to the ordering/referring/prescribing (ORP) requirement will be denied when billed with a National Provider Identifier (NPI) of a network ORP provider that is not enrolled in Medicaid.
- In the UB-04 instructions, moved claim type 32X from inpatient category to outpatient category; removed 33X from outpatient category; added 72X to outpatient category.
- Updated Change Healthcare provider support phone number throughout.
- In the Electronic Claims Submission section, added virtual credit card (VCC) information.
- Added language to the Ambulance Billing section to clarify that only miles exceeding the first 20 loaded miles should be billed.
- Under Chiropractic Care, removed language regarding prior authorization for subsequent visits.

To access the 2022 Medical Provider Claims Filing Instructions, visit the provider center at

<http://www.amerihealthcaritaspa.com> > **Providers** > **Billing**.



## Quality and utilization management

We have adopted clinical practice guidelines for treating members with the goal of reducing unnecessary variations in care. The 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 patient. All clinical practice guidelines are available at [www.amerhealthcaritaspa.com](http://www.amerhealthcaritaspa.com) > **Providers** > **Resources** > **Clinical practice guidelines**, or upon request by calling the Provider Services department at **1-800-521-6007**.

We will provide our Utilization Management (UM) criteria to network providers upon request. To obtain a copy of the UM criteria:

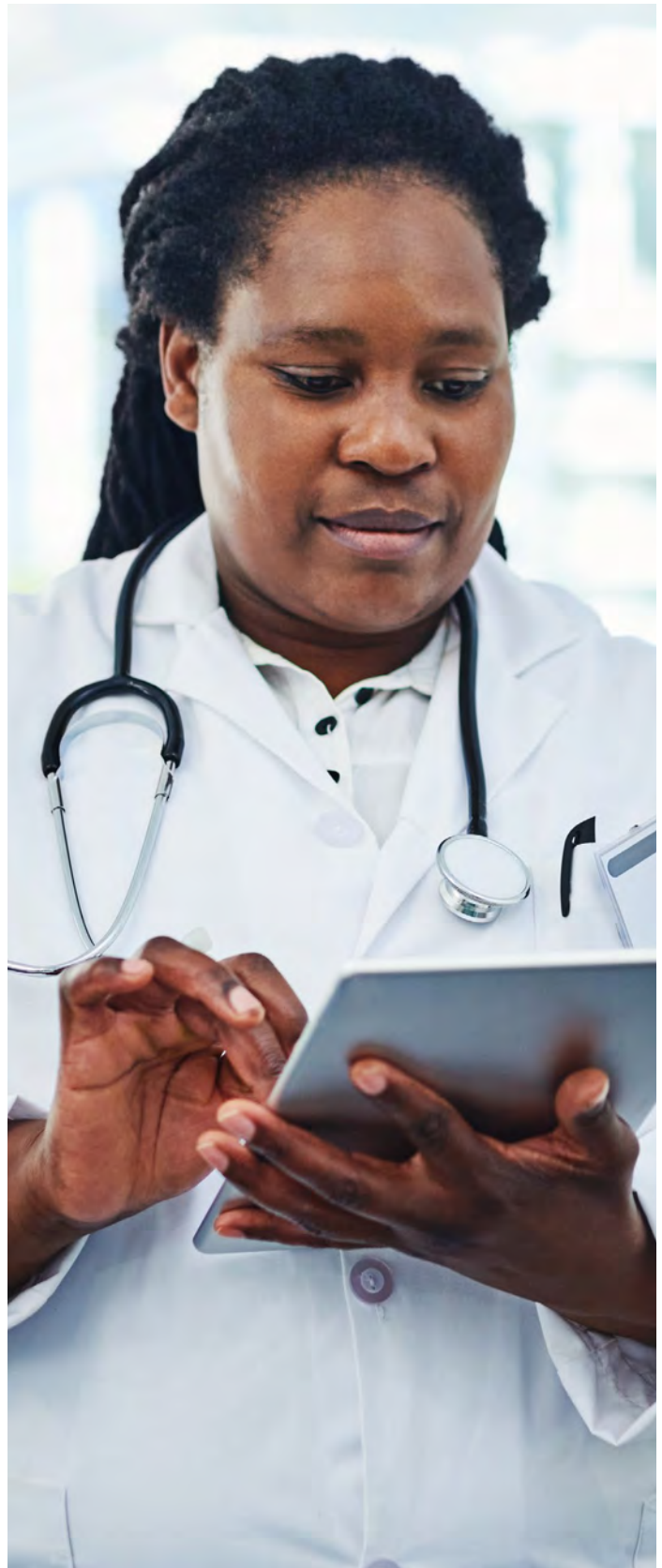
- Call the UM department at **1-800-521-6622**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.

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 we have medical directors and physician advisors who are available to address UM issues or answer your questions regarding decisions relating to prior authorization, durable medical equipment (DME), 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.
- We do 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.





## Quality improvement updates

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

- Meet quality guidelines
- Are efficient
- Are appropriate
- 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 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 (2021)

HEDIS® measure successes:

- Prenatal Care: Performed better than 90% of Medicaid health plans.

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

### Goals for 2022:

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



## 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](http://www.amerhealthcaritaspa.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**.



## Formulary updates

| Addition  | Effective date |
|---|----------------|
| Corlanor  | 3/1/2022       |
| Removals  | Effective date |
| Abiraterone 500 mg tablet   | 4/27/2022      |
| Carnitor SF solution 1 gm/10 mL oral                                    | 5/16/2022      |
| Cidofovir solution 75 mg/mL intravenous                                 | 5/16/2022      |
| Colistimethate sodium (CBA) solution reconstituted 150 mg injection     | 5/16/2022      |
| Cresemba solution reconstituted 372 mg intravenous                      | 5/16/2022      |
| Cubicin   | 5/16/2022      |
| Dalvance solution reconstituted 500 mg intravenous                      | 5/16/2022      |
| Daptomycin solution reconstituted                                       | 5/16/2022      |
| Floriva Plus  | 6/15/2022      |
| Fluorouracil intravenous solution                                       | 5/16/2022      |
| Galzin capsule 25 mg and 50 mg oral                                     | 5/16/2022      |
| Ganciclovir sodium solution reconstituted 500 mg intravenous            | 5/16/2022      |
| Hydroxyzine 25 mg/mL, 50 mg/mL IM solution                              | 6/15/2022      |
| HyperRAB S/D solution 300 unit/2 mL injection                           | 5/16/2022      |
| Iclusig 30 mg tablet  | 4/27/2022      |
| Imbruvica 140 mg, 280 mg, 420 mg, and 560 mg tablet                     | 4/27/2022      |
| Invanz solution reconstituted 1 gm injection                            | 5/16/2022      |
| Iron supplements (various; see supplemental formulary for full listing) | 6/15/2022      |
| Leucovorin calcium solution reconstituted and tablet                    | 5/16/2022      |
| Levocarnitine solution 1 gm/10 mL oral                                  | 5/16/2022      |
| Mesnex tablet 400 mg oral   | 5/16/2022      |
| Nebupent solution reconstituted 300 mg inhalation                       | 5/16/2022      |
| Prograf solution 5 mg/mL intravenous                                    | 5/16/2022      |
| Quflo pediatric drops   | 6/15/2022      |
| Recarbrio solution reconstituted 1.25 gm intravenous                    | 5/16/2022      |
| Rifampin solution reconstituted 600 mg intravenous                      | 5/16/2022      |
| Tygacil solution reconstituted 50 mg intravenous                        | 5/16/2022      |
| Zemdri solution 500 mg/10 mL intravenous                                | 5/16/2022      |
| Quantity limit updates  | Effective date |
| Aemcolo DR 194 mg tablet  | 4/4/2022       |
| Apretude ER 600 mg/3 mL vial  | 5/2/2022       |
| Ayvakit 25 mg and 50 mg tablet  | 4/4/2022       |
| Azstarys capsule  | 4/4/2022       |
| Biktarvy 30-120-15 mg tablet  | 5/2/2022       |
| Brexafemme 150 mg tablet  | 4/4/2022       |

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| Quantity limit updates (continued)   | Effective date |
|--|----------------|
| Cibinqo tablet   | 5/2/2022       |
| Cimzia kit   | 5/2/2022       |
| Citalopram Hbr 30 mg capsule   | 5/2/2022       |
| Combivent Respimat inhalation spray  | 5/2/2022       |
| Cosentyx injection   | 4/4/2022       |
| Dificid 40 mg/mL suspension  | 4/4/2022       |
| Dupixent 100 mg/0.67 mL syringe  | 5/2/2022       |
| Elepsia XR   | 4/4/2022       |
| Empaveli 1080 mg/20 mL vial  | 5/2/2022       |
| Epclusa pellet packet  | 4/4/2022       |
| Exkivity 40 mg capsule   | 4/4/2022       |
| Firmagon kit   | 4/4/2022       |
| Fleqsuvy 25 mg/5 mL suspension   | 5/2/2022       |
| Humira (CF) pen pediatric UC 80 mg   | 5/2/2022       |
| Ingrezza 60 mg capsule   | 4/4/2022       |
| Invega Hafyera syringe   | 4/4/2022       |
| Iressa 250 mg tablet   | 4/4/2022       |
| Ketone urine test strips (various; see plan website link on page 9 for detailed quantity limit list) | 5/2/2022       |
| Livtency 200 mg tablet   | 5/2/2022       |
| Loreev XR 1 mg, 2 mg, and 3 mg capsule   | 4/4/2022       |
| Lybalvi tablet   | 4/4/2022       |
| Mavyret 50-20 mg pellet packet   | 4/4/2022       |
| Monoferric 1,000 mg/10 mL vial   | 4/4/2022       |
| Myrbetriq ER 8 mg/mL suspension  | 4/4/2022       |
| Natesto nasal 5.5 mg/0.122 gm  | 4/4/2022       |
| Nitazoxanide 500 mg tablet   | 4/4/2022       |
| Orkambi tablet   | 4/4/2022       |
| Oxbryta 300 mg tablet for suspension   | 5/2/2022       |
| Pneumovax-23   | 5/2/2022       |
| Qdolo 5 mg/mL solution   | 4/4/2022       |
| Qulipta tablet   | 4/4/2022       |
| Rezurock 200 mg tablet   | 4/4/2022       |
| Rinvoq ER 30 mg and 45 mg tablet   | 5/2/2022       |
| Scemblix tablet  | 4/4/2022       |
| Seglentis 56 mg-44 mg tablet   | 5/2/2022       |
| Sertraline capsule   | 5/2/2022       |
| Sirturo 20 mg tablet   | 5/2/2022       |

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| Quantity limit updates (continued)                             | Effective date |
|--|----------------|
| Skyrizi 150 mg/mL pen and syringe                              | 4/4/2022       |
| Synojoynt 1% syringe   | 5/2/2022       |
| Takhzyro 300 mg/2 mL syringe                                   | 5/2/2022       |
| Talzenna 0.5 mg and 0.75 mg capsule                            | 5/2/2022       |
| Tarpeyo DR 4 mg capsule  | 5/2/2022       |
| Testosterone cypionate intramuscular suspension 100 mg/mL vial | 3/14/2022      |
| Transderm-Scop patch   | 5/2/2022       |
| Trikafta tablet  | 4/4/2022       |
| Trudhesa nasal spray   | 4/4/2022       |
| Truseltiq daily dose pack                                      | 4/4/2022       |
| Twirla 120-30 mcg/day patch                                    | 4/4/2022       |
| Vabysmo 6 mg/0.05 mL vial                                      | 5/2/2022       |
| Venclexta starting pack  | 4/4/2022       |
| Vivelle-Dot 0.075 mg and 0.1 mg patch                          | 4/4/2022       |
| Welireg 40 mg tablet   | 4/4/2022       |
| Xarelto 1 mg/mL suspension                                     | 5/2/2022       |
| Xofluza tablet   | 4/4/2022       |

For a complete list of all quantity limits within our searchable formulary, please visit <https://www.amerihealthcaritaspa.com/pharmacy/formulary/index.aspx>.

## Pharmacy prior authorization — 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](http://www.amerihealthcaritaspa.com) > **Providers > Resources > Pharmacy services > Online Prior Authorization Request Form.**

Please note the following are available on our website:

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



## Promoting smoking and tobacco cessation within your dental practice

### Tobacco and oral health

According to the American Dental Association (ADA) website, “during an oral exam, a dental provider can identify intra-oral changes induced by tobacco use, including precancerous or cancerous lesions. Although cigarettes are the most commonly used form of tobacco, other recreational tobacco formulations include conventional smokeless tobacco, compressed dissolvable tobacco, cigars, tobacco pipes and water pipes (i.e., hookahs), and electronic cigarettes (e-cigarettes).”<sup>1</sup> All of these can compromise oral and systemic health.

### Ask, Advise, Refer

Use these three steps to identify and advise patients who use tobacco. Some of these steps can be delegated to members of your oral health care team.

#### ► Step 1: Ask

While collecting vital signs, health history, and oral assessments, ask the patient whether they smoke or use other forms of tobacco. Document the patient’s tobacco use status.

#### ► Step 2: Advise

Once a smoker has been identified, advise the patient to quit by saying something like, “I see that you smoke. Quitting smoking is one of the most important things you can do for your health right now. Have you thought about quitting?” This advice works best when delivered in a nonjudgmental tone.

You can make the advice more compelling by personalizing it — for example, linking it to any identified oral health tissue changes.

#### ► Step 3: Refer

For patients who are interested in trying to quit, you or other members of your team can refer patients to the PA Free Quitline at **1-800-QUIT-NOW (784-8669)** or offer information about tobacco cessation treatment.

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<sup>1</sup> “Tobacco Use and Cessation,” American Dental Association, <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/tobacco-use-and-cessation>.



## Become a tobacco cessation counselor

Dental providers, including dental hygienists, who provide face-to-face tobacco cessation counseling must use code **D1320 to be paid \$15 per encounter for up to 70 encounters (inclusive of all provider types) per calendar year.**

Providers must provide more than 10 minutes of face-to-face counseling in order to submit a claim for a tobacco cessation counseling visit. This does not apply to federally qualified health centers (FQHCs) and rural health clinics (RHCs).\*

In order to be eligible for reimbursement, you must participate in the Pennsylvania Medical Assistance program and be approved by the Pennsylvania Department of Health.

### Steps to become a tobacco cessation counselor

- Every Smoker, Every Time Training is free online training that provides entry-level tobacco-use-related education for behavioral and primary health care staff, counselors, social workers, and others. Access the training at <https://www.surveygizmo.com/s3/4303018/Every-Smoker-Every-Time>.
- Submit a pre-approved Tobacco Cessation Registry Application after successfully passing a post test of the above training. <https://www.health.pa.gov/topics/programs/tobacco/pages/registry.aspx>
- Pre-Approved Tobacco Cessation Registry application instructions are available at <https://www.health.pa.gov/topics/Documents/Programs/Tobacco/Registry%20Application%20Instructions.pdf>

\* FQHCs and RHCs are paid an all-inclusive per-encounter payment rate. FQHCs and RHCs should submit claims for tobacco cessation counseling services when provided at the time of a face-to-face visit using procedure code T1015, defined as “clinic visit/encounter, all-inclusive.”

## Reminder: Balance billing members is prohibited

As outlined in your provider agreement with AmeriHealth Caritas Pennsylvania and as outlined in the Department of Human Services (DHS) Medical Assistance Bulletin (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.amerhealthcaritasp.com](http://www.amerhealthcaritasp.com) > Providers > Communications > DHS/Medical Assistance Bulletins.**

Similarly, the Centers for Medicare & Medicaid Services (CMS) clearly outlines that AmeriHealth Caritas VIP Care providers are prohibited from balance billing 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**.





## The updated 2022 AmeriHealth Caritas Pennsylvania Provider Manual is now available online

Examples of updates and changes include:

- Durable Medical Equipment Covered Services: Added updated requirement — all DME purchases and monthly rentals in excess of \$750 require authorization.
- Added that in the event of a pharmacy denial, the prescriber will be notified by fax and the PCP and the member by mail.
- Member Complaints, Grievances and Fair Hearings: DHS requested that the Member Complaint, Grievance, and Fair Hearing language from the Member Handbook be inserted.
- Paper Credentialing Application Process: Performance review of complaints, quality of care issues, and utilization will be reviewed quarterly by the Quality Management department.
- Postpartum Home Visit Program: All members and newborns are able to receive a home visit upon discharge from the hospital.
- Physician Reviewer Availability to Discuss Decision: Updated to within five business days of the verbal/ faxed denial notification.
- Cultural Responsiveness: Updated entire section to replace the term “cultural competency” with “cultural responsiveness”; added language on cultural humility; added language on Section 1557 of the Affordable Care Act.

For the complete list of the 2022 manual updates and changes, and to access the manual in its entirety, visit the provider center at [www.amerihhealthcaritaspa.com](http://www.amerihhealthcaritaspa.com) > **Providers** > **Resources** > **Provider manual**.

## If you suspect it, report it: Help us fight fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of AmeriHealth Caritas Pennsylvania becomes concerned about or identifies 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](mailto: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>.



## Annual fraud, waste, and abuse training is now available

### 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](http://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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