

CONNECTIONS

2024 | ISSUE 1



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HEDIS® reporting period is just around the corner

As we look forward to our next cycle of HEDIS data collection and reporting, we want to thank you for your continued participation in this important quality initiative.

We have contracted with PalmQuest and Inovalon (which is now operating as ComplexCare Solutions) to assist with the annual medical record review process. PalmQuest and ComplexCare Solutions are required to comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements throughout the retrieval process and are trained in medical record retrieval for HEDIS, Centers for

Medicare & Medicaid Services (CMS), and state quality reporting programs. Disclosure and use of the medical records, and the collection of medical records for this purpose, is considered to be treatment, payment, or health care operations under HIPAA regulations (45 C.F.R. 164.502(a)(1)(ii)).

We appreciate your cooperation in working with PalmQuest or ComplexCare Solutions to schedule retrieval of any requested member or Participant records. We remind you that records requested should be provided at no charge to the health plan.



Provider Services department

The Provider Services department operates in conjunction with the Provider Network Management department, addressing provider concerns and offering assistance. Call them at **1-800-521-6007** to:

- Ask questions regarding the status of claims or claims payment issues.
- Verify member and Participant eligibility/benefits.
- Ask policy and procedure questions.
- Obtain the name of your Account Executive.

Account Executive responsibilities:

- Your Account Executive is your dedicated resource to provide education, orientation, and program support.
- Account Executives manage provider contracts for AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC).
- Account Executives are required to meet practice goals annually to ensure that there is outreach to our network of providers.
- Account Executives do not manage claims, credentialing, utilization management, or appeals.
- Your first point of contact should be the Provider Services department: **1-800-521-6007**.

Provider credentialing rights

After submitting an application, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing applications.
- To be notified within 60 calendar days of the Credentialing Committee/Medical Director review decision.

- To appeal any credentialing/recredentialing denial within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, contact our Credentialing department at:

**AmeriHealth Caritas Pennsylvania/
AmeriHealth Caritas PA CHC**
Attn: Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113

Credentialing reminders

Please remember that AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC offer and encourage all practitioners to use the free Universal Provider DataSource through the Council for Affordable Quality Healthcare (CAQH)* for simplified and streamlined data collection for credentialing and recredentialing. Through the CAQH, credentialing information is provided to a single repository, via a secure internet site, to fulfill the credentialing

requirements of all health plans that participate in the CAQH. The complete list of credentialing guidelines and related forms, as well as practitioners' credentialing and recredentialing rights, can be found online at www.amerihealthcaritaspa.com > **Providers > Join our network** and www.amerihealthcaritaschc.com > **For Providers > Join our network.**

*Note: CAQH credentialing does not apply to home- and community-based services (HCBS) and long-term services and supports (LTSS) providers. HCBS and LTSS providers should complete our paper application process.

Updated sterilization consent form is now available

The Department of Human Services (DHS) recently published Medical Assistance Bulletin (MAB) 01-23-21, to inform providers that an updated version of the Sterilization Consent Form (MA 31) is available for use. The updated consent form can be found at:

www.amerihealthcaritaspa.com > **Providers > Resources > Family planning > Sterilization > Sterilization Consent Form (MA31)** or www.amerihealthcaritaschc.com > **For Providers > Provider manual and forms > Sterilization Consent Form.**



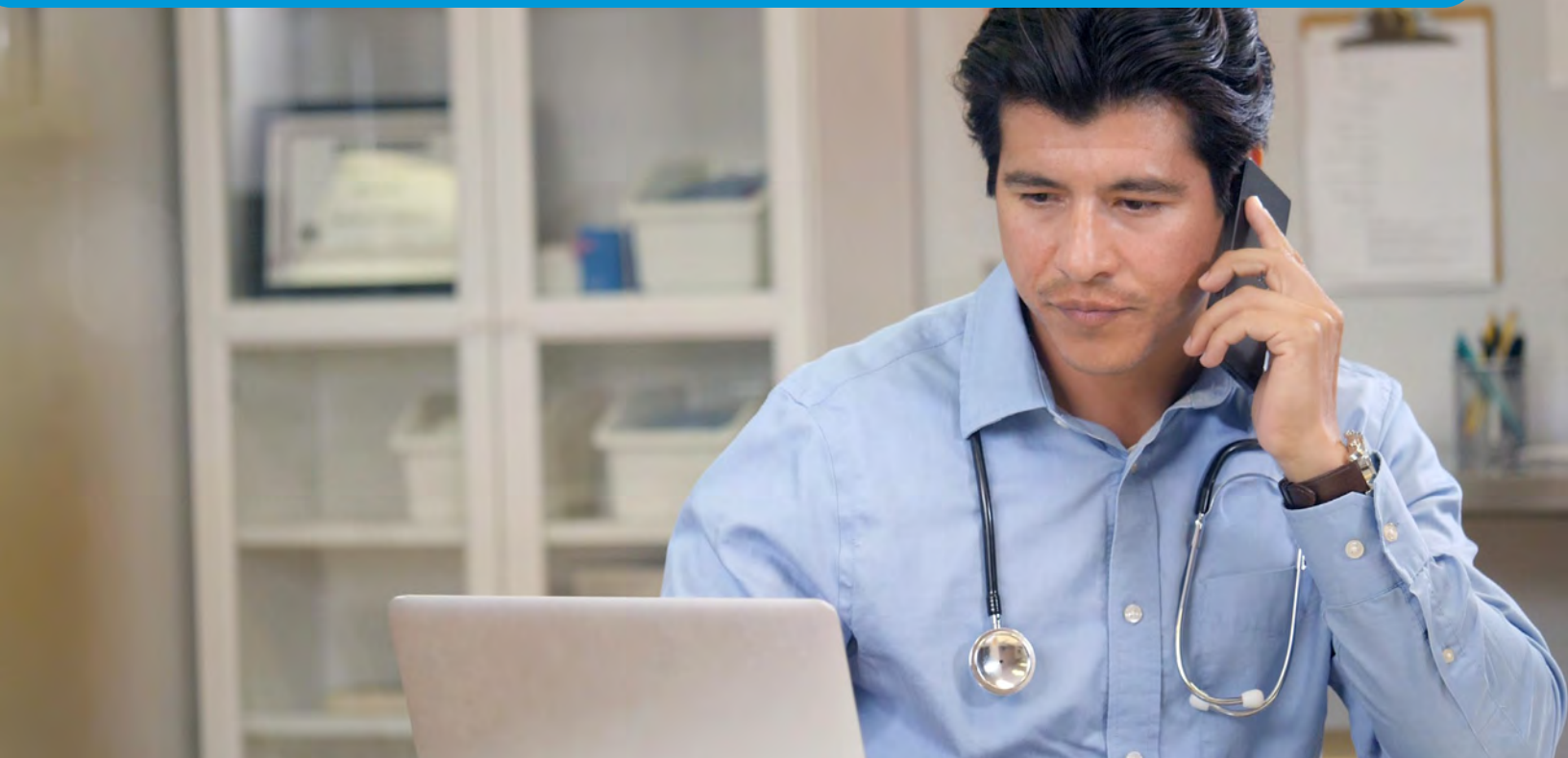
Members' and Participants' rights and responsibilities

We are committed to treating our members and Participants with dignity and respect. Our plans, network providers, and other providers of service may not discriminate against members or Participants based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members and Participants also have specific rights and responsibilities.

The complete list is available at www.amerihealthcaritaspa.com > **Providers** > **Resources** > **Member rights and responsibilities** and www.amerihealthcaritaschc.com > **For Providers** > **Resources** > **Participant information**.

Member and Participant copayment schedule

The most current copayment schedule is available at www.amerihealthcaritaspa.com > **Providers** > **Billing** > **Additional Billing Information** and www.amerihealthcaritaschc.com > **For Providers** > **Resources** > **Participant Information**.



Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of AmeriHealth Caritas Pennsylvania or AmeriHealth Caritas PA CHC 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**
- Mailing a written statement to:
Special Investigations Unit
AmeriHealth Caritas Pennsylvania/
AmeriHealth Caritas PA CHC
3875 West Chester Pike
Newtown Square, PA 19703

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>**.

We are committed to detecting and preventing acts of fraud, waste, and abuse and have webpages dedicated to addressing these issues and mandatory screening information. Visit

www.amerihealthcaritaspa.com > Providers > Resources > Fraud, waste, and abuse information and **www.amerihealthcaritaschc.com > For Providers > Claims and billing > Fraud, waste, abuse and mandatory screening information.**

Topics include:

- Information on screening employees for federal exclusion
- How to report fraud to AmeriHealth Caritas Pennsylvania or AmeriHealth Caritas PA CHC
- 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.

- AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC medical providers, go to **<https://www.surveymonkey.com/r/FWAAttest>**.
- AmeriHealth Caritas PA CHC LTSS providers, go to **http://www.surveymonkey.com/r/FWA_Attest**.

Covered benefits and services

All Participants are entitled to the medical benefits provided under the Pennsylvania Community HealthChoices program. Additionally, Participants who qualify through DHS are eligible to receive LTSS benefits under the same program.

For more information about benefits and services, go to Section 1 of the Provider Manual, which can be found at www.amerihealthcaritaschc.com > For Providers > Provider manual and forms.

Behavioral health services

AmeriHealth Caritas PA CHC recognizes that a Participant's optimal health and well-being are better achieved through a whole-person approach. We strive to address our Participants' behavioral health (BH) needs through care coordination and collaboration with the behavioral health managed care organizations (BH-MCOs).

AmeriHealth Caritas PA CHC conducts a comprehensive needs assessment of every Participant who is eligible for LTSS, or who requests an assessment. If you are working with an AmeriHealth Caritas PA CHC LTSS Participant residing in the community or a nursing facility who has an identified unmet BH need, please contact an AmeriHealth Caritas PA CHC Service Coordinator by calling **1-855-332-0116**. The Service Coordinator will make a referral to our BH Coordinator, who can help the Participant connect to BH services.



Be involved — join our Participant Advisory Committee

AmeriHealth Caritas PA CHC hosts a quarterly Participant Advisory Committee meeting, and we are asking for your help.

The Participant Advisory Committee is a forum where Participants, providers, caregivers, family members, and direct care workers come together to help us make a difference.

The purpose of the committee is to provide our Participants with an effective means to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire CHC population in the zone, including people with LTSS needs.

The 2024 Participant Advisory Committee meeting schedule is as follows:

Zone	Time	Date			Location
Lehigh/Capital	All meetings 11 a.m. – 1 p.m.	June 11	September 10	December 10	All meetings will be on Zoom until further notice.
Northeast		June 6	September 5	December 5	
Northwest		June 4	September 3	December 3	
Southwest		June 18	September 17	December 17	

We are excited to share that we are actively recruiting a diverse group of Participants and providers based on geographic diversity!

- Do you know a Participant who likes to be involved in community meetings or organizations?
- Do you know a formal or informal caregiver who has expressed interest in advocating for others?

If so, we want to hear from them!

Please reach out to Community Relations Manager Nicole Ragab at nragab@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!



Annual Office of Long-Term Living (OLTL) critical incident reporting training due by December 31

Provider and service coordination entity staff must be trained annually on preventing abuse and exploitation of Participants; critical incident reporting; and mandatory reporting requirements. OLTL offers provider and service coordination entities online training to meet this mandatory annual training requirement. After finishing each module, you will be linked to a webpage to register your completion and print your certificate. Note that you will need your provider number/service location or FEIN number to complete the registration page at the end of each module. This mandatory annual training must be completed by December 31 of each year.

Training for Incident Management and Protective Services is available on OLTL contractor Dering Consulting's website: <https://deringconsulting.com/OLTL-Provider>.





2024 Pediatric Preventive Dental Pay-for-Performance (P4P) Program changes

The Pediatric Preventive Dental Pay-for-Performance (P4P) Program has implemented changes beginning in 2024. As you are aware, the goal of this program is to have earlier intervention into the disease prevention process and to increase inclusion of patients who have previously not been active in receiving quality oral health services.

The most recent Pediatric Preventive Dental P4P flyer, with all updates included, can be found on our website at www.amerihealthcaritasp.com > **Providers** > **Resources** > **Dental Program**.

If you have any questions regarding this program, please contact your Dental Account Executive.

Hepatitis C agents on the Preferred Drug List (PDL) no longer require prior authorization within quantity limits

As a reminder preferred direct-acting antivirals in the “Hepatitis C Agents” class on the Pennsylvania Statewide PDL no longer require prior authorization when prescribed within quantity limits. This update is pursuant to MAB 2023062905, issued by DHS on June 29, 2023.

Please note that prior authorization is still required for non-preferred agents in this class and for any request (preferred or non-preferred) that exceeds quantity limits.

In addition, all Hepatitis C agents remain designated as Specialty drugs for AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC, and therefore must still be dispensed via a pharmacy included in AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC’s specialty pharmacy network.

You can access the Pennsylvania PDL on the DHS website at <https://papdl.com>.

For the health plan formularies, go to www.amerihealthcaritaspa.com > Pharmacy > Formulary or www.amerihealthcaritaschc.com > Providers > Pharmacy Services.



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 > Providers > Pharmacy > Pharmacy Prior Authorization > Online Prior Authorization Request Form or www.amerihealthcaritaschc.com > For Providers > Pharmacy Services > Pharmacy Prior Authorization > Online prior authorization request form.

Please visit our websites for:

- A list of pharmaceuticals, including restrictions and preferences
- How to use the 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



Discontinuation of Flovent and Levemir brand name formulations

The manufacturers of Flovent and Levemir have recently communicated plans to discontinue all brand name formulations of these products starting in the very near future. We encourage you to work with our members and Participants who utilize these products to identify appropriate alternatives on the Pennsylvania DHS Statewide PDL and to transition to these alternatives as soon as possible.

Additional alternatives to Flovent have been made preferred on the 2024 Statewide PDL that is utilized by all Pennsylvania managed care organizations. These products are available as preferred alternatives on the AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas PA CHC formulary. Alternatives for Levemir are currently available as well and are scheduled to remain unchanged on the Statewide PDL into 2024.

Please consider the following as you work with your members and Participants on these transitions:

Product name	Discontinuation date (per manufacturer)	FDA-approved Age	Statewide PDL preferred alternative	FDA-approved age
Flovent Diskus Flovent HFA	January 1, 2024	4 years and older	Asmanex Twisthaler	4 years and older
			QVAR Redihaler	
			Asmanex HFA	5 years and older
			Arnuity Ellipta	
			Pulmicort Flexhaler	6 years and older
Levemir Flexpen	April 1, 2024	2 years and older	Insulin glargine Solostar, vials (unbranded biologic for lantus [Winthrop brand only])	6 years and older
Levemir vials	End of 2024		Lantus Solostar, vials	
			Toujeo Solostar	
			Toujeo Max Solostar	

For a complete list of preferred and non-preferred drugs on the 2024 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.



Promoting health equity and cultural competency

We are committed to promoting effective, equitable, understandable, and respectful quality services that are responsive to our members' and Participants' diverse cultural health beliefs, practices, preferred languages, health literacy, and other communication needs. Our plans use the National CLAS Standards and the NCQA Health Equity Standards as a blueprint to advance health equity, improve quality, and help eliminate health care disparities. We foster cultural awareness both in our staff and in our provider communities by encouraging everyone to report race, ethnicity, and language (REL) data to help ensure that the cultures prevalent in our membership are reflected to the greatest extent possible in our provider network. The race and ethnicity of our providers are confidential. However, the languages reported by providers are published in our plan's Provider Directory so that members and Participants can easily find doctors who speak their preferred language.

Our websites offer resources and educational tools that can assist you and your practice with questions about delivering effective health services to diverse populations. For additional information, please visit www.amerihealthcaritaspa.com > Providers > Initiatives > Cultural competency and www.amerihealthcaritaschc.com > For Providers > Training.

Language and translation services

To help make sure our members and Participants 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** and www.amerihealthcaritaschc.com > **For Providers > Training** to review a description of services, a letter of

commitment, 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 **1-215-259-7000, ext. 55321**.

If an AmeriHealth Caritas PA CHC Participant needs an interpreter, please ask the Participant to call us at **1-855-235-5115** to be connected with an interpreter that meets their needs. For TTY services, please call **1-855-235-5112**.





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