



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 (PA) Community HealthChoices (CHC) 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.

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2021 – 2022 flu vaccination (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 Participants older than age 18 includes the cost of the vaccine.
- ✓ Providers administering seasonal flu vaccine to Participants older than age 18 should obtain the vaccine and supplies from their regular vaccine supplier.

COVID-19 news and updates

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

AmeriHealth Caritas PA CHC 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 Participants.

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 Participants, 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.
- Drug and alcohol outpatient clinics.
- Ambulance providers.
- Renal dialysis centers.

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.amerihhealthcaritaschc.com > For Providers > Providers Homepage > Important information regarding COVID-19 vaccines.

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 Participants' 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 Participant requires or requests translation services because they are either non-English or limited-English-speaking, have a preferred language, or have a 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 Participant Services at **1-855-235-5115**.

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.amerihealthcaritaschc.com > For Providers > Training.

We also offer resources and training specific to the health care needs of the LGBTQIA+ community. Access this important information at www.amerihealthcaritas.com > For Providers > Training > **Lebian, gay, bisexual, transgender, and queer (LGBTQ) cultural competency.**



Translation services

To help ensure our 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.amerihealthcaritaschc.com > **For Providers > Training > Get language services for your practice at discounted prices** 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**.

Medical record standards

Complete and consistent documentation in patient medical records is an essential component of quality patient care. AmeriHealth Caritas PA CHC adheres to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations. AmeriHealth Caritas PA CHC performs an annual medical record review on a random selection of practitioners. The medical records are audited using the standards listed on our website: www.amerihealthcaritaschc.com > **For Providers > Resources > Medical Record Standards**.

COVID-19 booster shot protection for those with high blood pressure

Did you know people with high blood pressure and other health problems are at a higher risk for COVID-19? Please make sure to remind your Participants to:

- Get vaccinated.
- Monitor their blood pressure and diet.
- Have enough medication on hand to treat their high blood pressure and other health conditions.
- Wear a mask in public areas if needed.
- Wash their hands with soap and warm water.

Access to Care Management

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

- Disease management and education.
- Discharge planner referral.
- Participant or caregiver referral.
- Practitioner referral.

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

Important information about reporting missed visits

AmeriHealth Caritas PA CHC has identified a concerning trend with incomplete or vague details when reporting missed visits in HHAeXchange (HHA). It is critical to report missed visits timely, accurately, and with sufficient detail when entering your report within HHA.

As a reminder, AmeriHealth Caritas PA CHC providers are required to report all missed services for AmeriHealth Caritas PA CHC Participants who utilize home health skilled care, home health aide services, or Personal Assistance Services (PAS).

Please remember to:

- Use correct reason codes for reporting missed visits.
 - Additional details are required, regardless of the reason code.
 - All missed visits should have details as to why the visit is missed regardless of the code used. Generic drop-down answers do not include vital details that the Office of Long-Term Living (OLTL) is reviewing.
 - Provider comments should succinctly describe the circumstances of the missed visit and steps taken

to ensure Participant health and safety, particularly when due to inability to staff.

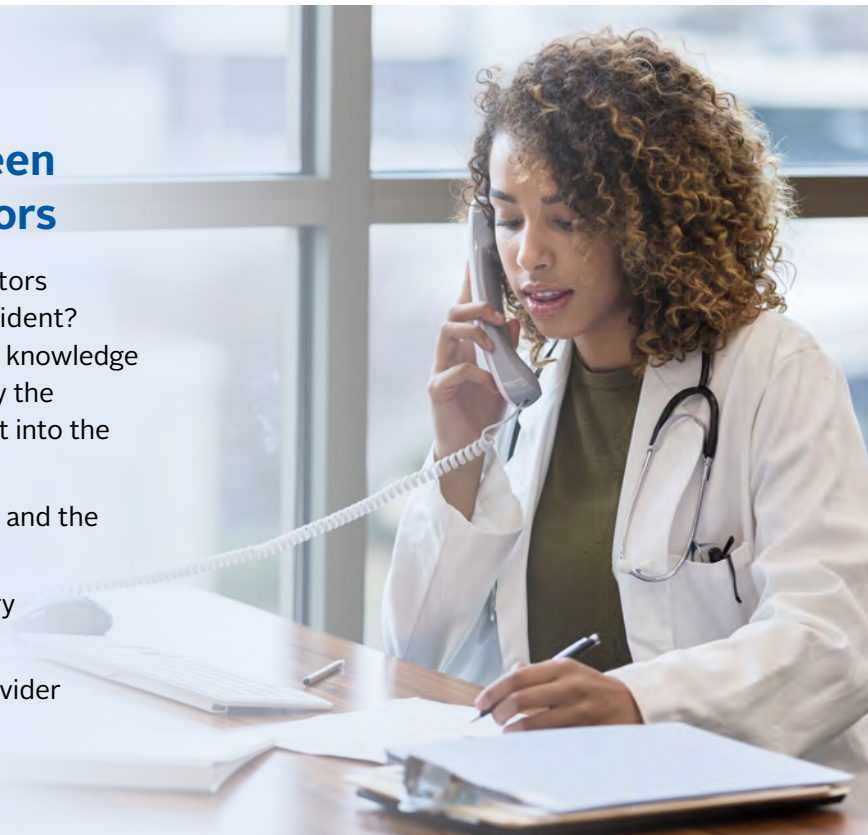
- For Participants with excessive missed shifts (30% or more of authorized visits), providers must have an explanation as to why and what steps are being taken to keep the Participant safe.
- If Health/Safety Risk = YES, the identified health or safety risk should be described in additional details.
- No missed shifts should be reported if there is no active service authorization for the applicable dates.
- If an Enterprise Incident Management (EIM) report is required, you must ensure you have entered the EIM and reported the correct EIM number for the incident. **Do not** enter placeholder numbers in this required field.

Please contact your Account Executive with any questions about required missed visit reporting.

Critical incident reporting: improving communication between providers and Service Coordinators

Did you know that network providers and subcontractors **are required** to report the occurrence of a critical incident? If you are the witness to the incident or have first-hand knowledge of the occurrence, it is your responsibility to both notify the Participant's Service Coordinator and enter the incident into the EIM system. By completing these steps you will:

- Decrease the amount of work for both the provider and the Service Coordinator.
- Decrease duplicate work that will cause unnecessary deletions in the EIM system.
- Improve collaboration and rapport between the provider and Service Coordinator.



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 Participants.

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 Participants. We, 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 Participants.



Claims filing time frames

As a reminder, below are the AmeriHealth Caritas PA CHC claims filing time frames:

- Original invoices must be submitted 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 adjustment must be submitted within 365 calendar days from the date services were rendered or compensable items were provided.
- Claims with Explanation of Benefits (EOBs) from primary insurers must be submitted within 60 days of the date of the primary insurer's EOB.

AmeriHealth Caritas PA CHC will not grant exceptions to the claims filing time frames. Failure to comply with these time frames 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 AmeriHealth Caritas PA CHC's right to deny any future claims that are filed after the deadlines or as a waiver of AmeriHealth Caritas PA CHC's right to retract payments for any claims paid in error.

For the most up-to-date claims filing information and instructions, go to:

[www.amerihealthcaritaschc > For Providers > Claims and billing > Claims filing guide for HCBS providers](#)

[www.amerihealthcaritaschc > For Providers > Claims and billing > Claims filing guide for medical providers](#)

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

Keep your demographic information up to date

As a reminder, providers are contractually bound to report changes that affect referrals, such as the relocation of an office site, and to ensure that all service locations are registered and enrolled with DHS and have an active Medical Assistance ID number (MMIS/PPID) for each location.

The Provider Change Form for long-term services and supports (LTSS) providers can be found in the Provider Center on our website at: www.amerhealthcaritaschc.com/provider/manual-forms/index.aspx.

Providers are responsible for notifying their Account Executive immediately of the following changes:

- Change of ownership.
- Change to the name of the entity (including DBA).
- Change to the Tax ID Number or Employer Identification Number.
- Change to the Group Medicaid ID Number (PPID/MPI).
- Change in the status of the business filing with the Pennsylvania Department of State.
- Change in service location address (change must first be approved as PA DHS active type 59 with CHC).
- Demographic changes (e.g., remittance address, phone numbers, point of contact, etc.)

**** Unreported changes may result in payment delays.****



Protecting Participants' information

AmeriHealth Caritas PA CHC is committed to protecting the privacy of our Participants' 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 Participant 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.amerhealthcaritaschc.com > For Participants > Getting Care > Privacy protections for Participant race, ethnicity, and language data.

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

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

- AmeriHealth Caritas PA CHC continues 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 PA CHC effective January 3, 2022.**
- AmeriHealth Caritas PA CHC 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 PA CHC 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 PA CHC Pharmacy and Therapeutics Committee.
- For more information about prior authorization go to: www.amerihealthcaritaschc.com/provider/pharmacy/prior-auth.aspx.
- The process for obtaining prior authorization process remains the same.

Online: www.amerihealthcaritaschc.com > For Providers > Pharmacy services

Phone: **1-888-674-8720**

Fax: Please see available prior authorization request forms with fax numbers at:
www.amerihealthcaritaschc.com/provider/pharmacy/prior-auth.aspx





Formulary updates

Where can I see the changes?

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

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 & 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, Fasentra
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>.



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 Participant Clinical Summary report!

- **The Participant 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	24/12/20
2 Dose	Moderna	21/01/2021

Protecting Participants' information

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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 Community HealthChoices population in the zone and/or populations with long-term services and supports (LTSS) needs.

The 2022 Participant Advisory Committee meeting schedule is as follows:

Zone	Time	Dates				Location
Lehigh/Capital	1:30 p.m. – 3 p.m.	3/15/2022	6/24/2022	9/22/2022	12/15/2022	Zoom (until further notice)
Northeast	3 p.m. – 4:30 p.m.	3/8/2022	6/8/2022	9/8/2022	12/7/2022	Zoom (until further notice)
Northwest	10:30 a.m. – noon	3/8/2022	6/8/2022	9/8/2022	12/7/2022	Zoom (until further notice)
Southwest	10:30 a.m. – noon	3/16/2022	6/16/2022	9/15/2022	12/14/2022	Zoom (until further notice)

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 Outreach Program Manager Maritza Padua at mpadua@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!

Fraud tip hotline

If you or any entity with which you contract to provide health care services on behalf of 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 Community
HealthChoices
200 Stevens Drive
Philadelphia, PA 19113

Information may be left anonymously.

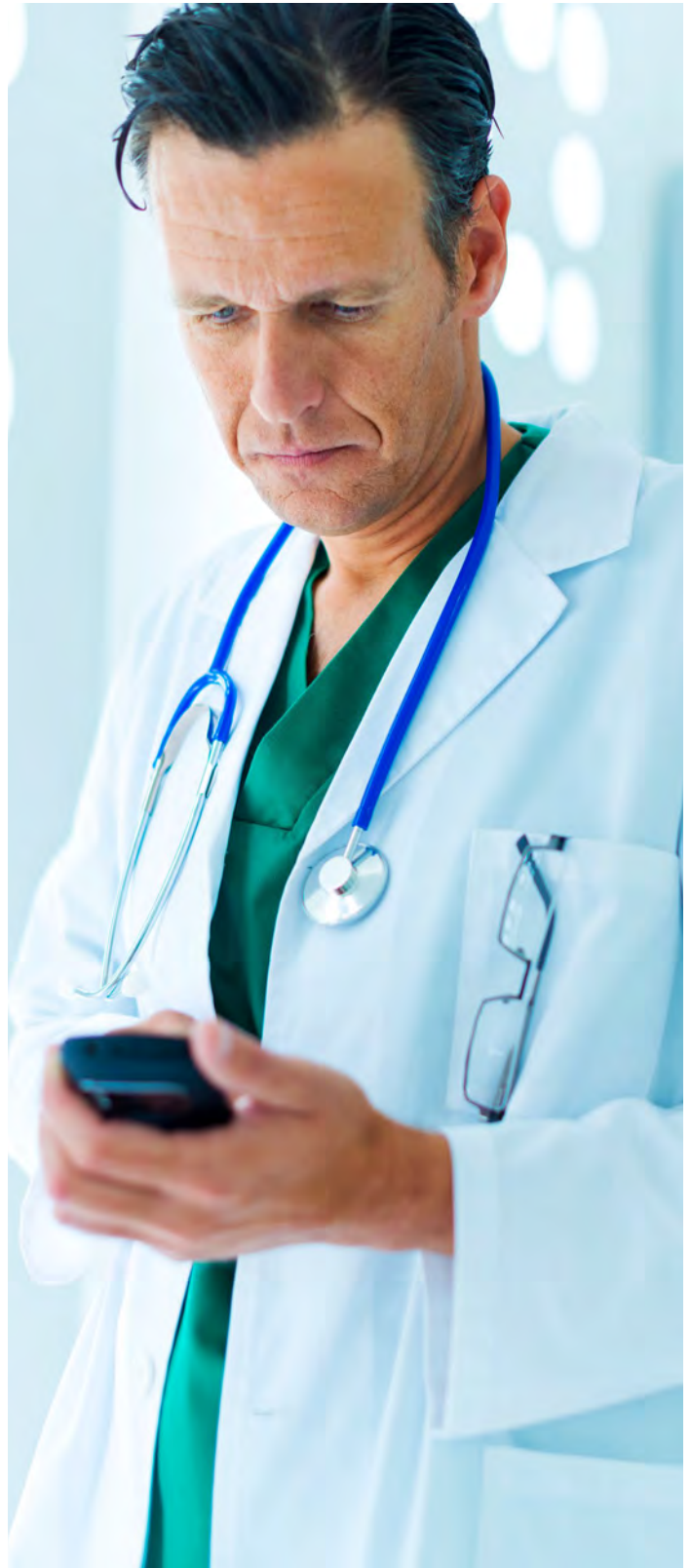
For more information about Medical Assistance fraud and abuse, please visit the DHS website at **<https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Fraud-and-Abuse---General-Information.aspx>**.

Fraud, waste, abuse, and mandatory screening information

Reminders for AmeriHealth Caritas PA CHC providers:

- Complete the fraud, waste, and abuse training and attestation annually.
- Screen employees and contractors, both individuals and entities, for participation exclusion from Medicare, Medicaid, or any other federal health care program.
- Report fraud, waste, or abuse concerns and incidents immediately.

If you have not completed your training for this calendar year, please go to: **www.amerihealthcaritaschc.com/provider/claims-billing/fwa.aspx** and complete the training and attestation as soon as possible.





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