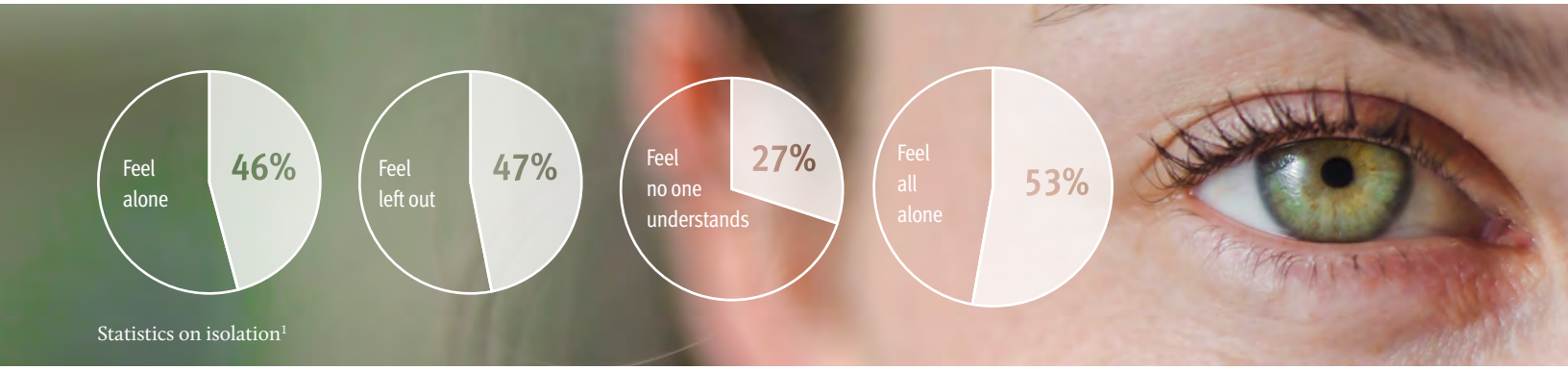
Community HealthChoices | AmeriHealth Caritas Pennsylvania

CONNECTIONS

A Provider's Link to AmeriHealth Caritas Pennsylvania Community HealthChoices

Winter 2020 | Issue 3



Statistics on isolation[1]

Addressing depression and anxiety during COVID-19 for patients and providers

The pandemic has increased mental health risks caused by job loss or risk of job loss; isolation and social distancing; juggling children and work; not having proper supplies; fear of getting sick; and managing expanded workloads. We even know that 54% of Americans fear they may lose their jobs due to the coronavirus outbreak and another 50% of workers say they are fearful of returning to work due to health concerns. Besides the risks, there are psychological effects of quarantine such as acute stress disorder, symptoms of post-traumatic stress disorder, depression, anger and confusion, irritability, insomnia, and suicidal ideation.[2,3,4]

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In This Issue

Addressing depression and anxiety during COVID-19 for patients and providers

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Social connection risk continuum[1]	
High Social Connection is associated with protection.	Low Social Connection is associated with risk.

What does data look like after our COVID-19 quarantine protocols?

We have seen alarming increases:

- From February 16 to March 15, anti-anxiety prescriptions increased 34.1%.
- Antidepressants and anti-insomnia prescriptions increased 18.6% and 14.8%, respectively.
- The use of anti-anxiety and anti-insomnia medications had been declining over the past five years.
- Anti-anxiety use was down 12% and anti-insomnia use was down 11.3%.[5]

You and your staff are on the front line, and considering the challenges, it is OK to not be OK.

Start the conversation:

- Talk with someone you trust about how you are feeling.
- Understand that self-help and healthy coping strategies may not be enough.
- A longer delay in seeking the most appropriate treatment and support will lead to a more difficult recovery.
- Consider seeking appropriate professional help.
- Visit **www.HowRightNow.org** for tips on how to begin the conversation.

Strategies for employees and you[6]

- Lead by example to reduce stigma; speak candidly about mental health.
- Connect employees to wellness and health programs, trainings, and seminars like those listed above.
- Make mental health self-assessment tools and materials available.
- Create designated office quiet zones and de-stressing areas.
- Require employees to go offline during lunch breaks.
- Upgrade work-from-home setups.

Practice self-care[7]

- Take breaks from news stories and social media.
- Make time for deep breathing, stretching, meditation, or another activity you enjoy.
- Try to eat healthy, well-balanced meals.
- Exercise regularly and get plenty of sleep.
- Avoid excessive alcohol consumption.
- Talk with people you trust about how you are feeling.

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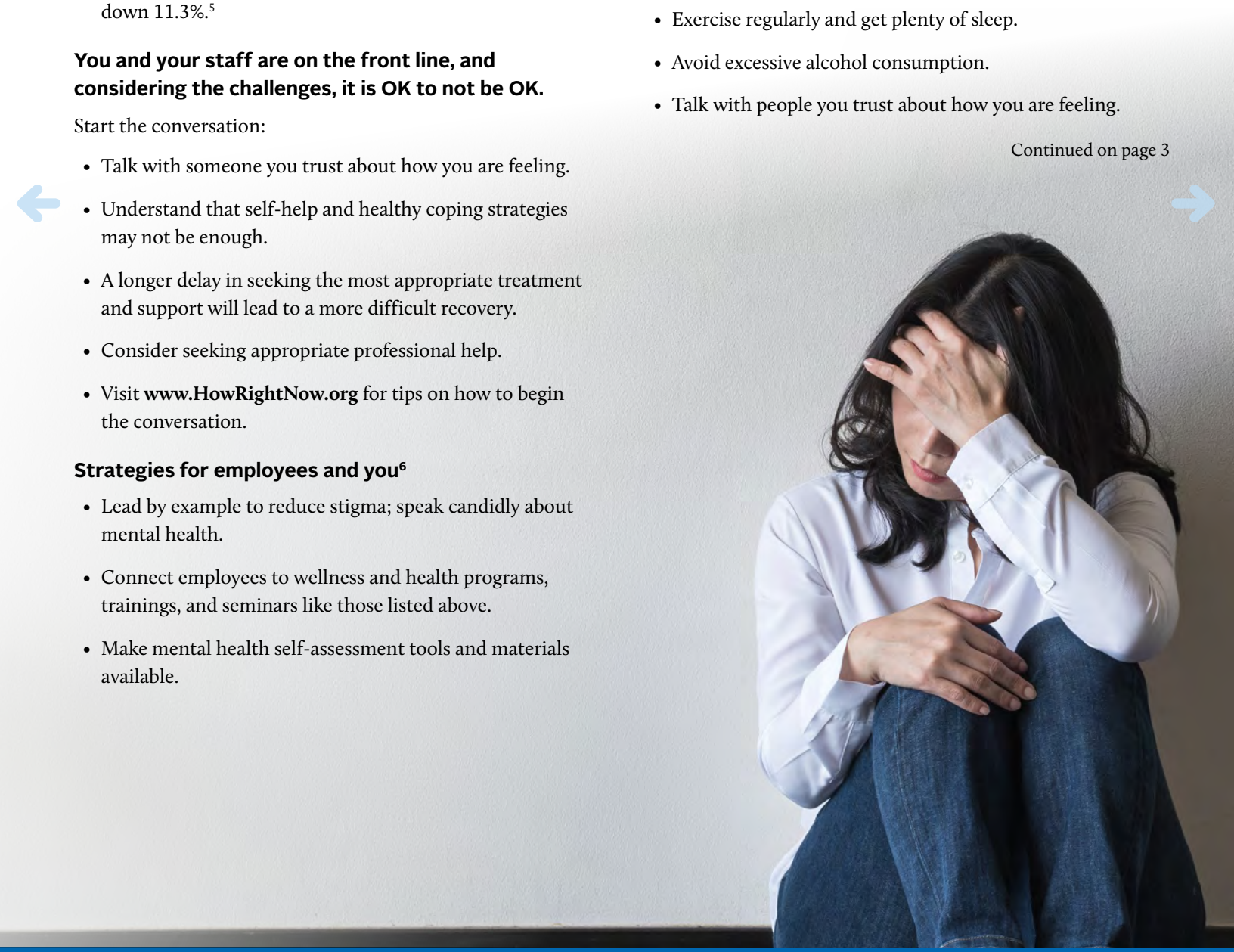

Addressing depression and anxiety during COVID-19 for patients and providers

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How to help Participants:

To refer a Participant to behavioral health services by county, please go to **https://www.enrollnow.net/program-resources**.

Other resources for patients

www.HowRightNow.org: Created by the CDC Foundation. Provides resources that support mental health during the pandemic and offers ideas for ways to cope with COVID-19 related stress. Features an interactive tool to help users find resources that address their specific concerns and how to start the conversation about how they are feeling. Other resources on the site are fact sheets, articles, webinars, mobile apps, and crisis hotlines from a variety of reputable organizations such as the Centers for Disease Control and Prevention (CDC), the American Red Cross, the U.S. Department of Veterans Affairs, AARP, and the American Psychological Association.

As a reminder, we have online trainings on mental health available to you at **www.amerihealthcaritaschc.com > Providers > Resources > Behavioral Health**.

1 Holt-Lunstad, J. "Spotlight on the Problem." National Institute for Health Care Management, October 15, 2018. **https://nihcm.org/publications/the-health-impact-of-loneliness-emerging-evidence-and-interventions**.

2 Holt-Lunstad, J. (2018). The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors. The Gerontological Society of America, 127-130.

3 "COVID-19's Impact on Mental Health and Workplace Well-being," National Institute for Health Care Management Foundation, October 16, 2020. **https://www.nihcm.org/categories/covid-19-s-impact-on-mental-health-and-workplace-well-being**.

4 PsychU. May 4, 2020. The Negative Psychological Effects of Quarantining & How to Mitigate Them. Retrieved from www.psychu.org: https://www.psychu.org/the-negative-psychological-effects-of-quarantining-and-how-to-mitigate-them/.

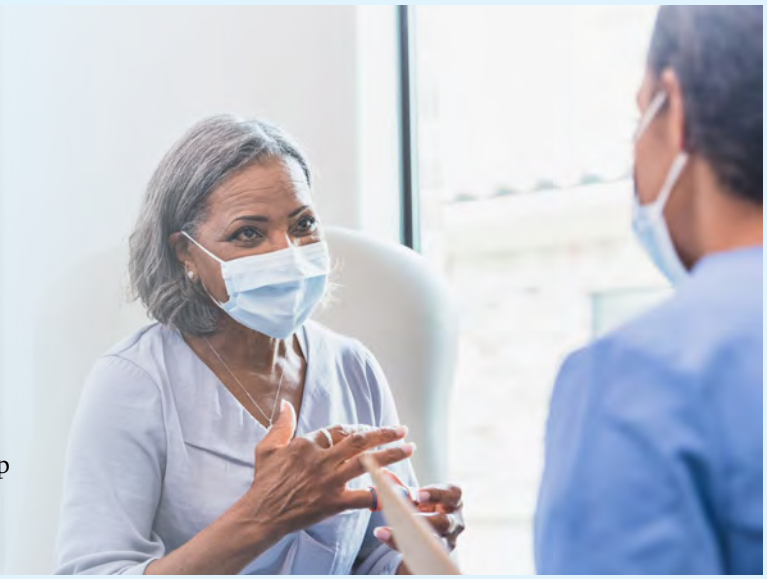
5 Express-Scripts. April 16, 2020. America's State of Mind Report. Retrieved from www.express-scripts.com: **https://www.express-scripts.com/corporate/americas-state-of-mind-report**.

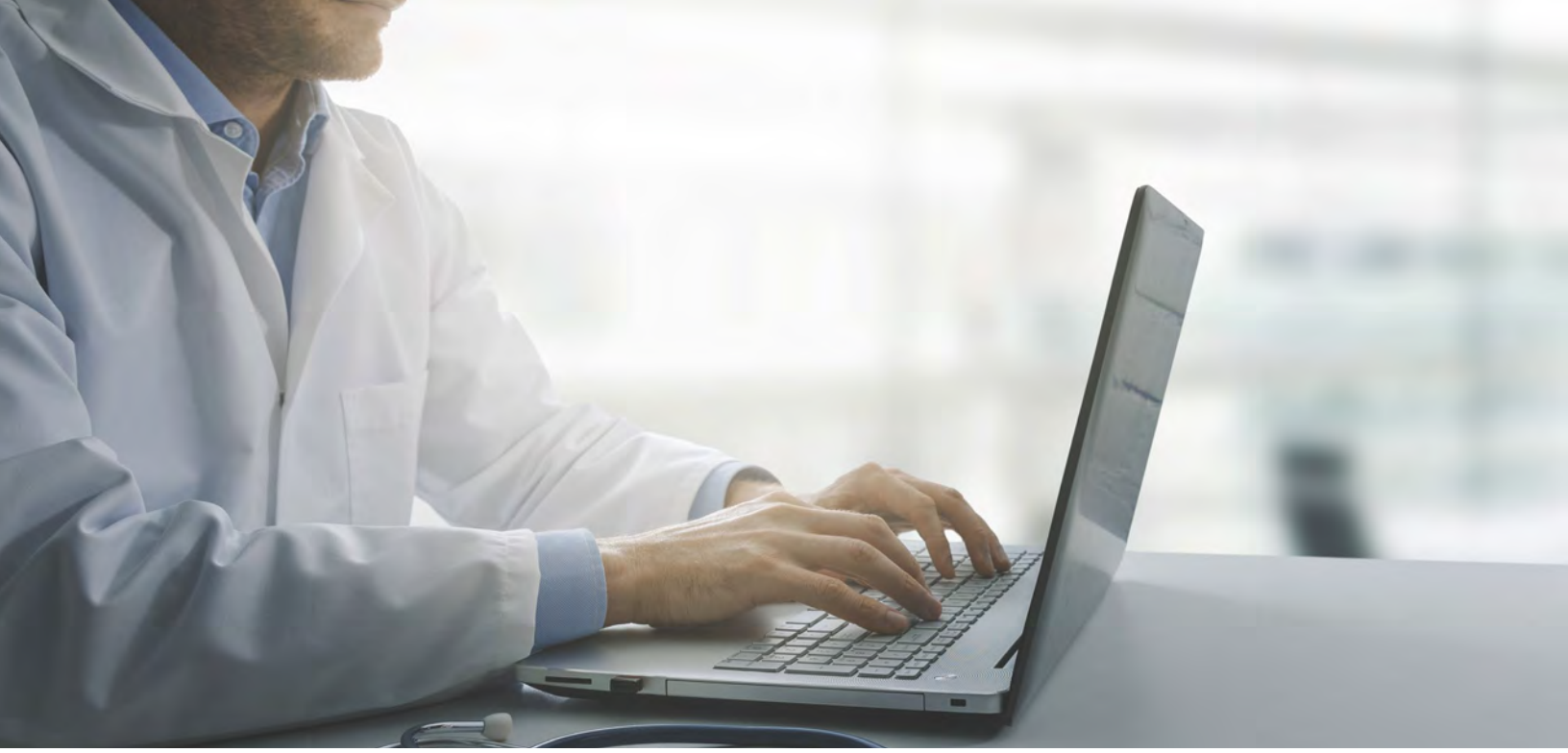
6 "COVID-19's Impact on Mental Health and Workplace Well-being," National Institute for Health Care Management Foundation, October 16, 2020. **https://www.nihcm.org/categories/covid-19-s-impact-on-mental-health-and-workplace-well-being**.

7 CDC. April 30, 2020. Coronavirus Disease 2019 Stress and Coping. Retrieved from www.CDC.gov: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html.

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 plan's low, corporate telephonic rates. Go to the Provider Center at **www.amerihealthcaritaschc.com > Providers > Training** and scroll down to "**Get language services for your practice at discounted prices**" to review a description of services and a letter of commitment that includes complete details and contact information. You may address any questions you have to LSA, since this relationship will be between your office and LSA. Feel free to call them at **1-215-259-7000**, ext. **55321** or **1-800-305-9673**.





Prior authorization lookup tool

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

The following services always require prior authorization:

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

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

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

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

Instructions

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

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

As a reminder, DHS required all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices plans to move to the mandated statewide PDL in 2020 and to adhere to any subsequent statewide PDL updates. As such:

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

*** Important note: Until January 5, 2021, the current version of the statewide PDL is still in effect.**

Reminder:

- AmeriHealth Caritas PA CHC will maintain a list of preferred and nonpreferred drugs in classes that are not included in the statewide PDL. This is called the Supplemental Formulary.
- Medication classes that are not included in the statewide PDL are reviewed and approved by the AmeriHealth Caritas PA CHC Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization remains the same. For more information about prior authorization, contact us by:
  - Phone: 1-888-674-8720
  - Fax: 1-855-851-4058
  - Online: **www.amerihealthcaritaschc.com > Providers > Pharmacy Services**

Where can I see the changes?

The up-to-date PDL is available on DHS' Pharmacy website at **https://papdl.com/**.

If you have any questions about these changes, please contact AmeriHealth Caritas PA CHC Pharmacy Services at **1-888-674-8720**.

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

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

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

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

Formulary updates

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

Note: No removals.

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

Use our online prior authorization request form to submit pharmacy prior authorization requests instantly. To get started, go to **www.amerihealthcaritaschc.com/provider/pharmacy/prior-auth.aspx**.

Pharmacy resources on our website

- Please visit the Pharmacy Services section of our website at **www.amerihealthcaritaschc.com/provider/pharmacy/index.aspx** for up-to-date pharmacy information, including:
  - Changes approved by the P&T Committee.
  - Opioid treatment resources.
  - How to use pharmaceutical management procedures.
  - Prior authorization criteria and procedures for submitting prior authorization requests.
  - Changes approved by the Pharmacy and Therapeutics Committee.

Reminder: Silver diamine fluoride

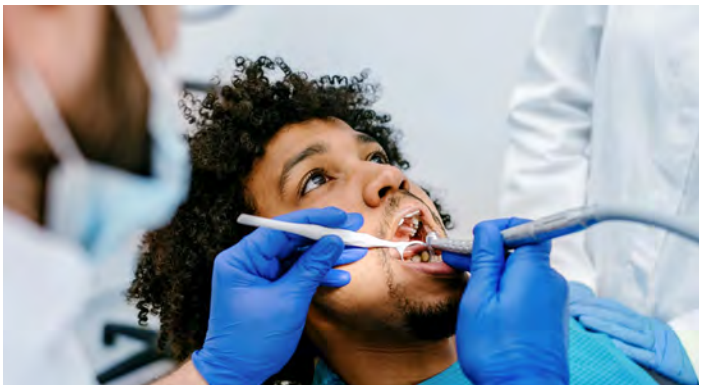
The U.S. Food and Drug Administration (FDA) approved the application of silver diamine fluoride (SDF) in 2014 as a clinical treatment to help reduce sensitivity. Commonly referred to as SDF, silver diamine fluoride can be used "off label" in dental offices to help control the active progression of dental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

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

SDF is a benefit for all Participants, including those with special needs. It serves as an alternative to more invasive procedures and can help delay drilling to fill a cavity or sedation until a child is older.

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

SDF can provide a safe and effective treatment option for use in community-living facilities and for medically compromised patients. Application is simple and requires no special equipment or infrastructure support. For patients in ambulatory or palliative care, SDF can prevent the progression of carious lesions without the added stress that often occurs when transporting these patients to a dental facility for treatment. Patients with advanced dementia or



mental illnesses do not fully understand dental and medical procedures, making it difficult to treat them safely. In these cases, SDF can be an alternative treatment option.

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

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

HEDIS® measure: Controlling High Blood Pressure (CBP)

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

HEDIS measure definition

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

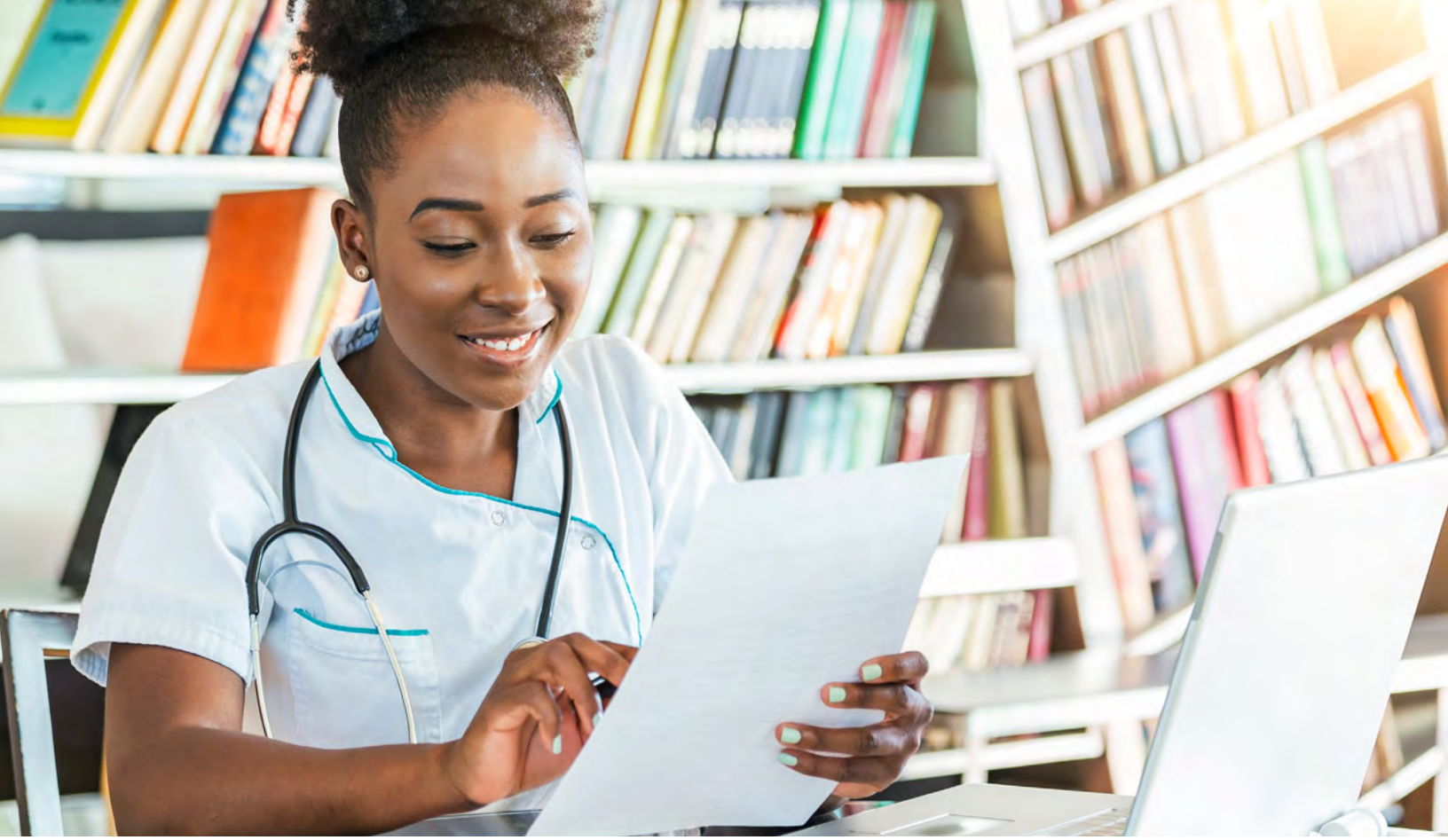
What has changed

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

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

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

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



HEDIS data collection and reporting

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

- Every provider in our network is required by contract to cooperate with and participate in our Quality Management (QM) program and Quality Assessment and Performance Improvement (QAPI) program. We rely on your cooperation and participation to meet our own state and federal obligations as a Medicaid managed care organization (MCO).
- Our access to the medical records maintained by our providers is a critical component of our data collection as we seek to ensure appropriate and continued access to care for our Participants. AmeriHealth Caritas PA CHC or its designee 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.

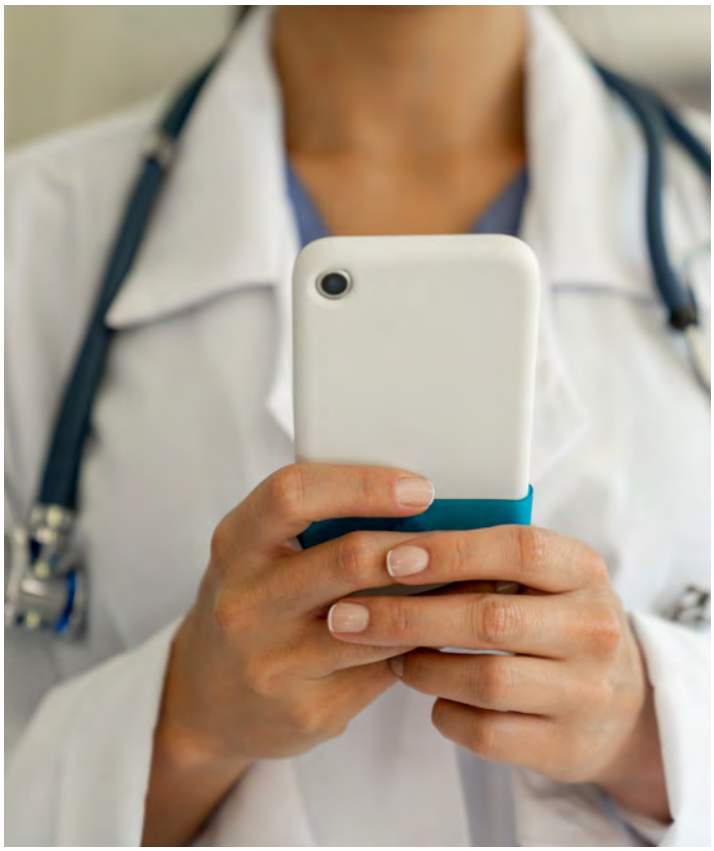
Our clinical reviewers fully investigate potential quality of care (QOC) concerns, in accordance with our policy. Providers are expected to comply with QOC review processes, beginning with the timely submission of records in response to requests from us. Your support of and participation in this critical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

Summary of Privacy Practices

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 a Participant's health 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.amerihealthcaritaschc.com/participants/eng/rights/index.aspx**.

Fraud, waste, and abuse

If you suspect it, report it.



Help us fight fraud, waste, and abuse.

- Phone: Our toll-free Fraud Tip Line at **1-866-833-9718**
- Email: **fraudtip@amerihealthcaritas.com**
- Mail a written statement to:

  AmeriHealth Caritas Pennsylvania
  Community HealthChoices
  Special Investigations Unit
  200 Stevens Drive
  Philadelphia, PA 19113

Information may be left anonymously. Providers may also report suspected fraud, waste, and abuse by:

- Phone: Ethics and Compliance hotline:
  1-**844-DHS-TIPS** or **1-844-347-8477**
- Online: www.dhs.pa.gov
- Fax: **1-717-772-4655**
  Attn: MA Provider Compliance Hotline
- Mail: Department of Human Services

Bureau of Program Integrity
P.O. Box 2675
Harrisburg, PA 17105-2675

Mandatory fraud, waste, and abuse provider training is available online at **www.amerihealthcaritaschc.com/provider/claims-billing/fwa.aspx.**

Considerations for implementing health equity strategies in telemedicine services

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

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

Telemedicine and health equity

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

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

Telemedicine has the potential to address and improve health care access barriers including unreliable transportation, inability to get time off work, lack of culturally appropriate care including language barriers, and lack of child care or elder care. However, based on current challenges that vulnerable groups are facing with telemedicine services, there is potential to create, reinforce, and/or widen disparities further.

Strategies to improve telemedicine services

The CDC has compiled the following actionable solutions for health care systems to improve telemedicine services that address health inequities:[3]

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

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

[1]AAFP. "What's the Difference between Telemedicine and Telehealth?" AAFP. 2020, **www.aafp.org/news/media-center/kits/telemedicine-and-telehealth.html**.

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

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

Electronic Visit Verification (EVV) implementation reminder for HCBS providers

We want to remind our home- and community-based services (HCBS) providers who deliver personal assistance services (PAS) and respite services of the required EVV implementation date and requirements outlined in the Office of Long-Term Living and Developmental Programs bulletin 07-20-04, 54-20-04, 59-20-04, 00-20-03, released by DHS on September 10, 2020. As directed by DHS, AmeriHealth Caritas PA CHC will comply with all federal and state EVV requirements around EVV implementation.

Beginning **January 1, 2021**, claim lines billed with codes **W1793** (PAS) and **T1005** (respite) for dates of service on or after January 1, 2021, without matching EVV transaction information will be denied. Providers with questions about EVV can find more information on the DHS website at **https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx.**

Electronic funds transfer (EFT) and electronic remittance advice (ERA) reminders

Change Healthcare and ECHO Health Inc. now offer additional electronic payment methods, including Virtual Credit Card (VCC) services and MedPay.

EFT simplifies the payment process for providers by:

- Providing fast, easy, and secure payments.
- Reducing paper.
- Eliminating checks lost in the mail.
- Not requiring you to change your preferred banking partner.

If you previously enrolled in EFT through Change Healthcare, you have been automatically enrolled with ECHO Health.

If you are not enrolled for EFT, by default, you will receive payment via VCC.

ERA (also referred to as an 835 file) can also be accessed through Change Healthcare and ECHO Health.

- View your remittances online in the ECHO Health provider payments portal, which features enhanced search capabilities.
- **Important:** To receive ERAs from Change Healthcare and ECHO, you will need to include both the appropriate payer ID AmeriHealth Caritas PA CHC payer ID **77062** and the ECHO payer ID **58379**.

For EFT or ERA enrollment support, please contact ECHO Health at **1-888-834-3511**.

For complete EFT and ERA information, including an enrollment guide, quick reference guide and FAQ, visit https://www.amerihealthcaritaschc.com/provider/claims-billing/electronic.aspx.

Note: Home- and community-based services (HCBS) providers that use HHAeXchange for billing and wish to receive ERAs in the HHAeXchange portal, please contact the HHAeXchange support team at **1-800-845-6592** to sign up.

October provider education presentation on our website

AmeriHealth Caritas PA CHC hosted annual provider education webinars for our home- and community-based services (HCBS) providers in the Southwest zone in October and November. A big thank-you to the more than 300 HCBS providers who attended these productive and informative virtual refreshers on topics that included:

- Service coordination updates, including missed visit reporting process and service coordination communication enhancements.
- Claims and billing reminders, including electronic funds transfer (EFT) and electronic remittance advices (ERA) updates.
- Quality updates, including critical incident reporting, cultural competency information, and training resources.
- Fraud, waste, and abuse reminders.

If you missed the October webinar, the presentation is available on our website at **www.amerihealthcaritaschc.com > Providers > Training > Home- and community-based services provider webinar presentation — October 2020**.

New! Lesbian, gay, bisexual, transgender, and queer (LGBTQ) resources and training

For individuals in the LGBTQ community, encountering discrimination and societal stigma increases the risk of poor physical and mental health outcomes. We are pleased to offer numerous resources and trainings specific to the health care needs of the sexual orientation and gender identity (SOGI) minority population.

The following SOGI courses are offered through the National LGBTQIA+ Health Education Center, a program of the Fenway Institute, for no-cost continuing medical education (CME) credits. The course topics include:

- General SOGI health care education.
- Elder and aging SOGI health education.
- Transgender, nonbinary, and gender-affirming health education.
- SOGI health care education for racial and ethnic minorities.

To access LGBTQ resources and trainings, please visit **http://www.amerihealthcaritaschc.com/provider/training/lgbtq-cultural-competence.aspx**.

Reporting a critical incident

A critical incident is an occurrence of an event that jeopardizes a Participant's health or welfare. Reportable critical incidents category definitions are available at **55 Pa. Code § 52.3 Definitions**.

Did you know?

- Deaths from natural causes do not need to be reported.
- Once the Participant is discharged from the hospital, and the risk has been mitigated ensuring the Participant's health and safety, the critical incident can be closed in the Enterprise Incident Management (EIM) system.
- Adult Protective Services (APS)/Older Adult Protective Services (OAPS) determination of Substantiated, Unsubstantiated, or Inconclusive must be obtained to close a critical incident associated with a protective services investigation.
- Protective Services may be contacted via their hotline number at **1-800-490-8505**.

EIM system user identification: Quick tips

No matter which CHC-MCO the Participant is enrolled in, providers use the same EIM user ID for all CHC Participants.

Providers must ensure they have checked the "Search for CHC Participants" check box in order to view or create critical incidents on CHC Participants.

Reminder for Direct Service providers

Direct Service providers **must inform the Participant's Service Coordinator** of the critical incident within 24 hours of an incident occurring. While a critical incident report must be submitted in the EIM system by the service coordination or provider agency within 48 hours, Direct Service providers must communicate with the Service Coordinator about the issue within 24 hours of the critical incident discovery. Direct Service providers should take action to prevent further incidents and discuss options, concerns, and resolutions with the Service Coordinator and Participant. All critical incident reports must include the time and date of the incident and/or discovery of the incident. (Ensure that the date of discovery is not before the date of occurrence.) Please include the following:

- Reporter information.
- Participant demographics.
- Event details and type.
- Description of the incident.
- Actions taken to immediately secure the Participant's health and welfare. Prior to entering a critical incident report in the EIM system, please search EIM to determine that a report has not already been initiated.

Please note:

- It is mandatory to report any suspected abuse to Adult Protective Services (APS) within 24 hours of the knowledge of an incident.
- The entity/individual that first discovers or learns of the critical incident (if they are not present when it occurs) is responsible for reporting it.
- The service coordination or provider agency that discovers or has independent knowledge of the critical incident **must submit the critical incident report within 48 hours** by directly entering the incident into the EIM system. If the critical incident occurs over the weekend, a written report must be entered the first business day after the incident occurred.

Incidents must be completed in EIM within 30 calendar days from the date of discovery.
Each critical incident report should show:

- Time and date of the incident and/or discovery of the incident.
- What steps were taken immediately to ensure the Participant's health and welfare.
- What fact-finding steps were taken, and what information was found.
- What corrective steps were taken.
- How the critical incident will be prevented from happening in the future.
- Any changes to the Person-Centered Service Plan (PCSP) because of the critical incident.
- Coordination of any backup supports that may need to be mobilized.
- Contact with other parties who may need to assist or support the Participant (i.e., APS, emergency medical services, law enforcement, etc.).

We need you

We invite you to join our Participant Advisory Committee (PAC). The committee meets quarterly and attendees include AmeriHealth Caritas PA CHC Participants, providers, and health plan staff.

The PAC solicits Participant feedback and opinions regarding issues related to access and the quality of care and services we provide, as well as potential programs, activities, and educational materials.

We value your input. We would like you to be part of our PAC. Your recommendations may be used to improve quality management activities and policy and operations changes.

If you would like to join, please call Maritza Padua at **1-484-496-7623** or email her at **mpadua@amerihealthcaritaschc.com**.

Access to case management

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

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

Covered benefits

All Participants are entitled to the medical benefits provided under the Pennsylvania Community HealthChoices program. Additionally, Participants who qualify through DHS are eligible to received long-term services and supports (LTSS) benefits under the same program. Benefit limits and copayments may apply.

The most current version of the Participant copayment schedule can be found at **www.amerihealthcaritaschc.com/assets/pdf/participants/copays.pdf**.

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

Recent provider notices

Stay up to date with our recent provider notices. Check our notice page often to keep up with changes that may affect you by visiting **www.amerihealthcaritaschc.com > Providers > Resources > Provider Alerts**.

Medical record documentation

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 for documentation and applicable laws and regulations. AmeriHealth Caritas PA CHC performs an annual medical record review on a random selection of practitioners. Medical records are audited using these standards. A list of our Medical Record Standards is available at www.**amerihealthcaritaschc.com > Providers > Resources > Medical Record Standards**.

Do you know your Account Executive?

Your Account Executive is your liaison with AmeriHealth Caritas PA CHC. They are responsible for orientation, continuing education, and problem resolution for our network providers. To access our list of provider Account Executives, please visit **www.amerihealthcaritaschc.com > Providers > Quick contact information**.

Call your Account Executive:

- To arrange for orientation or in-service meetings.
- For service calls.
- To respond to any questions or concerns.
- To report any change in your status, such as a phone number, address, Taxpayer Identification Number, or additions/deletions of physicians at your practice.

Coverage by AmeriHealth First.

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