

# CONNECTIONS

2023 | ISSUE 3



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*Although National  
Influenza Vaccination Week  
is observed December 4 – 8,  
peak flu season occurs in  
winter to early spring.*

## It's not too late to vaccinate

**Your strong recommendation is a critical factor in whether your patients get vaccinated this winter.**

In preparation for the onset of the 2023 – 2024 flu season, we are asking you to encourage your AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) patients to get vaccinated.

**Participating providers will be reimbursed for the administration of the seasonal flu vaccine to children and adults for the following procedure codes:**

- 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
  - 90674 – Influenza, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, intramuscular use
  - 90682 – Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
  - 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 (IIV4), split virus, 0.5 mL dosage, for intramuscular use
  - 90694 – Influenza virus vaccine, quadrivalent (aIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
  - 90756 – Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use
- ✓ Reimbursement for administration of seasonal flu vaccine to members/Participants older than 18 includes the cost of the vaccine.
  - ✓ Providers administering seasonal flu vaccine to members/Participants older than 18 should obtain the vaccine and supplies from their regular vaccine supplier.
  - ✓ Reimbursement for administration of seasonal flu vaccine to members 18 and younger is an administration fee only.
  - ✓ Seasonal flu vaccines for children (up to age 18) are provided **free** through the Pennsylvania Department of Health's Vaccines for Children (VFC) Program.
  - ✓ Philadelphia County PCPs should contact the Philadelphia VFC program. The program is administered by the Philadelphia Department of Public Health Division of Disease Control Immunization Program **(1-215-685-6728)**.
  - ✓ Providers in all other Pennsylvania counties should contact the Pennsylvania Department of Health **(1-888-646-6864)**.



## Street medicine provision of care place of service (POS) and expanded provider types

AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC will follow the recently released Pennsylvania Department of Human Services (DHS) Medical Assistance Bulletin (MAB) 01-23-26 guidelines regarding POS billing and expanded eligible provider types for the provision of services to AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC members/Participants experiencing unsheltered homelessness when delivered in their lived environment, also referred to as “street medicine.”

According to MAB 01-23-26, “The fundamental approach of street medicine is to engage people experiencing unsheltered homelessness exactly where they are and on their own terms to reduce or eliminate barriers to care access and follow-through.”

**Therefore, effective for dates of service on and after October 1, 2023, eligible providers\* should utilize the newly created CMS POS 27 (Outreach Site/Street).** POS 27 is defined as a non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.

\*To see the complete expanded list of eligible provider types that can render street services, please refer to MAB 01-23-26, which is posted on our provider websites: [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > **Providers > Communications > DHS/Medical Assistance Bulletins** and [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > **For Providers > Resources > Department of Human Services (DHS) news and bulletins.**



## 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](mailto: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 19073

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](http://www.amerihealthcaritaspa.com)** > **Providers > Resources > Fraud, waste, and abuse information** and **[www.amerihealthcaritaschc.com](http://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 long-term services and supports (LTSS) providers, go to **[http://www.surveymonkey.com/r/FWA\\_Attest](http://www.surveymonkey.com/r/FWA_Attest)**.

## Electronic visit verification (EVV) reminder

Section 12006(a) of the 21st Century Cures Act (Cures Act) and the Centers for Medicare & Medicaid Services (CMS) require states to begin using an electronic visit verification (EVV) system as a means to detect or prevent fraud, effective January 1, 2021, for all Medicaid-funded Personal Care Services (PCS).

Effective January 1, 2024, the EVV mandate will extend to Home Health Care Services (HHCS) that require an in-home visit. A soft launch of the EVV system went live August 14, 2023, to assist providers with the Cures Act requirement. AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC will continue our relationship with HHAExchange.

The following HHCS information must be recorded in the EVV system:

- The type of service provided
- The name of the individual receiving service
- The date of service delivery
- The location of service delivery
- The name of the individual providing the service
- The time the service begins and ends

We understand that some agencies may have an enterprise EVV system in place. Our intention is not to replace the EVV system you already have, but to



confirm that we are able to collect the HHCS information for AmeriHealth Caritas Pennsylvania and/or AmeriHealth Caritas PA CHC and to provide options for providers to make this process as seamless as possible. One of the options HHAExchange will provide is a free EVV solution to manage EVV compliance for the members/Participants you serve.

**For questions or help regarding HHAExchange, use its provider support portal or visit <https://hhaexchange.com/pa-home-health/>.**

## Did you know? Blood pressure monitors are easily accessible for your patients.



Providers who believe their patients would benefit from an automatic blood pressure monitor (A4670) should give them a prescription that can be taken to any participating network pharmacy or durable medical equipment (DME) supplier. The pharmacy or DME supplier will dispense the blood pressure monitoring equipment.



## Provider or practice updates

It is critical that we receive your practice data updates and changes in a timely manner. Failure to keep this information current may result in:

- Incorrect claims payments (possibly resulting in the need to resubmit claims)
- Inaccuracies in our provider directories
- Delays in communicating requirements for recredentialing, which can result in provider disenrollment from the plan.

To access the provider change form, please visit our websites:

- **[www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > Providers > Resources > Provider manual > Provider Change Form**
- **[www.amerihealthcaritaschc](http://www.amerihealthcaritaschc.com) > For Providers > Provider Manual and Forms > Medical Provider Change Form**



## Notice of privacy practices

AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC are committed to protecting the privacy of our member and Participant health information, and to complying with applicable federal and state laws that protect the privacy and security of this information. Consistent with this commitment, we have established basic requirements for the use or disclosure of member and 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.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > **Providers > Communications > HIPAA** and [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > **For Participants > Getting Care > Race, Ethnicity, and Language > Privacy protections for Participant race, ethnicity, and language data.**

## Medical record documentation

Complete and consistent documentation in patient medical records is an essential component of quality patient care. AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC adhere to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations. We perform an annual medical record review on a random selection of practitioners. The medical records are audited using these standards.

A list of our medical record standards may be found on our websites:

[www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > **Providers > Resources > Medical record standards**

[www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > **For Providers > Resources > Medical record standards**





## Access to care management

AmeriHealth Caritas Pennsylvania has multiple programs and resources available for providers caring for our members who may require complex case management services.

These include:

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

For more information and contacts for these programs, please visit

**[www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > Providers > Resources > Special needs resources.**

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

Our members are entitled to all of the benefits provided under the Pennsylvania Medical Assistance Program. Depending on the member's category of aid and age, benefit limits and copayments may apply. For more information regarding covered benefits and services not covered, please go to Section 1 of the Provider Manual, which can be found at **[www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > Providers > Resources > Provider Manual.**

If you have questions about whether a service is a covered benefit, or if AmeriHealth Caritas Pennsylvania will pay for a health care service, please contact Provider Services at **1-800-521-6007**.







### Billing guidelines reminder for LTSS providers

Due to an influx of LTSS providers billing with a National Provider Identifier (NPI), we'd like to take this opportunity to remind you to use your unique AmeriHealth Caritas PA CHC Provider ID when submitting claims. LTSS providers **must not use an NPI** to bill as we are unable to match LTSS records with NPIs.

To access the Home- and Community-Based Services (HCBS) Provider Claims Filing Instructions, visit [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > **For Providers > Claims and billing > Claims filing guide for HCBS Providers.**

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### 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 entity 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>.



## Access to care management

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

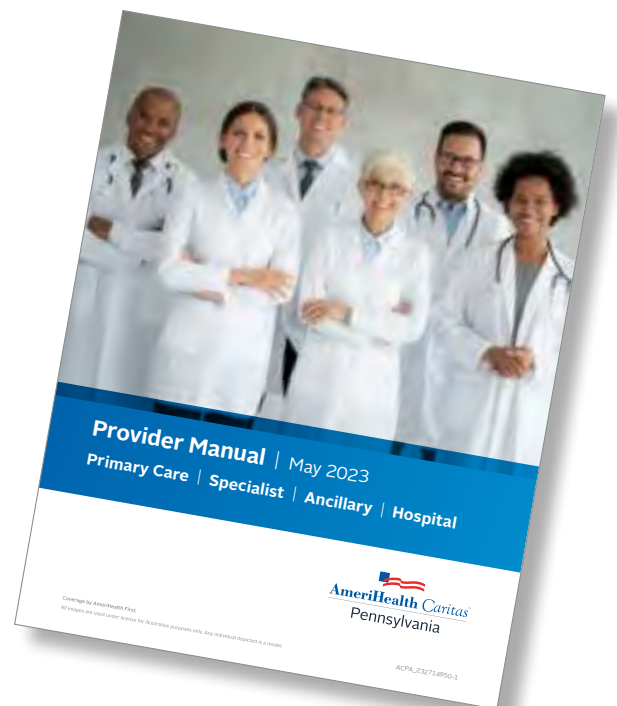
- Disease management and education
- Discharge planner referral
- Participant or caregiver referral
- Practitioner referral

For more information about AmeriHealth Caritas PA CHC Care Management, go to our website at [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > For Participants > Programs.

## What is covered and what is not covered by AmeriHealth Caritas PA CHC?

Our 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. Benefit limits and copayments may apply. For more information regarding covered benefits, please go to Section 1 of the Provider Manual, which can be found at [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > For Providers > Provider Manual and Forms.

If you have questions about whether a service is a covered benefit, or if AmeriHealth Caritas PA CHC will pay for a health care service, please contact Provider Services at **1-800-521-6007**.





## 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.	March 12	June 11	September 10	December 10	All meetings will be on Zoom until further notice
Northeast		March 7	June 6	September 5	December 5	
Northwest		March 5	June 4	September 3	December 3	
Southwest		March 19	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](mailto:nragab@amerihealthcaritas.com) with the contact information of the potential committee member, and we will do the rest!





## Updates to the Pediatric Dental Periodicity Schedule

The Pennsylvania DHS issued MAB 27-23-15, Updates to the Pediatric Dental Periodicity Schedule,\* which incorporates changes resulting from the recommendations of the American Academy of Pediatric Dentistry (AAPD).

Dental providers should use the newly updated schedule, “Recommendations for Preventive Pediatric Oral Health Care,” as a guideline for providing services.

To ensure alignment with AAPD recommendations, DHS revised Pennsylvania's 2023 Pediatric Dental Periodicity Schedule to:

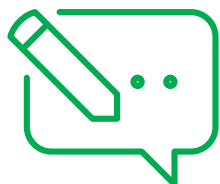
- Recommend counseling for tobacco, vaping, and substance misuse for children between the ages of 6 and 21.
- Reflect that Pennsylvania now pays for topical fluoride treatment for beneficiaries up to the age of 21.

There are no coding updates associated with the Pediatric Dental Periodicity Schedule.

\*To view the entire bulletin, including the updated periodicity schedule, go to our website at [www.amerihealthcaritasp.com](http://www.amerihealthcaritasp.com) > **Providers** > **Provider Resources** > **Dental Program** > **Dental Medical Assistance Bulletins**.

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## Your opinion and feedback are extremely important to us



We count on your honest assessment of what we do well and where you think we can improve. Participating in the dental provider satisfaction survey is very easy. Simply access the link below, answer the questions, and hit submit!

<https://www.surveymonkey.com/r/C8F885D>

Please take this opportunity to let us know how we are doing.



## Important: new formulary changes

### 1. The following products will have new or updated quantity limits.

As a reminder, members/Participants currently receiving more than the quantity limit, for whom it is not medically advisable to change therapy, require prior authorization.

Formulary Limits	
Product list	Quantity limit
Bicillin L-A intramuscular suspension prefilled syringe 2400000 Unit/4 mL	0.59 mL per day
Bupropion HCl ER (SR) oral tablet extended release 12 hour 100 mg, 150 mg	2 tablets per day
Combivent Respimat inhalation aerosol solution 20-100 mcg/act	0.2 grams per day
Jornay PM oral capsule extended release 24 hour 20 mg	1 capsule per day
Morphine sulfate ER oral tablet extended release 60 mg	2 tablets per day
Pegasys subcutaneous solution prefilled syringe 180 mcg/0.5 mL	0.04 mL per day
Reyvow oral tablet 100 mg	0.27 tablets per day
Reyvow oral tablet 50 mg	0.14 tablets per day
Risperdal Consta intramuscular suspension reconstituted ER 12.5 mg, 25 mg, 37.5 mg	0.08 syringes per day
Scopolamine transdermal patch 72 hour 1 mg/3 days	0.34 patches per day
Sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5 mL	0.14 mL per day
Sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5 mL	0.14 mL per day
Transderm-Scop transdermal patch 72 hour 1 mg/3 days	0.34 patches per day
Ubrelvy oral tablet 50 mg, 100 mg	0.54 tablets per day
Zolpidem tartrate oral tablet 10 mg	1 tablet per day

**2. The following products will be removed from the AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC drug formulary.**

Members/Participants for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the formulary changed products

Formulary Removals	
Product list	Quantity limit
Diphenhydramine HCl oral elixir 12.5 mg/5 mL	Diphenhydramine HCl oral liquid 12.5 mg/5 mL, Allergy Children’s oral liquid 12.5 mg/5 mL, Siladryl Allergy oral liquid 12.5 mg/5 mL
Gas-X Extra Strength oral capsule 125 mg GNP Gas Relief Extra Strength oral capsule 125 mg	Simethicone oral tablet chewable 125 mg, SM Gas Relief oral tablet chewable 125 mg, HM Gas Relief oral tablet chewable 125 mg
Enemeez mini rectal enema 283 mg/5 mL	Fleet pediatric rectal enema 3.5-9.5 gm/59 mL, Glycerin (pediatric) rectal suppository 1.2 gm, Pedia-Lax rectal suppository 1 gm
Senna oral capsule 8.6 mg	Senna oral tablet 8.6 mg, Senna-Time oral tablet 8.6 mg, Senna-Tabs oral tablet 8.6 mg
Santyl	No alternative products. If medically necessary, submit for prior authorization.

Additional prior authorization criteria may apply. Please refer to the most recent drug formulary and prior authorization information available at:

- [www.amerihhealthcaritaspa.com](http://www.amerihhealthcaritaspa.com) > Providers > Resources > Pharmacy
- [www.amerihhealthcaritaschc.com](http://www.amerihhealthcaritaschc.com) > For 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](http://www.amerihealthcaritaspa.com) > **Providers > Pharmacy > Pharmacy Prior Authorization > Online Prior Authorization Request Form** or [www.amerihealthcaritaschc.com](http://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

## The Pennsylvania DHS will implement changes to the statewide preferred drug list (PDL) on January 8, 2024.\*

DHS requires all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices programs to adhere to any statewide PDL updates. As such:

- AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC continue to adhere to the preferred and non-preferred status and list of drugs included in the statewide PDL.
  - **Please see Appendix A for a list of drugs that will be changing from preferred to non-preferred for AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC effective January 8, 2024.**
- AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas PA CHC will continue to use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.
  - Prescriptions written for a drug that has the same or highly similar mechanism of action as another drug will be subject to therapeutic duplication requirements and/or safety edits per the PA PDL prior authorization guidelines.
  - **Please see Appendix B for a list of drug classes that will require prior authorization when prescribed together effective January 8, 2024.**

**\*Important note: Please keep in mind that until January 8, 2024, the current version of the statewide PDL is still in effect.**

### Reminder:

- AmeriHealth Caritas Pennsylvania and 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 Pennsylvania/AmeriHealth Caritas PA CHC Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization remains the same:

Prior authorization request by:	AmeriHealth Caritas Pennsylvania	AmeriHealth Caritas PA CHC
Phone	1-866-610-2774	1-888-674-8720
Fax	1-888-981-5202	1-855-851-4058
Online	www.amerihealthcaritaspa.com	www.amerihealthcaritaschc.com



**Where can I see the changes?**

The current PDL and 2024 PDL are available at <https://papdl.com/>.

Additional resources, including our supplemental formulary, are available on the Formulary page via [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > Pharmacy > Pharmacy Homepage or [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > For Providers > Pharmacy Services. If you have any questions regarding this change, please contact AmeriHealth Caritas Pennsylvania Pharmacy Services at **1-866-610-2774** or AmeriHealth Caritas PA CHC Pharmacy Services at **1-888-674-8720**.

**Appendix A: Statewide PDL drugs changing from preferred to non-preferred effective January 8, 2024**

Drug	Preferred alternative options*
<b>Ulcerative colitis agents</b>	
Mesalamine-Cleanser rectal kit 4 gm	Mesalamine enema, mesalamine rectal suppository, Pentasa (mesalamine) capsule
<b>Antiemetics-antivertigo agents</b>	
Cinvanti vial	Emend, Fosaprepitant vial, Granisetron vial
<b>Hypoglycemia treatments</b>	
Glucagon emergency kit	Baqsimi spray, GlucaGen vial, Gvoke
<b>Antihypertensives, sympatholytic</b>	
Clonidine ER	Clonidine tablet, Clonidine patch

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

**Appendix B: Statewide PDL Therapeutic Duplication updates effective January 8, 2024**

Statewide PDL drug class	Medication examples
<b>Sedative hypnotics</b>	Zolpidem tablet, Zaleplon capsule, Eszopiclone tablet, Doxepin capsule, Doxepin concentrate solution, Ramelteon tablet
<b>Hepatitis C agents</b>	Mavyret oral packet, Mavyret oral tablet, Sofosbuvir-Velpatasvir oral tablet

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

## Providing translation services



To facilitate the provision of health care services, providers have a responsibility to make arrangements to procure translation services for members or Participants who:

- Do not speak English
- Speak limited English
- Prefer to speak a language other than English
- Have a sensory disability

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 extend to our network providers the opportunity to contract with Language Services Associates (LSA) at our low corporate telephonic rates. We contract with providers of many different backgrounds.

For more details, including a description of services, a letter of commitment, and contact information, visit [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > **Providers > Initiatives > Cultural competency** or [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > **For Providers > Training**.

If an AmeriHealth Caritas Pennsylvania member needs an interpreter, please ask them to call us at **1-888-991-7200 (TTY 1-888-987-5704)** to be connected with an interpreter who meets their needs.

If an AmeriHealth Caritas PA CHC Participant needs an interpreter, please ask them to call us at **1-855-235-5115 (TTY 1-855-235-5112)** to be connected with an interpreter who meets their needs.



## Connections Editorial Board

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