



New Medical Assistance bulletin (MAB) announcing newly created Current Procedural Terminology (CPT) codes for the administration of SARS-CoV-2 vaccines

AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) will follow the guidelines issued on December 28, 2021, in MAB 01-21-55, outlining CPT codes for the administration of booster doses of the SARS-CoV-2 vaccines.

What is new?

CPT codes have been added that are distinct to the administration of a booster dose of the novel coronavirus (SARS-CoV-2) vaccines manufactured by Pfizer, Inc., Janssen Biotech, Inc., and Moderna, Inc.

The complete MAB, outlining the procedure codes, national code descriptions, provider types, provider specialties, place of service, pricing, and/or informational modifiers if applicable, can be found on the Coronavirus Vaccine section of the website at www.amerihealthcaritaschc.com → **For Providers** → **Important information regarding COVID-19 vaccines.**

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Behavioral health services

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

AmeriHealth Caritas PA CHC conducts a comprehensive needs assessment of every Participant who is eligible for long-term services and supports (LTSS), or who requests an assessment. If you are working with an AmeriHealth Caritas PA CHC LTSS Participant residing in the community or a nursing facility who has an identified unmet BH need, please contact an AmeriHealth Caritas PA CHC Service Coordinator. The Service Coordinator will make a referral to our BH Coordinator, who can assist the Participant with connecting to BH services. To reach an AmeriHealth Caritas PA CHC Service Coordinator, please call **1-855-332-0116**.



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, including people 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!

Important claims filing reminders

AmeriHealth Caritas PA CHC would like to remind you that claims submitted on a CMS 1500 claim form where the PLACE OF SERVICE (POS) is a facility, the NPI of the facility is a required field unless the facility is an atypical provider without an NPI. Examples of facility POS are 19, 21, 22, 23, 24, 25, 31, 32 and 33.

This information can be found in our Claims Filing Guide at www.amerihealthcaritaschc.com → **For Providers** → **Claims and Billing** → **Claims filing guide for LTSS providers**.

Field 32a on the CMS 1500 should be indicated as outlined below:

Field #	Field description	Instructions and comments	Required or conditional	Loop ID	Segment
32a.	NPI number	Required unless Rendering Provider is an Atypical Provider and is not required to have an NPI number	R	2310C	NM109

When required data elements are missing or are invalid, claims will be rejected by AmeriHealth Caritas PA CHC for correction and resubmission.

A rejected claim is defined as a claim with invalid or required missing data elements, such as the provider tax identification number, Provider PPID number, or Participant ID number, that are returned to the provider or EDI source without registration in the Plan's claim processing system. Please be aware claims filing deadlines apply.



Claims filing instructions are available on our website

As a reminder, the 2021 Claims Filing Instructions for both medical providers and home- and community-based services (HCBS) providers are available on our website.

Some important updates include:

- Added an additional item under Invalid Electronic Claim Records — Common Rejections from the Plan.
- ConnectCenter is now used in place of WebConnect. Corrected all references and added ConnectCenter phone number.

To access the Claims Filing Instructions, please go to www.amerihealthcaritaschc.com → **For Providers** → **Claims and Billing**.

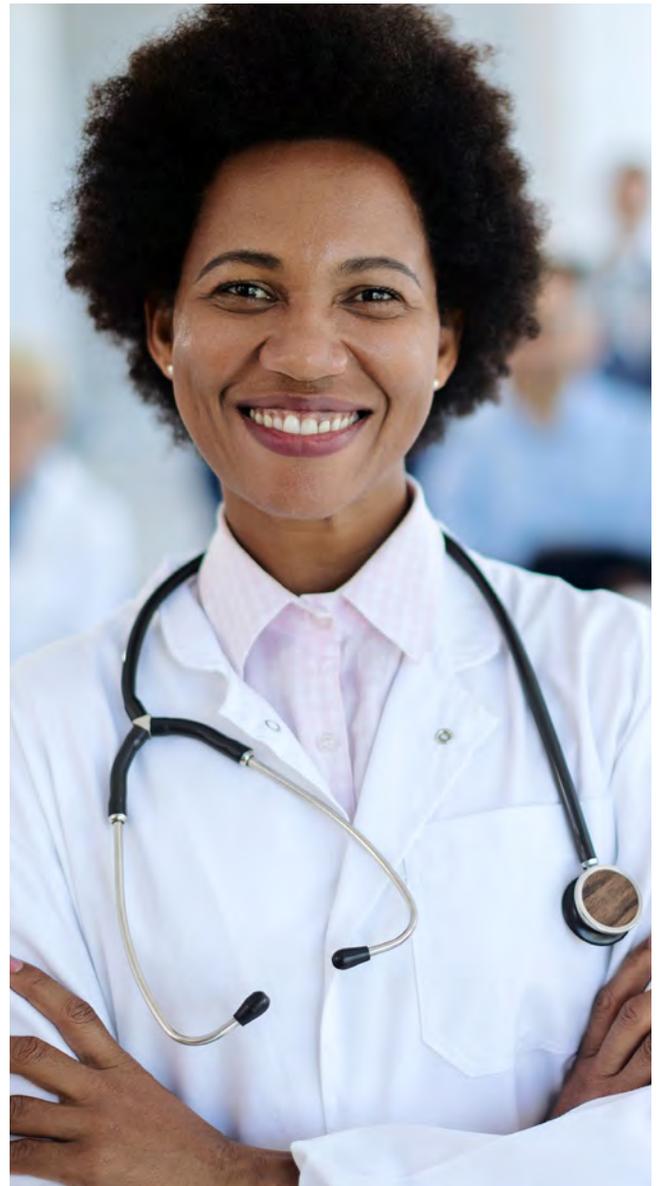
Prior authorization submission tips

We are introducing automation to our faxed prior authorization process for medical providers through optical character recognition (OCR) technology.

We encourage all medical providers to submit prior authorization requests via Jiva for optimal processing. You can access Jiva through our NaviNet® Plan Central page.

If you need to submit a prior authorization request by fax, please follow the tips below. Adopting these practices will help ensure your requests are processed quickly and accurately.

- Be sure you are using the most recent version of the AmeriHealth Caritas PA CHC **prior authorization form**. The prior authorization form has been updated for use with the new OCR technology.
- Please type and do not hand-write the information. Handwritten requests can lead to unnecessary delays in processing.
- If you must fill out the form by hand, please print neatly with adequate spacing between letters. Do not use cursive.
- Keep information within the assigned borders of the form. Don't overlap values into multiple fields, or extend values beyond the end border of a field as this could result in delayed processing.
- Submit only one Participant prior authorization request per fax. If more than one Participant is submitted in a single fax request, the request will be returned unprocessed.



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** 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**.

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



Participant rights and responsibilities

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

The complete list is available in both the Participants and Providers sections of our website at www.amerhealthcaritaschc.com.

Participant 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 receive LTSS benefits under the same program.

For more information about benefits and services, go to Section I of the Provider Manual at www.amerhealthcaritaschc.com → **For Providers** → **Provider manual and forms**.

Participant copayment schedule

The most current Participant copayment schedule is available at www.amerhealthcaritaschc.com → **For Providers** → **Resources** → **Participant Information**.

Provider credentialing rights and reminders

Provider credentialing rights

After application submission, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing applications.
- To be notified within 60 calendar days of the Credentialing Committee/Medical Director review decision.
- To appeal any credentialing/recredentialing denial within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, the provider should contact the AmeriHealth Caritas PA CHC Credentialing department at:

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

Provider credentialing reminders

Please remember that AmeriHealth Caritas PA CHC offers and encourages all providers to use the free Universal Provider Data source through the Council for Affordable Quality Healthcare (CAQH)* for simplified and streamlined data collection for credentialing and recredentialing. Through the CAQH, credentialing information is provided to a single repository, via a secure internet site, to fulfill the credentialing requirements of all health plans that participate in the CAQH.

The complete list of AmeriHealth Caritas PA CHC credentialing guidelines and related forms, as well as providers' credentialing and recredentialing rights, can be found online at www.amerihealthcaritaschc.com → For Providers → Join our network → Credentialing.

*Note: CAQH credentialing does not apply to HCBS and LTSS providers. HCBS and LTSS providers should complete our paper application process.





The following products now have a quantity limit on the AmeriHealth Caritas PA CHC drug formulary.

Participants currently receiving more than the quantity limit for whom it is not medically advisable to change therapy will require prior authorization after January 3, 2022.

Formulary Limits	
Product list	Quantity limit
Ivermectin (Stromectol®) 3 mg tablets	Quantity limit: 10 tablets per 30 days without prior authorization

Additional prior authorization criteria may apply. Please refer to the most recent drug formulary and prior authorization information available on our website at www.amerihealthcaritaschc.com → **For Providers** → **Pharmacy Services**.

Please note the following is also available on our website:

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

Pharmacy prior authorization — just a click away!

Use our online prior authorization request form to submit pharmacy prior authorization requests instantly. To get started, go to: www.amerihealthcaritaschc.com > **For Providers** > **Pharmacy services** > **Pharmacy prior authorizations** > **Online prior authorization request form**.



Dental care — work with us to promote annual dental visits to our Participants

Recent research shows that poor oral health may contribute to numerous diseases and conditions, including cardiovascular disease, endocarditis, and diabetes. We encourage our Participants to see the health of their teeth and gums as a strong component of their overall well-being.

As provider partners in care, **you can help.**

Health care providers who serve our Participants are uniquely positioned to become involved in their patients' oral health. Join us in promoting annual visits to a participating dental provider and help us to help our Participants avoid preventable diseases, such as gingivitis and periodontitis.

Let's work together to educate and inspire our Participants. Consistent care and education can help with early detection and encourage optimal preventive care.

We realize that barriers to dental care may exist for our Participants with more challenging health and transportation issues.

Participants who need assistance with transportation or with locating a dentist to meet their needs should call AmeriHealth Caritas PA CHC's Participant Services Department at **1-855-235-5115 (TTY 1-855-235-5112)**.



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

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

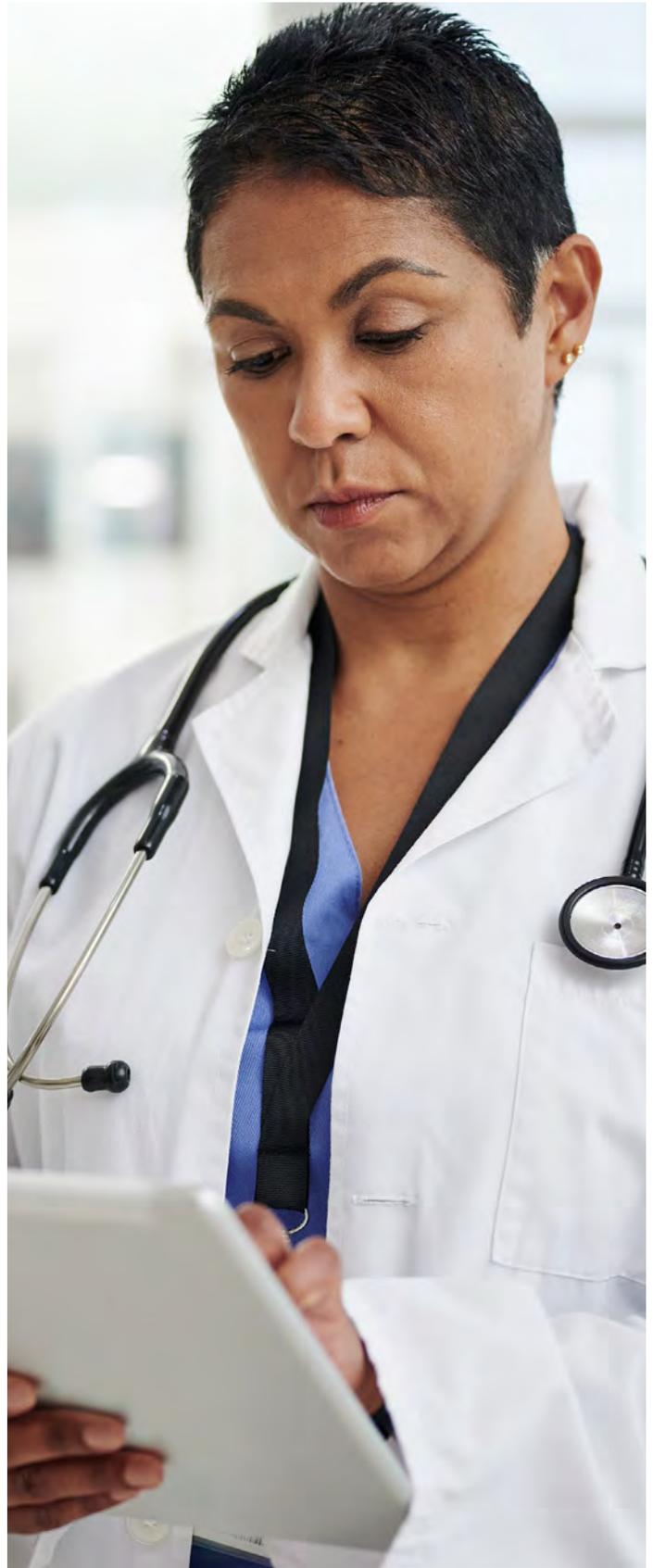
For more information about Medical Assistance fraud and abuse, please visit the DHS website at **<https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Fraud-and-Abuse---General-Information.aspx>**.

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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