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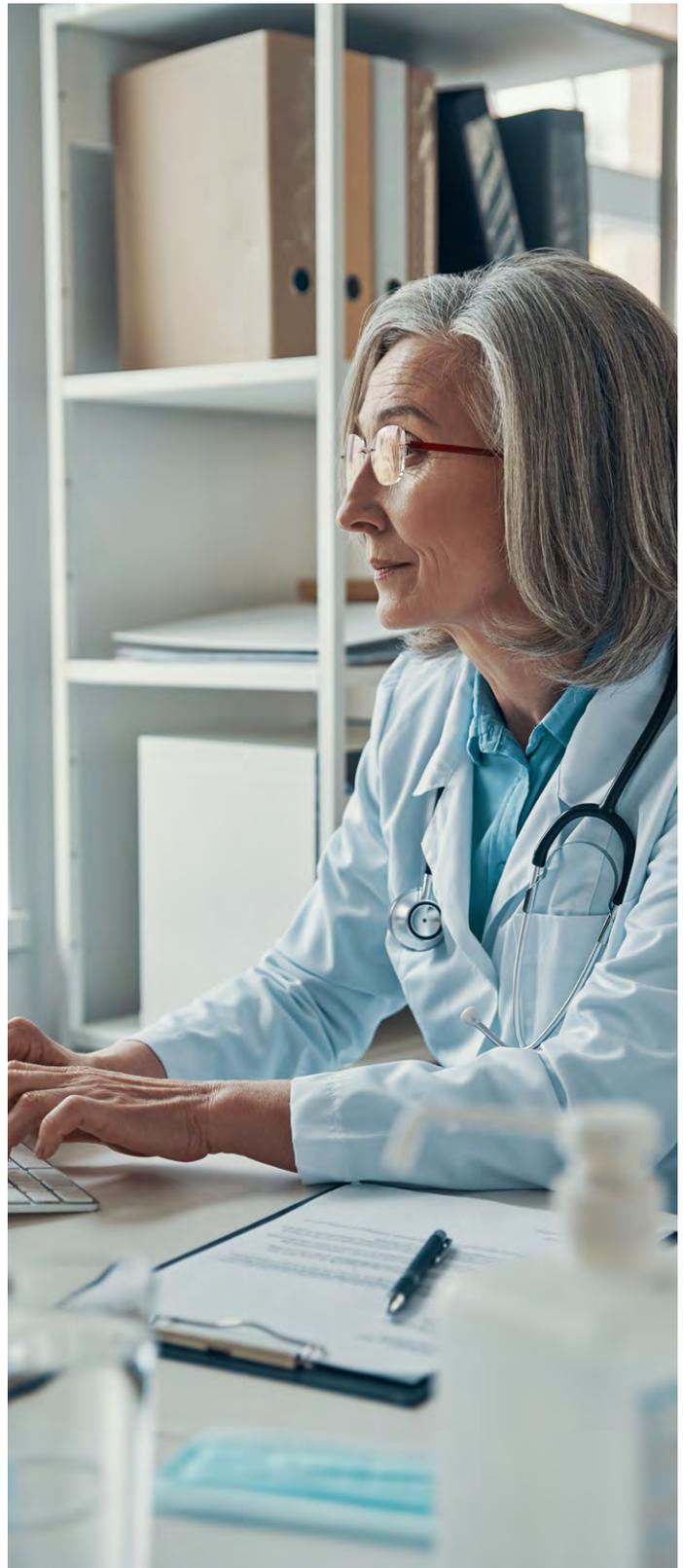
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2022 AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Provider manual

The AmeriHealth Caritas PA CHC 2022
Provider Manual is now available.

Examples of updates and changes include:

- Access to Long-Term Services and Supports (LTSS) Care: Added language requiring providers to attend an annual provider education training session conducted by the plan.
- Added information about provider reporting requirements for missed visits.
- Services Requiring Prior Authorization: Updated durable medical equipment (DME) rental items cost and DME threshold from \$500 to \$750. Updated the per month request for diapers/pull-ups in excess of \$300 to 300.
- Medical Record Standards: updated plan medical review time from annual to every two years. Added the following to the list of standards:
 - Staff receive training in Participant information confidentiality.
 - All services provided by a PCP or allied health professional under the supervision of a PCP.
 - Ancillary and diagnostic tests ordered, and reports from therapeutic services for which a Participant was referred by a practitioner.
- The Federal False Claims Act: Updated civil penalties amount from \$11,665 to \$11,803 and \$23,331 to \$23,607 per false claim.
- Added home accessibility DME to the DME list of covered services.
- Provision of and Payment for Service or Item Following Decision: Added information about when a Participant requests both an external appeal/ review and a Fair Hearing.



For the complete list of the 2022 manual updates and changes, and to access the manual in its entirety, visit www.amerhealthcaritaschc.com > For Providers > Provider manual and forms.

2022 Home- and Community-Based Services (HCBS) Provider Claims Filing Instructions

The AmeriHealth Caritas PA CHC 2022 HCBS Provider Claims Filing Instructions are now available.

Some important updates:

- Added language to introduction to indicate that claims that are subject to the ordering/referring/prescribing (ORP) requirement will be denied when billed with a National Provider Identifier (NPI) of a network ORP provider that is not enrolled in Medicaid.
- Updated Change Healthcare provider support phone number throughout.
- In the Electronic Claims Submission section, added virtual credit card (VCC) information.
- Added clarifying language to the Ambulance Billing section that only miles exceeding the first 20 loaded miles should be billed.

To access the 2022 HCBS Provider Claims Filing Instructions, visit the provider center at www.amerhealthcaritaschc.com > Providers > Claims and billing > Claims filing guide for HCBS providers.

Timely filing reminder

Providers are encouraged to thoroughly check their remittance advice upon receipt to identify claims issues as quickly as possible. When reviewing payment information, check that all services intended to be billed were received and processed by AmeriHealth Caritas PA CHC. Any unresolved LTSS claim concerns should be brought to the attention of your LTSS Account Executive in a timely manner. For additional information, please visit <https://www.amerhealthcaritaschc.com/provider/claims-billing/index.aspx>.



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 LTSS needs.

The 2022 Participant Advisory Committee meeting schedule is as follows:

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

We are excited to share that we are actively recruiting a diverse group of Participants and providers based on geographic and plan 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 Representative Nicole Ragab at nragab@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!

Critical incident reporting

Network providers and subcontractors must report critical incidents via the Department's Enterprise Incident Management (EIM) system, as well as inform the Participant's Service Coordinator. **The entity that first discovers or learns of the critical incident (even if they are not present when it occurs) is responsible for reporting it.**

- The first section needs to be entered into EIM and submitted within 48 hours from the discovery date.
- The final section needs to be completed and submitted prior to day 30 from the discovery date to allow time to complete the managed care organization (MCO) management review and submit on or before day 30 in accordance with time frames set forth by the Office of Long-Term Living (OLTL).

Network providers and subcontractors working with CHC Participants EIM Access:

- Use the same User ID for all CHC Participants no matter what MCO they are enrolled with.
 - Reach out to the Home and Community Services Information System (HCSIS) help desk at **1-866-444-1264** for EIM system access if you don't already have it.
- Need the **Search for CHC Participants** check box in order to search for CHC Participants.
 - Contact the HCSIS help desk for assistance to add this check box if needed.
- Need to use the Participant's Medicaid ID (MCI) or Social Security number (SSN) when entering the identifier type to search for a Participant. This can be obtained from the Participant.

If you have any questions, contact the CI mailbox at **chccriticalincident@amerihealthcaritas.com**.

AmeriHealth Caritas PA CHC must investigate critical events or incidents reported by network providers and subcontractors and report the outcomes of these investigations.

Suspected abuse, neglect, and exploitation should be verbally reported by calling the Protective Services Hotline at **1-800-490-8505**.

The following are critical incidents that must be reported:

- Death (other than by natural causes)
- Serious injury resulting in ER visits, hospitalizations, or death
- Hospitalization (unplanned)
- Provider or staff misconduct, including deliberate, willful, unlawful, or dishonest activities
- Abuse, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, or mental anguish of a Participant, including:
 - Physical abuse
 - Psychological abuse
 - Sexual abuse
 - Verbal abuse
- Neglect, which includes the failure to provide a Participant the reasonable care that they require, including but not limited to food, clothing, shelter, medical care, personal hygiene, and protection from harm.
- Exploitation, which includes the act of depriving, defrauding, or otherwise obtaining the personal property from a Participant in an unjust or cruel manner, against their will, or without their consent or knowledge, for the benefit of self or others.
- Restraint, which includes any physical, chemical, or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the Participant or a portion of the Participant's body.
- Service interruption, which includes any event that results in the Participant's inability to receive services that places their health and or safety at risk. This includes involuntary termination by the provider agency and failure of the Participant's backup plan.
- Medication errors resulting in hospitalization, an ER visit, or other medical intervention.



Quality and utilization management (UM)

We have adopted clinical practice guidelines for treating Participants, with the goal of reducing unnecessary variations in care. Clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, the practitioner's clinical judgment. The practitioner remains responsible for ultimately determining the applicable treatment for each patient. All clinical practice guidelines are available at www.amerihhealthcaritaschc.com > **For Providers > Resources > Clinical Resources**, or upon request by calling Provider Services at **1-800-521-6007**.

We will provide our UM criteria to network providers upon request. To obtain a copy of the UM criteria:

- Call the UM department at **1-800-521-6622**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.

You will receive a faxed copy of the requested criteria within 24 hours or a written copy by mail within five business days of your request.

Please remember that we have medical directors and physician advisors available to address UM issues or answer your questions regarding decisions relating to prior authorization, DME, home health care, and concurrent review. Call the Medical Director Hotline at 1-877-693-8480.

Additionally, we would like to remind you of our affirmation statement regarding incentives:

- UM decision-making is based only on appropriateness of care and the service being provided.
- We do not reward providers or other individuals for issuing denials of coverage or services.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

Quality Improvement updates

Our Quality Improvement (QI) programs monitor and assess the health care services used by our Participants to ensure that they:

- Meet quality guidelines
- Are appropriate
- Are efficient
- Are effective

The Quality Assessment and Performance Improvement (QAPI) Committee oversees the QI program and coordinates efforts to measure, manage, and improve the quality of care and services for Participants. The committee is made up of local health care providers, along with clinical and nonclinical associates. Each year, the QI program sets goals to improve Participants' health outcomes by using data and conducting activities to meet those goals. The QI program is evaluated at the beginning of each year and determines the successes and new activities to focus on. The QI program supports our organization's mission to help people get care, stay well, and build healthy communities.

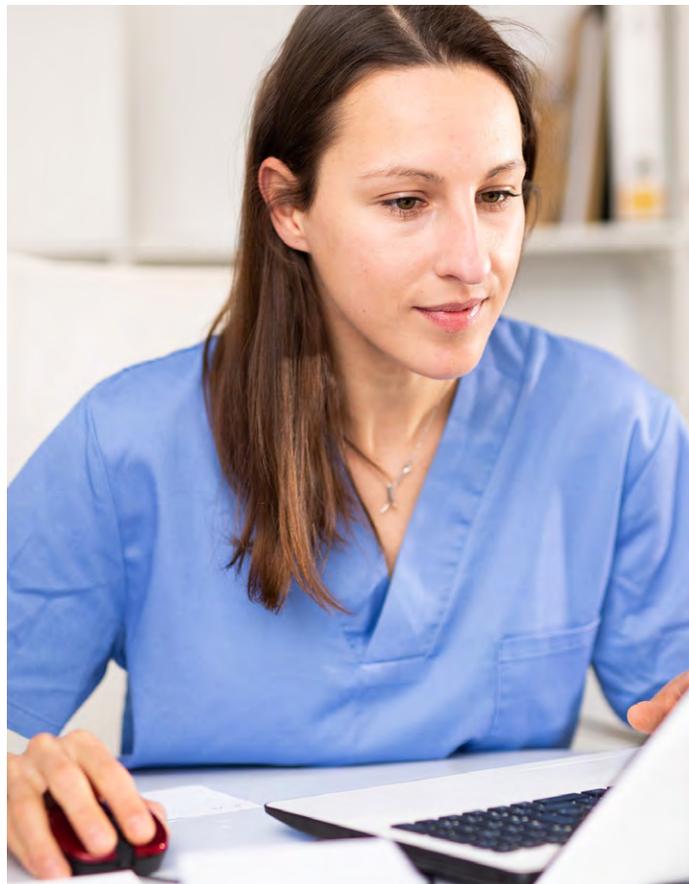
AmeriHealth Caritas PA CHC OI updates

QI program recent successes (2021)

- We maintained accreditation from the National Committee for Quality Assurance (NCQA) for Medicaid Plan and Long-Term Services and Supports (LTSS) Distinction.
 - Achieved a 4-star Health Plan Rating
- We improved our rates in the following measures for Participants with medical coverage through AmeriHealth Caritas PA CHC or coverage through both AmeriHealth Caritas PA CHC and our sister D-SNP Medicare plan:
 - Cervical Cancer Screening (CCS): Rate improved by 34.6% (from 26.21% in 2020 to 35.28% in 2021).
 - Adult Access to Preventive Ambulatory Health Services (AAP): Improved by .08% (from 96.49% in 2020 to 97.24% in 2021).
- Provided ongoing education regarding management of critical incidents to Service Coordinators and personal assistance service providers.
- The HCBS CAHPS® Survey was conducted in the third quarter of 2021.

Goals for 2022

- Maintain accreditation status and LTSS Distinction.
- Achieve NCQA Multicultural Distinction.
- Identify and prioritize opportunities to implement or redesign clinical programs to reduce health care disparities.
- Achieve improvement in the following HEDIS® measures:
 - Comprehensive Diabetes Care
 - Controlling Blood Pressure for Participants with hypertension
 - Annual Adult Dental Visit
 - Antidepressant Medication Management
- Reduce preventable admissions, ER utilization, nursing facility stays, and other high-cost services by increasing the use of health promotion, primary care, and HCBS.
- Improve Participant satisfaction as measured by overall Adult CAHPS and HCBS CAHPS satisfaction scores.





Formulary updates

Addition	Effective date
Corlanor	3/1/2022
Removals	Effective date
Abiraterone 500 mg tablet	4/27/2022
Carnitor SF solution 1 gm/10 mL oral	5/16/2022
Cidofovir solution 75 mg/mL intravenous	5/16/2022
Colistimethate sodium (CBA) solution reconstituted 150 mg injection	5/16/2022
Cresemba solution reconstituted 372 mg intravenous	5/16/2022
Cubicin	5/16/2022
Dalvance solution reconstituted 500 mg intravenous	5/16/2022
Daptomycin solution reconstituted	5/16/2022
Floriva Plus	6/15/2022
Fluorouracil intravenous solution	5/16/2022
Galzin capsule 25 mg and 50 mg oral	5/16/2022
Ganciclovir sodium solution reconstituted 500 mg intravenous	5/16/2022
Hydroxyzine 25 mg/mL, 50 mg/mL IM solution	6/15/2022
HyperRAB S/D solution 300 unit/2 mL injection	5/16/2022
Iclusig 30 mg tablet	4/27/2022
Imbruvica 140 mg, 280 mg, 420 mg, and 560 mg tablet	4/27/2022
Invanz solution reconstituted 1 gm injection	5/16/2022
Iron supplements (various; see supplemental formulary for full listing)	6/15/2022
Leucovorin calcium solution reconstituted and tablet	5/16/2022
Levocarnitine solution 1 gm/10 mL oral	5/16/2022
Mesnex tablet 400 mg oral	5/16/2022
Nebupent solution reconstituted 300 mg inhalation	5/16/2022
Prograf solution 5 mg/mL intravenous	5/16/2022
Quflora pediatric drops	6/15/2022
Recarbrio solution reconstituted 1.25 gm intravenous	5/16/2022
Rifampin solution reconstituted 600 mg intravenous	5/16/2022
Tygacil solution reconstituted 50 mg intravenous	5/16/2022
Zemdri solution 500 mg/10 mL intravenous	5/16/2022
Quantity limit updates	Effective date
Aemcolo DR 194 mg tablet	4/4/2022
Apretude ER 600 mg/3 mL vial	5/2/2022
Ayvakit 25 mg and 50 mg tablet	4/4/2022
Azstarys capsule	4/4/2022
Biktarvy 30-120-15 mg tablet	5/2/2022
Brexafemme 150 mg tablet	4/4/2022



Quantity limit updates (continued)	Effective date
Cibinqo tablet	5/2/2022
Cimzia kit	5/2/2022
Citalopram Hbr 30 mg capsule	5/2/2022
Combivent Respimat inhalation spray	5/2/2022
Cosentyx injection	4/4/2022
Dificid 40 mg/mL suspension	4/4/2022
Dupixent 100 mg/0.67 mL syringe	5/2/2022
Elepsia XR	4/4/2022
Empaveli 1080 mg/20 mL vial	5/2/2022
Epclusa pellet packet	4/4/2022
Exkivity 40 mg capsule	4/4/2022
Firmagon kit	4/4/2022
Fleqsuvy 25 mg/5 mL suspension	5/2/2022
Humira (CF) pen pediatric UC 80 mg	5/2/2022
Ingrezza 60 mg capsule	4/4/2022
Invega Hafyera syringe	4/4/2022
Iressa 250 mg tablet	4/4/2022
Ketone urine test strips (various; see plan website link on page 10 for detailed quantity limit list)	5/2/2022
Livtency 200 mg tablet	5/2/2022
Loreev XR 1 mg, 2 mg, and 3 mg capsule	4/4/2022
Lybalvi tablet	4/4/2022
Mavyret 50-20 mg pellet packet	4/4/2022
Monoferric 1,000 mg/10 mL vial	4/4/2022
Myrbetriq ER 8 mg/mL suspension	4/4/2022
Natesto nasal 5.5 mg/0.122 gm	4/4/2022
Nitazoxanide 500 mg tablet	4/4/2022
Orkambi tablet	4/4/2022
Oxbryta 300 mg tablet for suspension	5/2/2022
Pneumovax-23	5/2/2022
Qdolo 5 mg/mL solution	4/4/2022
Qulipta tablet	4/4/2022
Rezurock 200 mg tablet	4/4/2022
Rinvoq ER 30 mg and 45 mg tablet	5/2/2022
Scemblix tablet	4/4/2022
Seglentis 56 mg-44 mg tablet	5/2/2022
Sertraline capsule	5/2/2022
Sirturo 20 mg tablet	5/2/2022



Quantity limit updates (continued)	Effective date
Skyrizi 150 mg/mL pen and syringe	4/4/2022
Synojoynt 1% syringe	5/2/2022
Takhzyro 300 mg/2 mL syringe	5/2/2022
Talzenna 0.5 mg and 0.75 mg capsule	5/2/2022
Tarpeyo DR 4 mg capsule	5/2/2022
Testosterone cypionate intramuscular suspension 100 mg/mL vial	3/14/2022
Transderm-Scop patch	5/2/2022
Trikafta tablet	4/4/2022
Trudhesa nasal spray	4/4/2022
Truseltiq daily dose pack	4/4/2022
Twirla 120-30 mcg/day patch	4/4/2022
Vabysmo 6 mg/0.05 mL vial	5/2/2022
Venclexta starting pack	4/4/2022
Vivelle-Dot 0.075 mg and 0.1 mg patch	4/4/2022
Welireg 40 mg tablet	4/4/2022
Xarelto 1 mg/mL suspension	5/2/2022
Xofluza tablet	4/4/2022

For a complete list of all quantity limits within our searchable formulary, please visit <https://www.amerihealthcaritaschc.com/provider/pharmacy/index.aspx>.

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 <https://www.amerihealthcaritaschc.com/provider/pharmacy/prior-auth.aspx>.

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
- Prior authorization criteria and procedures for submitting prior authorization requests
- Changes approved by the Pharmacy and Therapeutics Committee



Reminder: Balance billing Participants is prohibited

As outlined in your provider agreement with AmeriHealth Caritas PA CHC and as outlined in DHS Medical Assistance Bulletin (MAB) 99-99-06, titled Payment in Full, AmeriHealth Caritas PA CHC strongly reminds all providers of the following points from the bulletin:

The Pennsylvania Code 55 Pa. Code § 1101.63 (a) statement of policy regarding full reimbursement for covered services rendered specifically mandates that:

- All payments made to providers under the MA program plus any copayment required to be paid by a recipient shall constitute full reimbursement to the provider for covered services rendered.
- A provider who seeks or accepts supplementary payment of another kind from DHS, the recipient, or another person for a compensable service or item is required to return the supplementary payment.

To review the complete MAB 99-99-06, visit www.amerihhealthcaritaschc.com > **For Providers > Resources > Department of Human Services (DHS) news and bulletins.**

Similarly, the Centers for Medicare & Medicaid Services (CMS) clearly prohibits AmeriHealth Caritas VIP Care providers from balance billing Participants as follows:

- Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997, prohibits Medicare providers from balance billing qualified Medicare beneficiaries for Medicare cost-sharing.
- Under the requirements of the Social Security Act, all payments from AmeriHealth Caritas VIP Care to participating providers must be accepted as payment in full for services rendered. Participants may not be balance billed for medically necessary covered services under any circumstances.

Providers may reference CMS MLN Matters number SE1128 for further details.

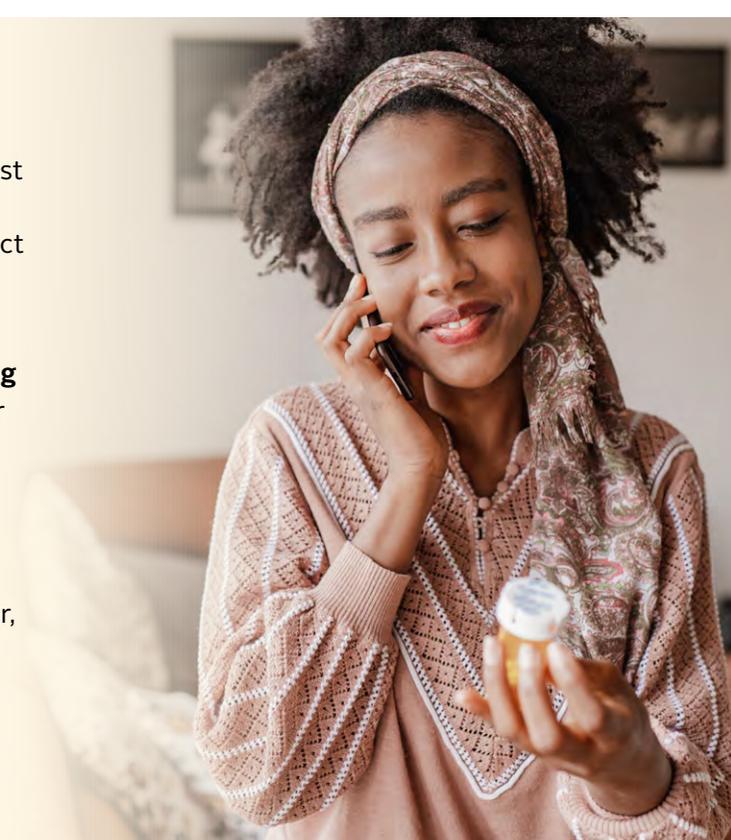
If you have questions, please contact your Account Executive or Provider Services at **1-800-521-6007**.

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.amerihhealthcaritaschc.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**.



Fraud, waste, abuse, and mandatory screening information

AmeriHealth Caritas PA CHC is committed to detecting and preventing acts of fraud, waste, and abuse and has a webpage dedicated to addressing these issues and mandatory screening information. Visit www.amerhealthcaritaschc.com/provider/claims-billing/fwa.aspx.

Topics include:

- Information on screening employees for federal exclusion
- How to report fraud to 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.

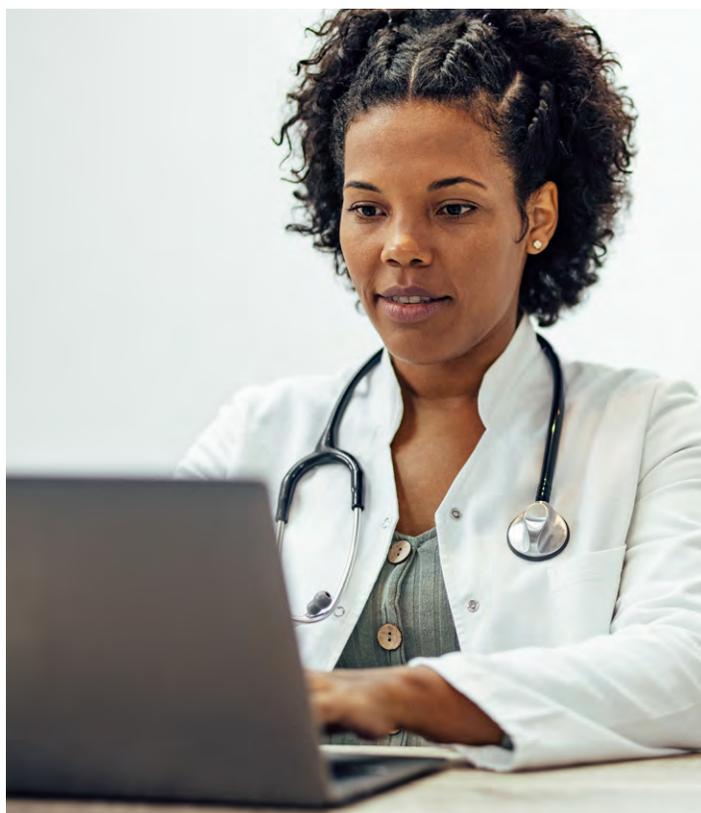
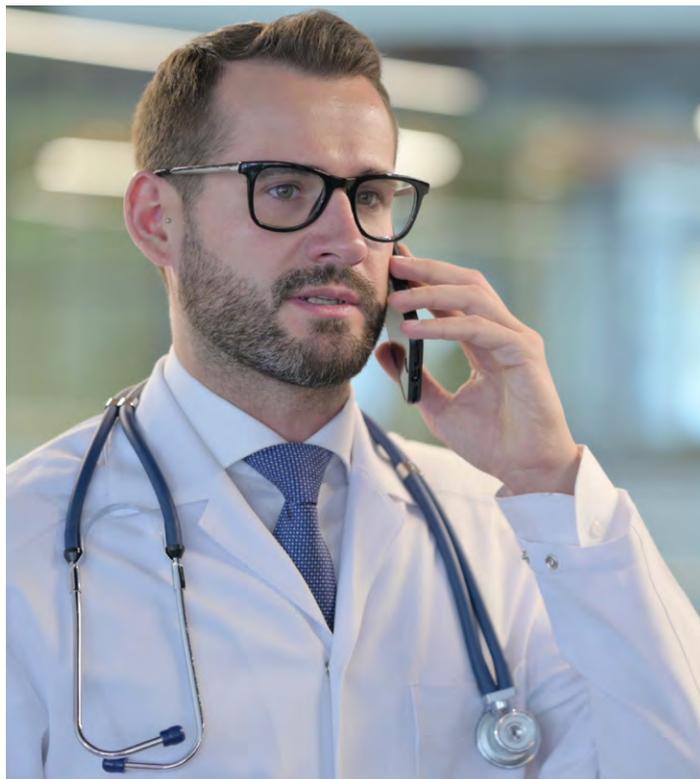
If you suspect it, report it: Help us fight fraud, waste, and abuse

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

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>.





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