AmeriHealth Caritas Pennsylvania

Community HealthChoices

AmeriHealth Caritas Pennsylvania

CONNECTIONS

2025 | ISSUE 3

In this issue

It's not too late to vaccinate

Your strong recommendation plays a crucial role in whether your patients choose to get vaccinated this season.

As we prepare for the 2025 – 2026 flu season, we encourage you to urge your patients to get vaccinated. In addition to the flu vaccine, it is essential that they stay up to date with the latest COVID-19 vaccinations.

Respiratory Syncytial Virus (RSV) in pregnancy

RSV is a common respiratory virus that typically causes mild, cold-like symptoms. While most people recover in a week or two, RSV can become serious, particularly in infants and older adults, potentially requiring hospitalization.

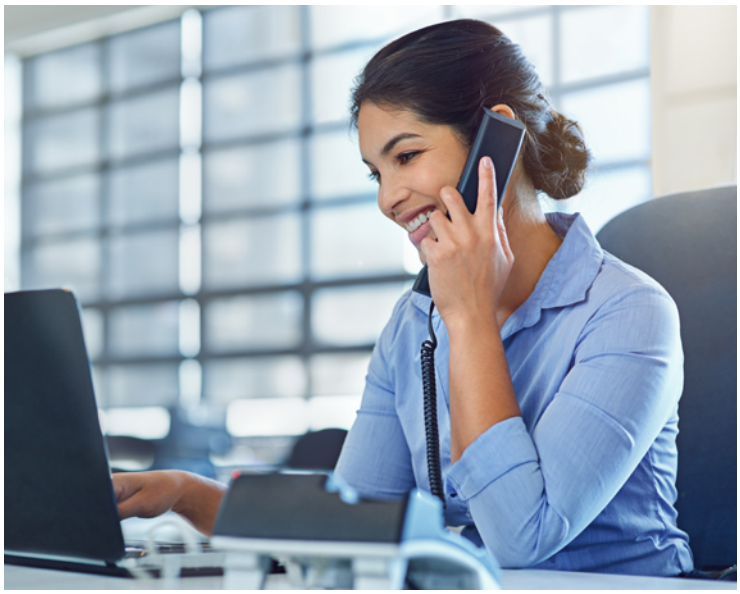
Those who are pregnant should receive a single dose of the RSV immunization during weeks 32-36 of pregnancy so that their babies are protected against severe RSV disease at birth. The immunization should be administered at least two weeks before delivery.

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, waste, 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/
  AmeriHealth Caritas PA CHC
  P.O. Box 7317
  London, KY 40742



For more information about Medical Assistance (Medicaid) fraud, waste, and abuse, please visit the Department of Human Services (DHS) website at www.pa.gov/agencies/dhs/report-fraud/medicaid-fraud-abuse.html.

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 > Providers > Resources > Fraud, waste, and abuse and www.amerihealthcaritaschc.com > For Providers > Resources > Fraud, waste, abuse and mandatory screening information.

Topics include:

- Information on screening employees for federal exclusion
- How to report fraud to us
- How to return improper payments or overpayments
- Information on provider mandatory fraud, waste, and abuse training

Note: After completing the training, please submit an attestation:

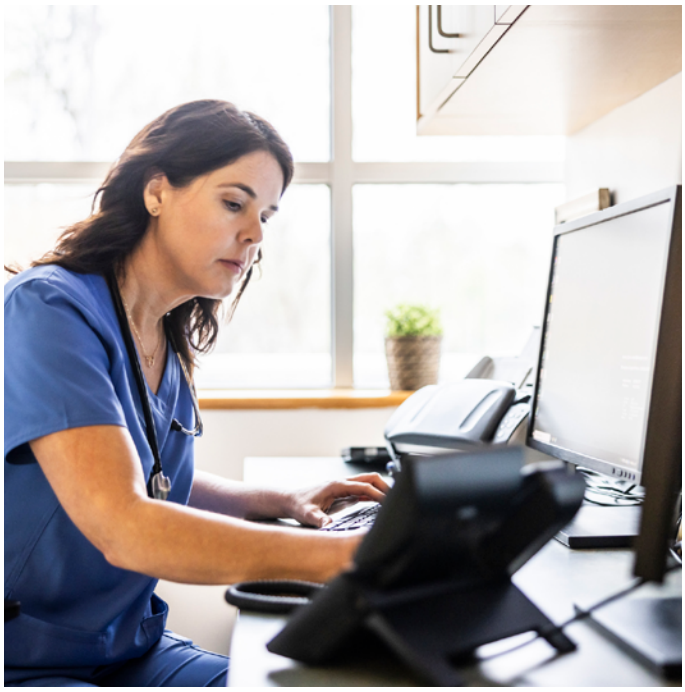
- AmeriHealth Caritas Pennsylvania or AmeriHealth Caritas PA CHC medical providers, go to www.surveymonkey.com/r/FWAAttest.
- AmeriHealth Caritas Pennsylvania or AmeriHealth Caritas PA CHC long-term services and supports (LTSS) providers, go to www.surveymonkey.com/r/FWA_Attest.

Medical record documentation

Complete and consistent documentation in patient medical records is an essential component of quality patient care. We 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 > Providers > Resources > Medical record standards and

www.amerihealthcaritaschc.com > For Providers > Resources > Medical record standards



Notice of privacy practices

We are committed to protecting the privacy of our Member/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/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 > Providers > Communications > HIPAA resource center and www.amerihealthcaritaschc.com > For Providers > Resources > HIPAA.

Access to care management

A variety of programs and resources are available to support providers caring for our Members/Participants with special health care needs, behavioral health conditions, or chronic conditions.

These programs can help members/participants better understand and manage their health with the support of a dedicated care manager. Members/Participants may be referred to complex care management services through several avenues, including practitioner referrals.

For more information and contact details for these programs, please visit our websites:

www.amerihealthcaritaspa.com > Providers > Resources > Special needs resources

www.amerihealthcaritaschc.com > For Providers > Resources

Quality and utilization management

Our plans have adopted clinical practice guidelines for treating Members/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.amerihealthcaritaspa.com > Providers > Resources > Clinical practice guidelines and www.amerihealthcaritaschc.com > For Providers > Resources > Clinical resources upon request by calling the Provider Services department at **1-800-521-6007**.

The plans will provide their utilization management (UM) criteria to network providers upon request. To obtain a copy of the UM criteria:

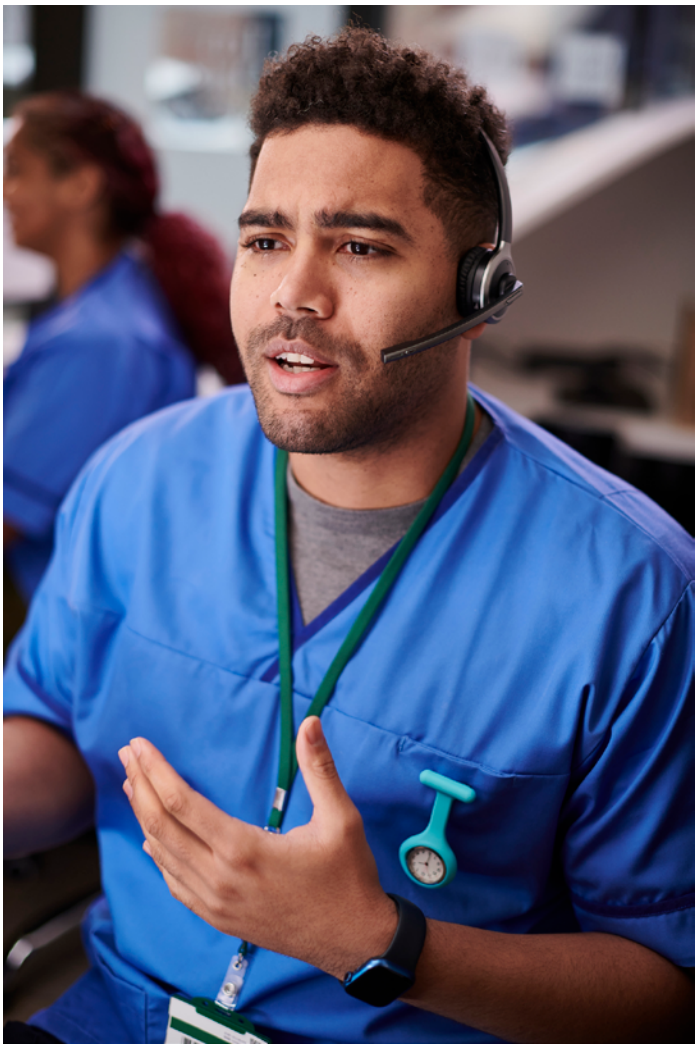
- Call the UM department at **1-800-521-6622**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.

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 the plans have medical directors and physician advisors who are available to address UM issues or answer your questions regarding decisions relating to prior authorization, durable medical equipment (DME), home health care, and concurrent review. Call the Peer-to-Peer 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.
- Our health plan does 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.



Supporting Documentation for Prior Authorization Requests

To assist with the timely review of your prior authorization (PA) requests submitted via the NaviNet provider portal, please make sure of the following:

- Documentation submitted is for the correct Member/Participant.
- At least three Member/Participant identifiers are included in the request and on all supporting documentation submitted. Acceptable identifiers include:
  - First and last name, to include any suffix such as Sr. or Jr.
  - Date of birth
  - Medicaid ID
  - Member/Participant ID
  - Address
  - Certification number (if there is already a request on file)
  - Case reference number given for PA/concurrent review cases
- Include a contact name and phone number in case additional information is required.

Adhering to these requirements reduces the risk of documentation being reviewed for an incorrect Member/Participant and helps to ensure timely review of PA requests.

New Functionality! Several new functions are available in NaviNet

There are now two functionality enhancements to the NaviNet provider portal that are designed to streamline your workflow and improve efficiency when managing claim-related issues.

Claim Investigation Attachments

Upload supporting documents directly with your electronic claim investigation requests within the NaviNet provider portal. Once logged in, you can view the Claim Investigation Training video walkthrough of the process.

Claims Dispute Submission

Submit disputes regarding claim issues and supporting documentation directly through the provider portal by accessing Forms and Dashboards and completing the applicable form. Once the form has been submitted, a document ID number will be provided. This document ID number must be included in any follow-up inquiries.

For complete enhancement details and file formatting requirements, please refer to the notice(s) posted on our websites:

- www.amerihealthcaritaspa.com > Providers > Communications > Provider notifications
- www.amerihealthcaritaschc.com > For Providers > Resources > Provider alerts

Need access?

If you do not have access to the NaviNet provider portal, please visit: https://register.navinet.net/ to sign up. If you have questions or need further assistance, please contact the NaviNet Customer Support team at **1-888-482-8057**, Monday – Friday, 8 a.m. – 11 p.m. EST.

What is covered and what is not?

AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC Members and Participants are entitled to medical benefits through the Pennsylvania Medical Assistance Program and the Pennsylvania Community HealthChoices Program, respectively.

Depending on an individual's category of aid, age and eligibility, benefit limits and copayments may apply.

- AmeriHealth Caritas PA Members are eligible for the full range of benefits provided through the Pennsylvania Medical Assistance program.
- AmeriHealth Caritas PA CHC Participants may also qualify through the Department of Human Services (DHS) to receive LTSS benefits under the same program.

For more information about covered and non-covered services, please refer to Section 1 of the Provider Manual, available on our website.

If you have questions about whether a service is a covered benefit, or payable by AmeriHealth Caritas Pennsylvania or AmeriHealth Caritas PA CHC, please contact Provider Services at **1-800-521-6007**.

HEDIS CPT II Code Reminder – Help Close Gaps in Care

It's that time of year again. We are asking for your help by closing all gaps in care before the end of the year. Your efforts are critical to our HEDIS performance and improving the outcomes in care for our Members/Participants.

- Schedule and complete annual Member/Participant visits, including well-child visits.
- Order testing for your patients and ask them to have the studies done before end of year.
- Report current blood pressure results using the appropriate CPT II code via claims submission.
- Submit claims with accurate CPT II and diagnosis codes to make sure gaps in care are closed.
- Utilize the Let Us Know program if you need assistance in reengaging Members/Participants.

As a reminder, enhanced CPT II code reimbursement is available for the last quarter of the year. Let's make this a successful year-end HEDIS push.

Pennsylvania Health Leaders Issue 2025 Call to Action for Providers to Advance Cancer Prevention and Early Detection

The Pennsylvania Department of Health (DOH), in partnership with the **Pennsylvania Prostate Cancer Coalition (PPCC)** and the **Pennsylvania Cancer Coalition (PCC)**, issued a statewide call to action urging health care providers to strengthen their role in prostate cancer screening, early detection, and timely referral.

Through the **Pennsylvania Comprehensive Cancer Control Program (PACCCP)** and the state's **2023–2033 Cancer Control Plan**, these organizations are working together to reduce the burden of cancer and address disparities in outcomes across the Commonwealth. Prostate cancer remains a particular focus, with an estimated **13,400 new diagnoses** and **1,500 deaths** expected in 2025.

The 2025 call to action urges Pennsylvania providers to:

1. **Start the Conversation**
   Talk to men—especially those over 50, Black men, and anyone with a family history—about prostate cancer risk and whether screening makes sense for them.

2. **Offer or Refer for PSA screening**
   Keep up with the latest screening guidelines and refer high-risk patients for screening or urology consults when appropriate:
   ACS Prostate Cancer Screening Guidelines

3. **Advance Health Equity**
   Address issues like cost, mistrust, and access to care. Use culturally sensitive, clear communication to help your patients navigate their options.

4. **Engage in local partnerships**
   Team up with public health programs, community groups, and cancer coalitions to bring screening and education efforts into high-risk neighborhoods.

5. **Support research and referrals**
   Promote clinical trial participation and help make sure diverse populations are represented in prostate cancer studies.

Pennsylvania's cancer-control progress relies on strong partnerships with the provider community. By integrating evidence-based practices, providers can help close gaps, improve outcomes, and save lives across the state.

Sources:

https://www.pacancercoalition.org/images/pdf/2023-2033_Pennsylvania_Cancer_Control_Plan.pdf

https://www.fightcancer.org/releases/cancer-survivors-and-medical-leaders-call-pennsylvania-lawmakers-eliminate-barriers

2025 Human Papilloma Virus (HPV) Vaccination Call to Action: Protecting Pennsylvania's Youth from Cancer

HPV vaccination is cancer prevention. Despite its proven effectiveness, only two-thirds of Pennsylvania adolescents under age 18 are fully vaccinated against HPV-associated cancers. Increasing vaccination rates can significantly reduce the burden of cervical, oropharyngeal, and other HPV-related cancers in the future.

Key Recommendations for Providers:

- **Start early:** The American Academy of Pediatrics (AAP) now recommends initiating HPV vaccination at age 9.
- **Complete by 13:** Starting the series early ensures it is completed before exposure risk increases.
- **Use available resources: The American Cancer Society (ACS) HPV Vaccination Roundtable** offers tools to support conversations with parents and improve vaccination rates, including:
  - Why Age 9? Fact Sheet
  - Start at 9 Toolkit
  - Video Abstracts on Age 9 Playlist
  - HPV Vaccination Starting at Age 9 Journal Supplement

Your role

Health care providers play a crucial role in HPV cancer prevention. Strong, early recommendations from trusted providers significantly increase vaccination uptake. Incorporating HPV vaccine discussions into well-child visits starting at age 9 can help protect patients before they are at risk.

Source: https://hpvroundtable.org/wp-content/uploads/2024/08/PA_Provider_Age9_PSchauer2024.pdf

Get 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 support (LTSS) needs.

The 2026 Participant Advisory Committee meeting schedule is as follows:

We are excited to share that we are actively recruiting a diverse group of Participants and providers!

- Do you know a Participant that likes to be involved in community meetings or organizations?
- Do you know a formal or informal caregiver that has expressed interest in advocating for others?

If so, we want to hear from them.

Please reach out to Community Outreach team at advisoryacpchc@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!

Zone	Date		Time	Location
Lehigh/Capital	March 10 June 9	September 8 December 8	11 a.m. – 1 p.m.	AmeriHealth Caritas PA Wellness and Opportunity Center 600 Penn Street, Third Floor, Reading, PA 19602
Northeast	March 5 June 4	September 3 December 3	11 a.m. – 1 p.m.	AmeriHealth Caritas PA Wellness and Opportunity Center 20 West Broad Street, Hazelton, PA 18201
Northwest	March 3 June 2	September 1 December 1	11 a.m. – 1 p.m.	Voices for Independence 1432 Wilkins Road, Erie, PA 16505
Southwest	March 17 June 16	September 15 December 15	11 a.m. – 1 p.m.	Community Engagement Center 622 North Homewood Avenue, Pittsburgh, PA 15208

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.

Important updates regarding the dental fee schedule

The Department of Human Services (DHS) issued Medical Assistance (MA) Bulletin 27-24-41 regarding the 2025 Medical Assistance Program Dental Fee Schedule update. This communication is to notify you of the important changes and how this will affect your claims with AmeriHealth Caritas PA/AmeriHealth Caritas PA CHC.

All claims with the date of service August 1, 2025, and after will be reprocessed without action required on your part.

To review MA Bulletin 27-24-41 in its entirety, including the list of updates made to the Dental Fee Schedule, please visit our website at:

www.amerihealthcaritaspa.com > Providers > Resources > Dental program

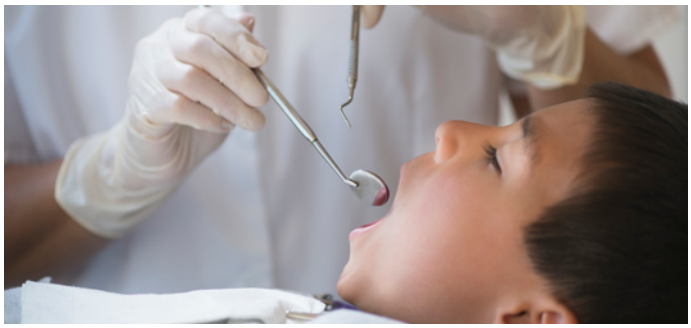
www.amerihealthcaritaschc.com > For Providers > Resources > Dental program

Updated Orthodontic Service Salzmann Evaluation Index Form

AmeriHealth Caritas Pennsylvania has updated the Orthodontic Service Salzmann Evaluation Index form to provide more clarity to orthodontists and claim reviewers when evaluating a case for comprehensive orthodontic treatment.

Effective December 1, 2025, all orthodontic providers will be required to use the new Salzmann index form. However, orthodontists can now begin using this new form when sending in prior authorization requests for comprehensive orthodontic treatment.

The updated Salzmann form, along with instructions, can be found at www.amerihealthcaritaspa.com > Providers > Resources > Dental program.



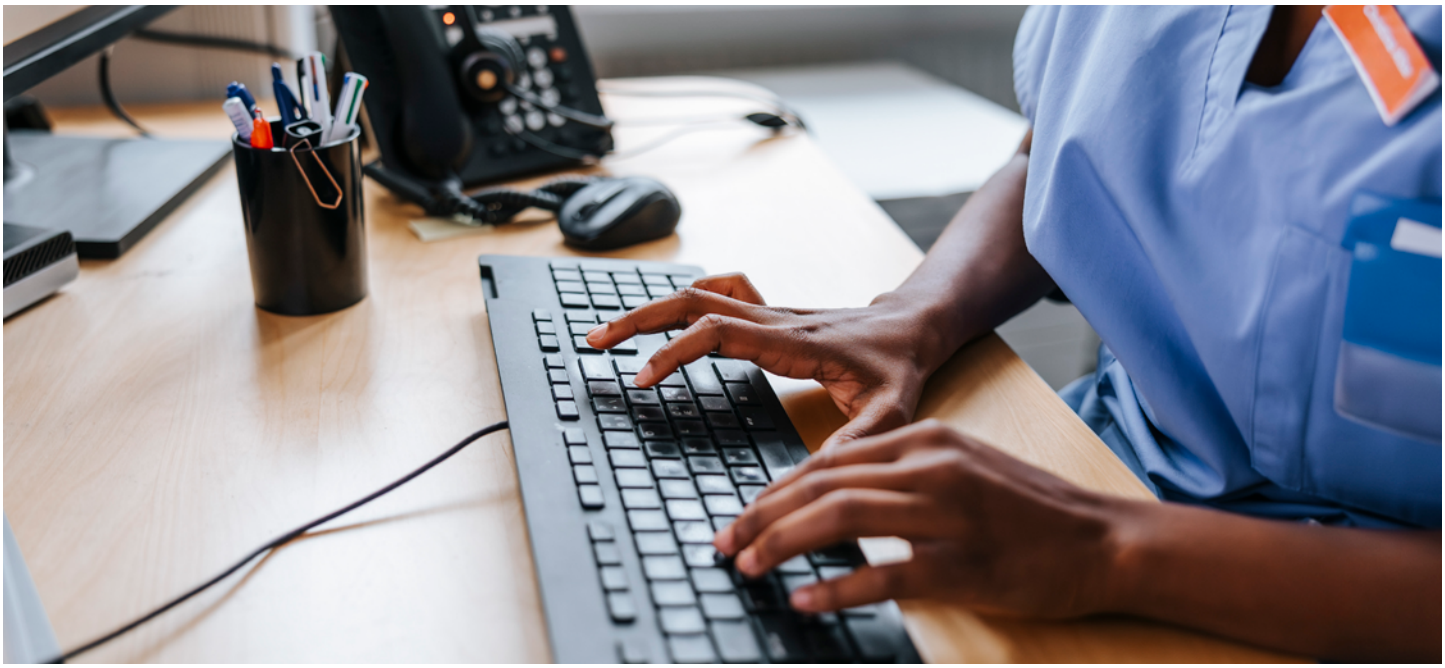
Adoption of the American Academy of Pediatric Dentistry's (AADP) Periodicity Schedule

Important note: The AADP Periodicity Schedule will replace the current periodicity schedule published in the 2025 Dental Provider Manual Supplement. This notice is for informational purposes only and will not affect benefits or claims adjudication.

The Department of Human Services (DHS) issued Medical Assistance Bulletin (MAB) 27-25-42, Adoption of the American Academy of Pediatric Dentistry's (AAPD) Dental Periodicity Schedule, which incorporates updated pediatric dental guidelines related to children's access to dental services that conforms to nationally recognized standards.

Effective October 1, 2025, dental providers are to refer to the AAPD's dental periodicity schedule, "Recommended Dental Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling," as a guideline for providing pediatric oral health care. The Department continues to support the AAPD's recommendations establishing a pediatric dental home and provides guidance on preventive dental care to Medical Assistance (MA) beneficiaries under age 21.

To review MAB 27-25-42 in its entirety, including the list of updates made to the Dental Fee Schedule, visit www.amerihealthcaritaspa.com > Providers > Resources > Dental program > Dental Medical Assistance Bulletins.



Save time! Submit your pharmacy prior authorization requests online

Providers can submit electronic prior authorization (ePA) requests either through their electronic health record (EHR) software or via the following online portals:

- CoverMyMeds
- Surescripts

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

New Enhancement to Pharmacy Claim Processing

Effective October 1, 2025, pharmacy claims may be rejected if Members or Participants exceed an accumulated 15 day supply of any given medication over a rolling 180-day period. This update ensures medications are being used safely and are not being inadvertently stockpiled.

If a claim is rejected at the pharmacy on or after October 1, 2025, based on this update, the processing pharmacy will receive a message with the next available fill date for the medication along with instructions on how to request an override if needed in extenuating circumstances.

If you have any questions regarding this notice, please contact Pharmacy Services:

- AmeriHealth Caritas Pennsylvania: **1-866-610-2774**
- AmeriHealth Caritas PA Community HealthChoices: **1-888-674-8720**

Help Us Support Our Members and Participants by Sharing Data

In support of our commitment to equitable health care access and improved provider and patient relations, we invite our providers to voluntarily share their demographic information. This includes their race and the languages you, and your practice speaks.

This data helps us better reflect the diversity of our networks, support Member/Participant choice, and improve access to culturally responsive care.

Our Members/Participants value the ability to connect with providers who understand their cultural and linguistic preferences.

By collecting race, ethnicity, and language data we can:

- Highlight the diversity of our provider network.
- Improve how we present provider information.
- Support compliance with national standards including but not limited to Cultural Linguistic Appropriate Services (CLAS) and National Committee for Quality Assurance (NCQA) Accreditation.

Thank you for partnering with us in advancing health equity.

Language and Translation Services

To help make sure our Members/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 phone rates.

Visit www.amerihealthcaritaspa.com > Providers > Initiatives > Cultural competency and www.amerihealthcaritaschc.com > For Providers > Training for details and contact information. Since this relationship will be between your office and LSA, you may address any questions you have directly to LSA. Feel free to call them at **1-866-221-1301**.

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 that meets their needs. For TTY services, please call **1-855-235-5112**.

Connections Editorial Board

Contact us:

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provider.communications@amerihealthcaritaspa.com

AmeriHealth Caritas PA CHC:
providercommunicationschc@amerihealthcaritas.com

Coverage by AmeriHealth First.

MCO-PA 255048150

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