# **Provider Post**

News and updates you need to know



## Fall Edition 2022

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#### **Reminder: Medicaid Provider Enrollment Required**

Providers who file claims with Louisiana Medicaid are required by Federal laws to enroll in Medicaid's web-based provider enrollment portal.

The enrollment portal must be used by Medicaid providers. This includes current managed care organization (MCO) only providers, Dental Benefits Program Manager (DBPM) providers, and existing fee-for-service providers.

# The deadline to submit an enrollment application is September 30, 2022. Providers must allow several weeks from the time of the application submission to the time that enrollment is considered complete. Claims will be denied beginning December 31, 2022, for providers who have not completed the enrollment process.

Even if you miss the September 30, 2022 deadline, you will still need to submit your enrollment application in order to have your claims approved by fee-for-service Medicaid, AmeriHealth Caritas Louisiana, the DBPMs, and/or Magellan.

The September 30 deadlines applies to:

- Providers enrolled with Fee for Service (FFS) Medicaid before December 31, 2021
- Providers enrolled with an MCO or DBPM before March 31, 2022

Providers should visit <u>www.lamedicaid.com</u> to enroll. Providers will need several data points to complete enrollment, including Louisiana Provider ID, NPI, city, state, and zip code.

#### Medicaid Member Reassignment Notices to Be Sent in October

Beginning in October, Louisiana Medicaid will begin sending out health plan auto assignment notification letters to all Medicaid members of all health plans. As a result, some Medicaid members may be assigned a different health plan. This

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does not affect their Medicaid coverage or their dental plan enrollment.

Letters will be mailed to all Medicaid households explaining their current plan and the plan they will be enrolled in effective January 1, 2023. Letters will be mailed to members beginning in late October through mid-November 2022.

If the member wants to keep the health plan assigned to start on January 1, 2023, they do not have to do anything. If the member wants to change that health plan or their dental plan, they can do that at any time between November 8, 2022 and March 31, 2023. You can find a copy of the letter that will be mailed to members here: <u>Health Plan Reassignment</u> <u>Letter</u>.

#### Provider Incentive for Behavioral Health Follow-Up Care

AmeriHealth Caritas Louisiana is offering a provider incentive when qualifying follow-up visits are completed within 30 days of a specified ED admission or inpatient discharge. Since 2017, Healthy Louisiana behavioral health follow-up care rates have steadily declined.

To recognize providers who are finding innovative ways to improve health outcomes among Medicaid members in our state, AmeriHealth Caritas Louisiana is pleased to announce an incentive program for completing qualifying Behavioral Health follow-up care with 30 days of a specified ED admission or inpatient discharge.

Payment Criteria	Incentive Amount
Follow-up visit after hospitalization for mental illness or intentional self-harm (FUH)	\$100
Follow-up visit after ED visit for alcohol and other drug abuse (FUA)	\$50
Follow-up visit after ED visit for mental illness or intentional self-harm (FUM)	\$50

Incentive payments for qualifying follow-up visits will be retroactive to 1/1/2022 and will include follow-up visits through 12/31/2022. Incentive payments will be based on receipt of a claim for a qualifying follow-up visit, and paid quarterly through a CAP payment.

Additional information about this incentive can be found here. Please refer to the HEDIS Documentation and Coding Guidelines MY2022 on NaviNet for measure description and coding requirements.

Effective August 22, 2022, ADT alerts are available in the provider portal for behavioral health providers.

Members are assigned to the behavioral health providers who submit the greatest number of claims for members, indicating the members' care is primarily provided by those practitioners.

#### **Avesis Vision Services Changes**

Avesis will no longer serve as AmeriHealth Caritas Louisiana's vendor for vision services after August 31, 2022. Beginning **September 1, 2022**, AmeriHealth Caritas Louisiana administers vision benefits for our members via our network of Ophthalmologists, Optometrists and Optician Suppliers.

Vision claims submitted for dates of service on or before August 31, 2022, must be submitted to Avesis for reimbursement. The phone number for Avesis is 1-833-311-2252.

Dental services administered by Avesis will continue until December 31, 2022.

#### March of Dimes Dismantling Bias in Maternal and Infant Healthcare Training

In alignment with our mission and our commitment to advancing health equity, AmeriHealth Caritas Louisiana is excited to collaborate with the March of Dimes to offer Dismantling Bias in Maternal and Infant Healthcare provider training. AmeriHealth Caritas Louisiana – *Provider Post* Page 2 This important training is provided at no cost and providers can earn 3.5 CME/CNE credits upon completion.

This virtual, live, instructor-led training hosted by AmeriHealth Caritas Louisiana and facilitated by an experienced March of Dimes trainer will be held on **Wednesday October 5, 2022, from 8:00 am to Noon.** 

Please register in advance for this session here: https://marchofdimes.zoom.us/meeting/register/tJEscO2trjorG9Fgts2J2LKPpbwbroDaMW2-

#### **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results**

The CAHPS survey measures a range of interactions that members have with the health care system, including their care from health plans and health care providers. As part of our health plan accreditation through the National Committee for Quality Assurance (NCQA), AmeriHealth Caritas Louisiana is required to field the CAHPS survey on an annual basis.

As a network provider, you play a vital role in our members' perception of health care services. Your interaction with our members directly impacts member satisfaction and can improve the members' experience with the care they receive.

Listed below:

**Getting Care Quickly** 

- A summary of scores that reflect the member's experience regarding care received by their provider (comparison of 2020 to 2021 scores).
- Best practices to continue to improve member experience.

# 100% 90% 82% 81% 80% 70% 60% 50% ADULT Child (General Population) MY2020 = MY 2021

### Getting Needed Care



#### How Can You and Your Office Staff Help?

- Keep a portion of your appointments available each day for urgent same day appointments
- Encourage patients to make their routine appointments for checkups or follow-up visits in advance
- Be proactive and call patients months in advance to schedule tests, screenings or physicals
- Promote telehealth services if your office has this service available. Educate your patients on how and when to use it

#### How Can You and Your Office Staff Help?

- Be proactive in checking with Health Plan to make sure treatment and/or test that is prescribed for you patient is covered before they leave the office
- Make sure the Health Plan does not require any specific documentation such as prior authorization in order for the treatment or test to be covered



#### **Rating of Personal Doctor**



#### Rating of Specialist



## How Can You and Your Office Staff Help?

- Maintain eye contact while patient is speaking and sit down during visit to show you are actively listening
- Use open-ended questions to allow the patient time to speak
- Explain the rationale for tests, treatments, and referrals
- Use simple, easy-to-understand terminology and avoid abbreviations and medical jargon; practice "teach-back" method with your patients
- Remember each patient is unique in the way they want to communicate with you

# How Can You and Your Office Staff Help?

- Demonstrate interest, caring and empathy toward your patients
- Take time to listen to their questions and provide easily understood answers
- Ensure that the patient understand the instructions given prior to them leaving the appointment



We thank you for your care of our members in 2021 (and always), and hope these results will demonstrate the positive areas that we have worked well in together, and the areas that we will need to work on together to improve the care we deliver to our members over the next year.

#### **Notice of Pregnancy**

Supplement Your Reimbursement when a "Notice of Pregnancy" (NOP) form is completed and faxed to our Bright Start Department.

We encourage providers to use our "Notice of Pregnancy" form to collect pregnancy information from our members and forward the completed forms to us. The "Notice of Pregnancy" form is available for download from our website and printable in English.

Click the link below to access the form or copy and paste the address into your web browser: https://www.amerihealthcaritasla.com/pdf/provider/resources/forms/notification-of-pregnancy.pdf

Please fax the completed form to our Bright Start Department at 1-888-877-5925. If you need guidance on completing the "Notice of Pregnancy" form, or to inquire about a submission, please call 1-888-913.0327.

#### FindHelp Support for Social Determinants of Health

AmeriHealth Caritas Louisiana works with <u>FindHelp assistance site</u> to connect our members with programs and organizations that provide support and solutions to housing needs, employment, health, transportation, and an array of issues faced by individuals in underserved communities.

We encourage you to use our free <u>FindHelp website</u> to assist patients who are facing difficulties in non-clinical areas that affect their ability to attend office visits or adhere to treatment plans. Access SDOH resources for your community here: <u>https://acla.findhelp.com/</u>

#### AmeriHealth Caritas Louisiana Offers No Cost Language Interpretation Services for Our Members

Members should be advised that interpretation services from AmeriHealth Caritas Louisiana are available at no cost. When a member uses AmeriHealth Caritas Louisiana interpretation services, the provider must sign, date and document the services provided in the medical record in a timely manner.

How to use our interpretation services:

- Inform the member of his or her right to no cost interpretation services.
- Make sure a phone is in the room or use a cell phone.
- Call Member Services at **1-888-756-0004**, 24 hours a day, 7 days a week, with the member ID number, and Member Services will connect you to the necessary interpreter.
- Conduct exam with interpreter over the phone.

#### Interpretation Tips:

- Speak directly to the patient, not the interpreter.
- Do not rush. Pause every sentence or two for interpretation.
- Use plain language. Avoid slang and sayings. Jokes do not always translate well.



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• Check for understanding occasionally by asking the patient to repeat back what you said. This is better than asking, "Do you understand?"

In addition, translation services must be provided to assure adherence to providing services in a culturally competent manner. Please review additional details about <u>Cultural Competency and Language Services</u> on our website.

#### Changes to Community Psychiatric Support & Treatment and Psychosocial Rehabilitation Services

The Louisiana Legislature passed Senate Bill 213, which has been signed by Governor John Bel Edwards as Act 503.

This law affects behavioral health services providers (BHSP) who provide community psychiatric support and treatment (CPST) services or psychosocial rehabilitation (PSR) services to Medicaid members. More specifically, it revises the components of the services and the staff able to provide the services. Pending CMS approval, the anticipated effective date will be January 1, 2023.

Any individual rendering the assessment and treatment planning components of CPST services for a licensed and accredited provider agency shall be a fully licensed mental health professional.

Any individual rendering any of the other components of CPST services for a licensed and accredited provider agency shall be a fully licensed mental health professional, a provisionally licensed professional counselor, a provisionally licensed marriage and family therapist, a licensed master social worker, a certified social worker, or a psychology intern from an American Psychological Association approved internship program.

Any individual rendering PSR services for a licensed and accredited provider agency shall hold a minimum of one of the following: a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, sociology, rehabilitation services, special education, early childhood education, secondary education, family and consumer sciences, criminal justice, or human growth and development.

We encourage providers of these services to review Informational Bulletin 22-22 for full details.

### **Questions?**

#### **Online Resources**

Here is a look at what is new or recently updated on our website at www.amerihealthcaritasla.com:

- COVID-19 Updates
- <u>Newsletters and Updates</u>
- Provider Handbook
- <u>Claims Filing Instructions</u>
- <u>Account Executive List</u>
- Provider Trainings

If you have questions about any of the content in this provider update, please contact your <u>Provider Account</u> <u>Executive</u>, or call Provider Services at **1-888-922-0007**.