AmeriHealth Caritas Louisiana

The AmeriHealth Caritas Louisiana

PROVIDER POST

News and updates you need to know

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Summer 2025

Provider Spotlight —

2024 CPT Category II Code Champion

AmeriHealth Caritas Louisiana would like to recognize the Barousse Family Clinic for its diligence in using CPT Category II codes when providing care to members with diabetes or hypertension. Using CPT Category II codes reduces the occurrence of medical record requests associated with HEDIS measures, tracks and improves patient outcomes, and may provide supplemental reimbursement to the provider.

Barousse Family Clinic, located in the rural community of Church Point, Louisiana, was opened on March 2, 2022, by Megan Barousse, FNP. Megan opened this family medicine clinic in her hometown to provide an atmosphere of understanding and respect for her community. She goes above and beyond as a provider by personally calling her patients to remind them about screenings during clinic breaks and after hours.

In 2023, AmeriHealth Caritas Louisiana's Quality Department began collaborating with Barousse Family Clinic regarding HEDIS specifications. Megan and her staff took a hands-on approach and were actively engaged in care gap closure. Following a quality visit with AmeriHealth Caritas Louisiana, the practice began billing CPT Category II codes for appropriate care gap closure.

In 2024, Barousse Family Clinic billed just under 220 CPT Category II codes to support care gap closure for many of our 73 paneled members. Megan attributes the success to creating and using a "cheat sheet" and coding during her patient interactions. After the visit, Megan's scribe validates all codes are captured correctly. Congratulations to Megan and her staff on a successful 2024!

Megan Barousse, FNP

Durable medical equipment ordering provider requirements

Louisiana Medicaid will implement claims and encounter system edits to ensure that the ordering providers for claim type 09 Durable Medical Equipment (DME) are individuals, and are listed on the claim form. Ordering providers are also required to be enrolled with the state for the claim to pay or the encounter to be accepted. A group or clinic must not be listed as the ordering provider on claims or encounters. For example, ordering providers cannot be physician clinics, federally qualified health clinics, rural health clinics, or American Indian clinics.

Edit (047) for invalid or missing ordering provider will be educational for ordering providers with a group or clinic NPI. The edit will then be set to deny claims and encounters when the ordering provider NPI is missing or the ordering provider is a group or clinic.

AmeriHealth Caritas Louisiana will update our system to reflect the changes by **July 12, 2025.** For full details, please see **Informational Bulletin 24-49 (Revised May 13, 2025)**.

The 2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is now complete

With the 2025 CAHPS survey complete, it's almost time to analyze the Adult and Child survey results. The final results will be available in August. 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 annually. The survey assesses patient experiences with their health plan, personal doctor, specialists, and health care in general. CAHPS survey results are used to identify areas where our plan can continue improving the member experience. Below are some composites the health plan will use to identify barriers, opportunities, and interventions to improve the member experience moving forward.

- The Child survey composite **Getting Needed Care** specifically addresses getting timely appointments with specialists.
- The Child survey composite **Getting Care Quickly** is specifically aimed at immediate care and timely checkups/routine care appointments.
- The Child survey composite, **Rating of Specialist** focuses on coordination of care.

Below is a list of best practices for you and your staff for improved member experiences.

Getting Needed Care

- Be proactive in checking with AmeriHealth Caritas Louisiana to ensure treatment and/or tests prescribed for your patient are covered before they leave the office.
- Ensure AmeriHealth Caritas Louisiana does not require specific documentation, such as prior authorization, for treatment or test coverage.
- Before patients leave, help them schedule the next visit with their PCP or with specialists.

Getting Care Quickly

- Keep time slots available each day for urgent, same-day appointments.
- Notify members during check-in when extended wait times are expected.
- Encourage patients to make routine appointments for checkups or follow-up care in advance.
- Be proactive: Call patients in advance to schedule tests, screenings, or physicals.
- If your practice utilizes electronic check-in, ensure patients understand the process.
- Promote telehealth services, if available. Educate your patients on how and when to use telehealth.

Rating of Specialist

- Help ensure coordination of care between primary care provider and specialist.
- Assist patients with appointment scheduling for specialists and other ancillary providers.
- Review consultation reports with patients, parents, or guardians during follow-up visits.
- If the appointment is not urgent, set realistic expectations about how long it could take to arrange an appointment with the specialist.

Monitoring children (ages 1 – 17) on antipsychotic medications: metabolic side effects and testing requirements

Why this matters

Children and adolescents prescribed antipsychotics are at increased risk for metabolic syndromes, including:

- Weight gain and obesity
- Type 2 diabetes mellitus
- Hypertension
- Dyslipidemia (abnormal cholesterol and triglyceride levels)

Early detection is crucial to prevent serious long-term health impacts.

Metabolic risks to watch for

Antipsychotic medications, particularly second-generation antipsychotics (SGAs) like risperidone, aripiprazole, and olanzapine, can cause:

- Increased appetite and rapid weight gain
- Insulin resistance progressing to Type 2 diabetes
- Elevated blood pressure
- Elevated LDL cholesterol and triglycerides
- Lowered HDL ("good") cholesterol

Required monitoring (APM-E specifications)

- **Who:** children and adolescents aged 1–17 years who received two or more antipsychotic prescriptions during the year.
- **What test is required:** Both of the following lab panels must be completed during the calendar year (January 1 to December 31):
  - **Blood glucose testing:** e.g., fasting glucose, HbA1c, or glucose-specific test panel
  - **Cholesterol testing:** e.g., LDL-C, HDL-C, total cholesterol or lipid panel
- **Acceptable testing methods:**
  - Blood tests from venipuncture or finger stick
  - Tests ordered through primary care or behavioral health providers

How can you help?

- Order glucose and cholesterol labs at medication initiation and annually.
- Document results in the medical record.
- Educate families about why testing is important, as many families are unaware of the risks.
- Collaborate across specialties for coordinated care.

Thank you for your commitment to quality pediatric behavioral health!

Sources:

Impact of the AACAP practice parameters on the metabolic adverse event monitoring for second generation antipsychotics (SGAs) in children and adolescents **https://www.researchgate.net/publication/374452369_Adherence_to_Recommended_Metabolic_Monitoring_of_Children_and_Adolescents_Taking_SecondGeneration_Antipsychotics/link/ 6600ea2ef3b56b5b2d29d812/download?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19[EM1]**

National Committee for Quality Assurance. HEDIS Measurement Year 2025, Volume 2: Technical Specifications for Health Plans, **https://www.ncqa.org/hedis/measures/**

American Academy of Child and Adolescent Psychiatry, "Practice Parameters for the Use of Atypical Antipsychotic Medications in Children and Adolescents," **https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/**

Addressing postpartum behavioral health disparities in Black and Hispanic patient populations

Postpartum depression (PPD) is a significant public health concern, affecting up to 20% of new mothers.[1] However, studies have shown that Black and Latino people face higher rates of PPD and have a harder time getting the care they need, as compared to white people, especially in urban areas.[2]

One reason that researchers cite for the lower rates of treatment for PPD among people of color is shame or embarrassment around mental health treatment in their communities. Additionally, language barriers, lack of transportation to care facilities, and cultural and racial disparities between patients and providers all contribute to this trend.[2]

Others may feel that they have been discriminated against by the health care system and may not trust or want to engage with their postpartum care providers. Black respondents — especially those with higher education — in a 2019 study said they experienced stigmatization and lack of compassion from mental health providers.[3]

Cultural and language differences can also create challenges for patients and providers in mental health settings. The same study also showed that mental health providers who lacked knowledge about how various cultural groups communicated had difficulty understanding their patients' needs and, as a result, sometimes were unable to provide the care they needed.[3]

Medical providers can address these disparities by implementing culturally responsive, evidence-based interventions. Here are some interventions to consider:

1. Universal screening with culturally adapted tools

- When using tools like the Edinburgh Postnatal Depression Scale (EPDS) and the Patient Health Questionnaire-9 (PHQ-9), make sure that they have been validated for the appropriate population and are available in multiple languages.[4]
- Be attentive to cultural expressions of distress, such as somatic (physical/ bodily) complaints, which may be more prevalent in certain populations.[5]

2. Trauma-informed and anti-bias training

- Educate health care staff on the impact of systemic racism, implicit bias, and culturally specific stressors affecting Black and Hispanic mothers.[6]

3. Integrated behavioral health models

- Integrate mental health professionals into obstetric and pediatric clinics to provide seamless care.[7]
- Implement team-based approaches that include mental health specialists, primary care providers, and care coordinators.[8]

4. Community-based peer support and doula programs

- The use of doulas has been shown to improve maternal mental health outcomes. This is attributed to the fact that doulas are able to connect better with their patients on a cultural level. Doulas have come to be known as community caretakers who provide emotional and spiritual support, and it is vital to recognize the importance of their role within the community.[9]

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Addressing postpartum behavioral health disparities in Black and Hispanic patient populations (continued from page 6)

5. Equitable postpartum care

- Promote investment in programs that provide culturally tailored postpartum support services.[10]

Providers who recognize cultural and ethnic barriers to care and take steps to address them can play a critical role in improving postpartum mental health care for Black and Hispanic patients. The use of culturally responsive and evidence-based interventions can set the stage for better diagnosis, support, and treatment of PPD, as well as more equitable outcomes for all patients.

References:

[1] Star Liu et al., "Assessing the Racial and Socioeconomic Disparities in Postpartum Depression Using Population-Level Hospital Discharge Data: Longitudinal Retrospective Study," *JMIR Pediatrics and Parenting,* Oct. 10, 2022, **https://pediatrics.jmir.org/2022/4/e38879**

[2] Julisa Tindall et al., "Mental Health Care Disparities Among US Pregnant Individuals in 2020–2021: A Cross-Sectional Study," *Journal of Racial and Ethnic Health Disparities,* Dec. 17, 2024, **https://link.springer.com/article/10.1007/s40615-024-02250-3**

[3] Maria Cohut, Ph.D., "Racism in Mental Healthcare: An Invisible Barrier," *Medical News Today,* July 3, 2020, **https://www.medicalnewstoday.com/articles/racism-in-mental-healthcare-an-invisible-barrier**

[4] "Black Maternal Mental Health Issue Brief," Policy Center for Maternal Mental Health, Dec. 8, 2023, **https://policycentermmh.org/black-maternal-mental-health-issue-brief**

[5] Nina Feldman and Aneri Pattani, "Black Mothers Get Less Treatment For Postpartum Depression Than Other Moms," *KFF Health News,* Dec. 6, 2019, **https://kffhealthnews.org/news/black-mothers-get-less-treatment-for-postpartum-depression-than-other-moms/**

[6] Tuyet-Mai H. Hoang et al., "Experiences of Racial Trauma Among Perinatal Women of Color in Seeking Healthcare Services," *General Hospital Psychiatry,* Sept.–Oct. 2023, **https://www.sciencedirect.com/science/article/pii/S0163834323001123**

[7] Esti Iturralde et al., "Engagement in Perinatal Depression Treatment: A Qualitative Study of Barriers Across and Within Racial/Ethnic Groups," *BMC Pregnancy Childbirth*, July 16, 2021, **https://pmc.ncbi.nlm.nih.gov/articles/PMC8284181/**

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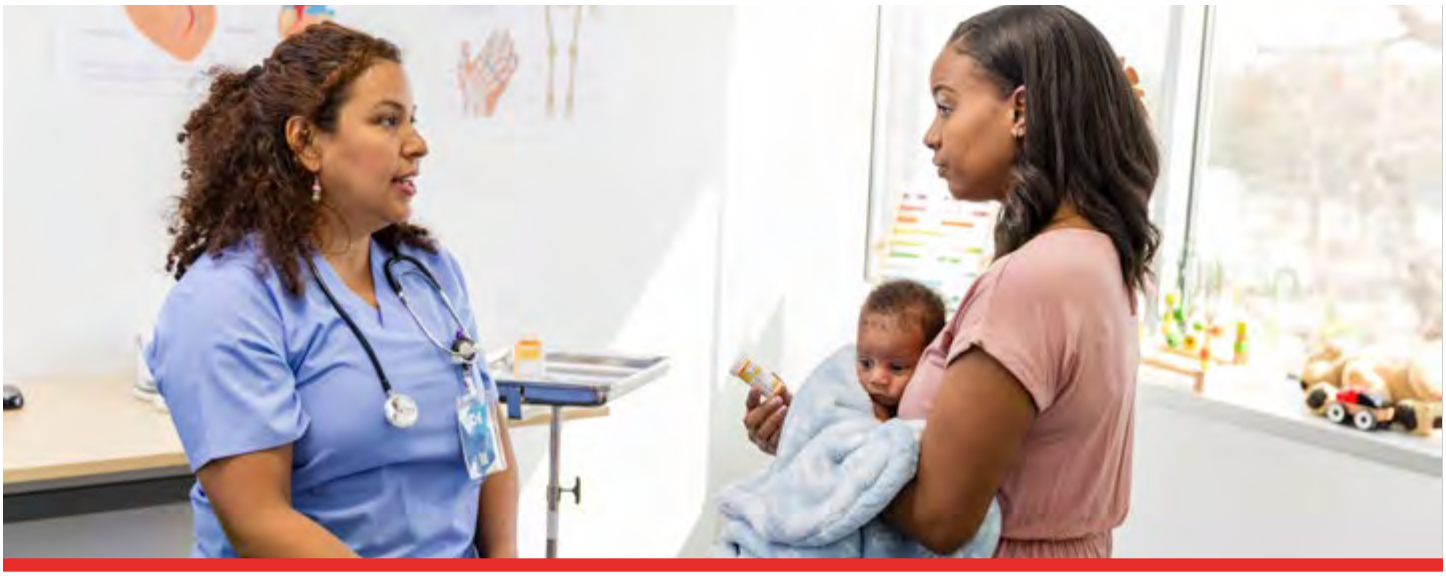
[10] "Latina and Hispanic Maternal Mental Health – Issue Brief," Policy Center for Maternal Mental Health, Oct. 25, 2024, **https://policycentermmh.org/latina-and-hispanic-maternal-mental-health-issue-brief/**



Improving our language about individuals with disabilities

Being cognizant of the terminology we use when rendering care to individuals with disabilities reduces the chances that an individual will feel alienated, disempowered, discriminated against, and/or degraded. Being respectful of a person's preference and using appropriate and inclusive language can impact the way an individual receives and interacts with their health care provider.

Below is a list that provides guidelines on the words you should generally avoid using and the terms you should use instead.[1,2]

Avoid	Use instead
Battling or in a battle with (disability) Sufferer Survivor Victim Stricken with (disability)	Person who has experienced (disability) Person living with (name of disability)
Abnormal* Afflicted with Atypical* Broken Defect/defective Deficit Deformed/deformity Disfigured/disfigurement Impairment Invalid Putting "the" in front of terms (i.e., "the Deaf") Referring to disabled people by their medical label/ diagnosis/mobility device (i.e., "the wheelchair") Short bus (to refer to a person) Special ed (to refer to a person)	Has (specific diagnosis/disability) Person with a disability Person with (specific diagnosis/disability)
High functioning or low functioning	Be specific about an individual's challenges and abilities.
Patient (do not use in general disability discussion)	Refer to the person by name or identity choice.
Special, special ed (to refer to a person)	Has (specific diagnosis/disability) Person with a disability Person with (specific diagnosis/disability)
Special need(s)	Functional needs Accommodations Modifications There may be times when "special needs" is unavoidable, such as when it is part of the name of a program or law. However, whenever possible, avoid using the term.
Able-bodied Healthy, normal*, whole (to mean non-disabled)	Does not have a disability Non-disabled Neurotypical (for non-autistic)

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Improving our language about individuals with disabilities (continued from page 8)

Avoid	Use instead
Crip/cripple Differently abled Gimp Handicapable Handicapped Lame Physically challenged Spastic*, spaz Special	Has a (specific diagnosis/disability) Person with physical disabilities Person with (specific diagnosis/disability) Physically disabled Uses a wheelchair Wheelchair user
Handicapped accessible	Wheelchair accessible
Visually impaired Visually challenged person Sight-challenged person Person with blindness	Blind person (for complete loss of sight) Legally blind (for almost complete loss of sight) Low vision/limited vision/partially sighted (for neither fully nor legally blind) Person who is blind Person who is visually/vision impaired Visually/vision-impaired person
Hearing impaired Person who is hearing impaired Person with deafness/who is deaf Person with hearing loss	Deaf person Deaf (capitalized when referring to deaf culture and community) Hard-of-hearing person Person who is hard of hearing Partially deaf/partial hearing loss

*Except in a clinical/diagnostic setting.

Keep in mind that there are two main ways to speak of disability:[1,3]

- **Identity-first language** emphasizes a person's conditions or characteristics first. Someone who prefers identity-first language might call themselves a "disabled person." Identify-first language is often used by people who view their disability as a key part of who they are.
- **Person-first language** focuses on the individual instead of their characteristics. Someone who prefers person-first language might call themselves a "person with a disability." Person-first language is often used by people who want to acknowledge that they exist outside of their disability.

Both ways of speaking are acceptable. We should always ask a person about their personal preferences. Asking an individual how they would like to be addressed humanizes them and brings the focus back on the person. Speak to them in a manner that does not victimize or isolate them. Respecting an individual's autonomy and using the appropriate language has a big impact on helping create a more inclusive environment for individuals with disabilities.

References:

[1] Labib Rahman, "Disability Language Guide," Stanford University, **https://disability.stanford.edu/sites/g/files/sbiybj26391/files/media/file/disability-language-guide-stanford_1.pdf**

[2] "Disability Language Style Guide," National Center on Disability and Journalism, Revised August 2021, **https://ncdj.org/style-guide**

[3] Tara Haelle, "Identity-First vs. Person-First Language Is an Important Distinction," Association of Health Care Journalists, July 31, 2019, **https://healthjournalism.org/blog/2019/07/identity-first-vs-person-first-language-is-an-important-distinction**

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 their right to no-cost interpretation services.
- Make sure a phone is in the room or use a cellphone.
- Call Member Services at **1-888-756-0004**, 24 hours a day, seven days a week. Provide 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.
- 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 cultural competency and language services on our website.

Fee schedule enhancements

Louisiana Medicaid is standardizing Medicaid fee schedules to enhance the provider experience and comply with new Centers for Medicare and Medicaid (CMS) payment rate transparency requirements. Additional fields will be incorporated into the fee schedules, and the associated legends are being modernized. This will increase the information available to providers and managed care entities (MCEs).

New fields will include, but are not limited to, an indicator to identify when a procedure code record has been added or modified, and the date of the change. In compliance with CMS requirements, the effective date of service for new fees will also be included.

Fee schedules will be made available exclusively in Excel format to facilitate the inclusion of this additional information as well as provide the ability to sort. The PDF format will be discontinued.

The updates will also include modifications to the online fee schedule pages located at **lamedicaid.com**. These changes are expected to be self-explanatory, supporting the separate fee schedule legends. For full details, please see **Informational Bulletin 25-15**.

Obtaining Utilization Management (UM) criteria

AmeriHealth Caritas Louisiana provides its Utilization Management (UM) criteria to network providers upon request. To obtain a copy of AmeriHealth Caritas Louisiana UM criteria:

- Call the UM Department at **1-888-913-0350**.
- 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 written copy by mail within five business days of the request.

Providers may also request prior authorization requirements used to make a medical necessity determination by sending an email to: **HB424Request@amerihealthcaritas.com.** Prior authorization requirements are furnished to the requesting provider within 24 hours of request.

Please remember that AmeriHealth Caritas Louisiana has 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, home health care, and concurrent review.

To contact these resources, call the peer-to-peer hotline at: **1-866-935-0251**.

Member rights and responsibilities

AmeriHealth Caritas Louisiana members have rights that must be honored by all AmeriHealth Caritas Louisiana associates and affiliated providers. AmeriHealth Caritas Louisiana members also have responsibilities.

Member rights and responsibilities are outlined in the Member Rights and Responsibilities section on page 47 of the **AmeriHealth Caritas Louisiana Member Handbook**.

Provider trainings

ASAM 6 Dimension Criteria Training

AmeriHealth Caritas Louisiana is facilitating an American Society of Addiction Medicine (ASAM) 6 Dimension Criteria training** at no cost for psychiatrists, psychologists, advanced practice registered nurses (APRNs) who are clinical nurse specialists in psychiatry or nurse practitioners (NPs) certified in psychiatry or mental health nursing, licensed professional counselors (LPCs), and licensed clinical social workers (LCSWs).

- Define ASAM terminology.
- Review the ASAM levels of care.
- Explain the ASAM multidimensional assessment.
- Demonstrate how to use the ASAM assessment in addressing a member's identified needs.

Upcoming AmeriHealth Caritas Louisiana ASAM 6 Dimension Criteria Training dates and registration links are listed in the table.

Wednesday September 10, 2025 9 a.m. to noon	**September registration**

Registration is required. Please register in advance for your desired training date.

**No continuing education credits (CEUs) will be given for this training. AmeriHealth Caritas Louisiana will provide Certificates of Attendance to verify completion of the training, which attendees may submit to their licensing board for post-approval consideration.

Behavioral Health Claims and Billing Training

In this training we will discuss:

- Louisiana Medicaid Provider Enrollment Rebaseline — **Informational Bulletin 24-22**
- NaviNet (AmeriHealth Caritas Louisiana's secure provider portal)
- Changes to behavioral health coverage
- Behavioral health services requirements for billing/ Specialized behavioral health services fee schedule (SBH_FS)
- Evidence-based practices
- Top denials for behavioral health claims

Upcoming AmeriHealth Caritas Louisiana Claims and Billing Training dates and registration links are listed in the table.

Tuesday August 19, 2025 2 p.m.	**August registration**
Tuesday November 18, 2025 2 p.m.	**November registration**

Registration is required. To register in advance for either of the training dates, please use the link provided and select your desired training date.

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CME Outfitters Cultural Responsiveness Training

Cultivating awareness through ongoing culturally responsive education and training

AmeriHealth Caritas Louisiana's cultural responsiveness training opportunities focus on identity-centered care and building the capacity to meet the needs of our culturally and linguistically diverse membership in the communities we serve.

We are excited to share a new training opportunity offered by CME Outfitters, an upskilling platform to offer inclusivity training. Through this training opportunity, providers, subcontractors, and their clinical staff can increase awareness, inform, and apply knowledge to practice, discover creative strategies, and build their capacity to engage with marginalized communities and those who experience health inequities.

To access the educational activities:

1. Go to the **CME Outfitters Health Equity Education Hub**.
2. Click on the activity or the Learn more button to read about the activity and to participate.
3. Review the course description.
4. Create a free account to participate in the activities. Each account serves as a personalized learning catalogue.
5. Follow the prompts to complete the education modules.

Continuing Medical Education/Continuing Education credit is available upon completion of the courses — at no cost. CME/CE accreditations include AMA PRA Category 1 Credits™, American Nurses Credentialing Center (ANCC—nursing), American Academy of Physician Associates (AAPA—physician associates), Accreditation Council for Pharmacy Education (ACPE—pharmacy), American Psychological Association (APA—psychology), American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC), as well as others.

Cultural Competency Training

AmeriHealth Caritas Louisiana is pleased to offer web-based cultural competency training to network providers.

We will discuss:

- Culturally and linguistically appropriate services
- Health equity

The webinar will take place on:

Wednesday September 17, 2025 1 p.m. – 2 p.m.	**September registration**

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Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training

AmeriHealth Caritas Louisiana is facilitating a Screening, Brief Intervention, and Referral to Treatment (SBIRT) training** for physical health providers. The goal of this training course is to help participants develop their knowledge, skills, and abilities as SBIRT practitioners.

- Identify SBIRT as a system change initiative.
- Compare and contrast the current system with SBIRT.
- Introduce the public health approach.
- Discuss the need to change how we think about substance use behaviors, problems, and interventions.
- Understand the information that screening does and does not provide.

**No continuing education credits (CEUs) will be given for this training. AmeriHealth Caritas Louisiana will provide Certificates of Attendance to verify completion of the training for attendees to submit to their licensing board for post-approval consideration.

The webinar will take place on:

Thursday September 17, 2025 9 a.m. – 1 p.m.	**September registration**

Registration is required. Please register in advance for your desired training date.

Top Denials and Tips on How to Resolve Them

In this training we will discuss:

- The difference between a rejection and a denial
- Top denial codes and tips on how to resolve them
- Additional resources

Registration is required. To register for any of the available training dates, please go to **Top Denials and Tips on How to Resolve Them**, click the dropdown icon by the Time header, and select your preferred session date.

Wednesday August 27, 2025 2 p.m.	**August registration**
Wednesday November 26, 2025 2 p.m.	**November registration**

Collecting Provider REL Data 101

AmeriHealth Caritas Louisiana collects, stores, and reports race, ethnicity, and language (REL) data from providers that may be made available to members upon request. This data is used to assess gaps in resources. While data collection alone cannot eliminate or reduce racial and ethnic health disparities, collecting valid and reliable data on the REL preferences of the providers and members they serve is an essential first step in assessing and identifying health care gaps.

Race is a classification of humans based on physical traits, as well as lineage, which is when a group is connected by common descent. Although the National Human Genome Research Institute confirms (along with other research) that race is a political and social construct, the federal government still uses these seven categories when collecting information on race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Ethnicity is a classification of humans based on historical connection by a common national origin or language. Ethnicity could also be defined as a person's roots, ancestry, heritage, country of origin, or cultural background. The two ethnicity categories as defined by the federal government are:

- Hispanic or Latino
- Not Hispanic or Latino

Spoken language refers to the language in which a member prefers to speak about their health care.

Written language refers to the language in which a member prefers to read or write about their health care.

Why is collecting REL data important?

- To tackle health disparities. The first step to help end health disparities is consistent REL data collection by health care providers and members. Reliable data is crucial in identifying and tracking health care disparities. When we know the population that is disparately affected, we can develop effective programs to address that specific population.
- To promote equitable care. Offering provider REL data is an equitable service for patients. By promoting diversity among health care providers, we can better accommodate a diverse patient population and thus improve health outcomes for disenfranchised groups.
- To empower patients. Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- To encourage a sense of accordance. Research shows that marginalized patients initially engage more with physicians with whom they feel some sort of compatibility (gender, race, language, ethnicity, etc.).
- To promote values of cultural and linguistic competency. For some patients, racial and ethnic concordance with their physician allows for greater physician understanding of the social, cultural, and economic factors that influence their patients. This enhances the patient-physician relationship through promoting trust and communication.

How does AmeriHealth Caritas Louisiana collect this information?

- We request that our contracted providers voluntarily share their REL data, as well as their office support staff's languages.
- We request and collect network provider REL data using the same Office of Management and Budget (OMB) categories used to collect members' REL information.

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Collecting Provider REL Data 101 (continued from page 15)

How do we store and share this information?

1. REL data is housed in a database that is made available to members.
2. Gender data is available through our provider directory.
3. Provider's language, staff's language, and additional language services are also available through the provider directory.
4. Information on race and ethnicity is only made available to members upon request and will not be publicly available in the provider directory.

Demystifying common provider concerns:

"My race and ethnicity do not impact the care I give." Research shows that race, culture, and/or ethnicity concordance with patient-provider are not strong indicators of overall quality care. However, cultural competence and awareness are critical to building rapport, comfort, and trust with diverse patients. REL data is one essential tool that health plans use to establish, enhance, and promote cultural competence.[1]

"My practice is equipped to support language services, so how does it matter what language I or my staff speak?" When the health plan can share other languages spoken by the provider network, members have the autonomy to select a provider who matches their cultural and linguistic preferences.

Sharing your race, ethnicity, and language with AmeriHealth Caritas Louisiana may feel uncomfortable at first. However, this is an important piece of provider-patient shared decision-making. Racial or ethnic concordance has been shown to have a positive impact on health outcomes and reduce health expenditures.[2]

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1. Megan Johnson Shen et al., "The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature," *Journal of Racial and Ethnic Health Disparities*, Vol. 5, No. 1, March 8, 2017, pp. 117–140, **https://doi.org/10.1007/s40615-017-0350-4, accessed June 23, 2025**.

2. Timothy T. Brown et al., "Shared decision-making lowers medical expenditures and the effect is amplified in racially-ethnically concordant relationships," *Medical Care,* Vol. 61, No. 8, August 2023, pp. 528–535. **https://pubmed.ncbi.nlm.nih.gov/37308806/, accessed June 23, 2025**.

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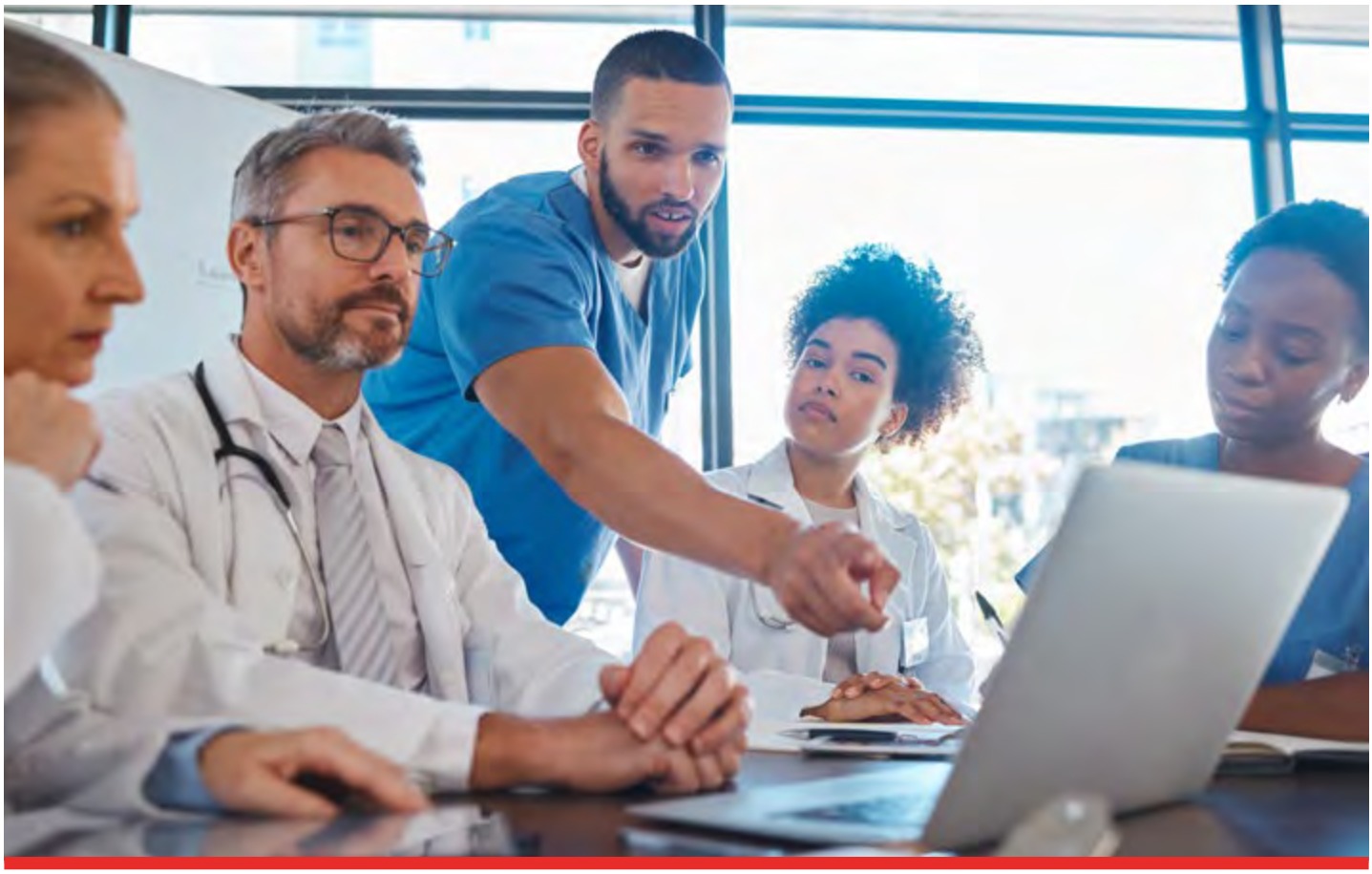

Questions

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