

# Provider Post

*News and updates you need to know*

Fall/Winter 2020

In this issue:

- Open Enrollment
- Immunization Requirements During Well-Child Visits
- Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Cultural Competency
- Tips to Help Providers Achieve HEDIS® Measures - Prenatal and Postpartum Care (PPC)
- Flu Billing Updates
- Pharmacy Resources Available
- Members Rights and Responsibilities
- Provider Credentialing Rights
- Online Resources

## Open Enrollment Takes Place October 15 – November 30, 2020

AmeriHealth Caritas Louisiana offers members many additional benefits, including:



- Extras focused on [education](#) (GED exam voucher)
- CARE Card rewards
- Pathway to Work
- Housing and homeless respite
- Weight management/Make Every Calorie Count (adult/child)
- Care meals
- Diabetic screening rewards
- Extras for pregnant women and new moms
- Pain management

**Qualified Louisiana residents have until November 30, 2020** to enroll in a Healthy Louisiana plan. Once enrolled members can now get messages regarding their enrollment via email, text, or both with Healthy Louisiana. Additional details regarding open enrollment can be found on Healthy Louisiana's [website](#).

For a full list of benefits offered by AmeriHealth Caritas Louisiana, visit [www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com).

## Immunization Requirements During Well-Child Visits

As a reminder, PCPs are expected to complete required immunizations for children ages birth through 20 during well-child visits.

Per [Medicaid Professional Services provider manual](#) EPSDT policy includes:

Minimum list of required components of an EPSDT visit:

- A comprehensive health and developmental history (including assessment of both physical and mental health and development);
- A comprehensive unclothed physical exam or assessment;
- Appropriate immunizations according to age and health history (unless medically contraindicated or parents/guardians refuse at the time);\*
- Laboratory tests (including appropriate neonatal, iron deficiency anemia, and blood lead screening); and
- Health education (including anticipatory guidance).



**NOTE:** All components, including specimen collection, must be provided on-site during the same medical screening visit.

In order to comply with this policy, PCPs are required to enroll in the Louisiana Vaccines for Children (VFC) program to receive vaccines without charge for Medicaid children ages birth through 18. To enroll, contact the Immunization Program Office at 504-838-5300.

**\*Please Note:** Louisiana Medicaid also considers beneficiaries ages 19 and 20 part of the EPSDT population and therefore age-appropriate immunizations are required, although VFC does not supply vaccines for this age group without charge.

---

## Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Cultural Competency

AmeriHealth Caritas Louisiana understands how important trust and a positive relationship between a patient and their healthcare provider can be to reducing barriers to care. For members of the LGBTQ community, encountering discrimination and societal stigma increase the risk of poorer physical and mental health outcomes. With an aim to increase sensitivity, awareness, knowledge and help decrease potential disparities for the LGBTQ community, AmeriHealth Caritas Louisiana will be offering ongoing training opportunities through our website.

The following sexual orientation and gender identity (SOGI) courses are offered through the National LGBTQIA+ Health Education Center, a program of the Fenway Institute, for no-cost continuing medical education (CME) credits. The course topics include:

- General SOGI health care education.
- Elder and aging SOGI health education
- Transgender, nonbinary, and gender-affirming health education.
- Youth SOGI health education.
- SOGI health care education for racial and ethnic minorities.

Visit [AmeriHealth Caritas Louisiana's cultural competency training page](http://amerihealthcaritasla.com/provider/training/cultural-competency.aspx) to access these resources. (<http://amerihealthcaritasla.com/provider/training/cultural-competency.aspx>)

## Tips to Help Providers Achieve HEDIS® Measures - Prenatal and Postpartum Care (PPC)

In an effort to improve the quality of care for our members, AmeriHealth Caritas Louisiana is offering tips on selected priority Health Effectiveness Data & Information Set (HEDIS®) metrics to highlight measure specifications and/or changes. HEDIS® metrics are used to measure performance on care and service and can assist in identifying and eliminating gaps in care for members. Additionally, HEDIS® performance can potentially impact provider revenue through various incentive programs.

Measurement Year 2020	
Measure Description (Timeliness of Prenatal Care)	Documentation Requirement
<p>Deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. The measure assesses the following:</p> <ul style="list-style-type: none"> <li> <b>Timeliness of Prenatal Care</b> - % of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within <b>42 days of enrollment</b> in the organization </li> </ul>	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> <li> Documentation indicating the woman is pregnant or references to the pregnancy; for example: <ul style="list-style-type: none"> <li>Documentation in a standardized prenatal flow sheet, or</li> <li>Documentation of LMP, EDD or gestational age, or</li> <li>A positive pregnancy test result, or</li> <li>Documentation of gravidity and parity, or</li> <li>Documentation of complete obstetrical history, or</li> <li>Documentation of prenatal risk assessment and counseling/education.</li> </ul> </li> <li> A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used). </li> <li> Evidence that a prenatal care procedure was performed, such as: <ul style="list-style-type: none"> <li>Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or</li> <li>TORCH antibody panel alone, or</li> <li>A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or</li> <li>Ultrasound of a pregnant uterus.</li> </ul> </li> </ul> <p>Note: Services that occur over multiple visits count toward this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure.</p>

**Measurement Year 2020**

**Standalone Prenatal Visits:**

**CPT:** 99500

**CPT-CAT-II:** 0500F, 0501F, 0502F

**HCPS:** H1000, H1001, H1002, H1003, H1004

**Bundled Prenatal Visits:**

**CPT:** 59400, 59425, 59426, 59510, 59610, 59618

**HCPCS:** H1005

**Prenatal Visits (with Diagnosis of Pregnancy):**

**CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483

**HCPS:** G0463, T1015

**Telephone Visit (with Diagnosis of Pregnancy):**

**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

**Online Assessment (with Diagnosis of Pregnancy):**

**CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458

**HCPCS:** G2010, G2012, G2061, G2062, G2063

**Measurement Year 2020**

Measure Description (Postpartum Care)	Documentation Required
<p>Deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li><b>Postpartum Care</b> - The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul>	<p>Postpartum visit to an OB/GYN practitioner or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.</p> <p>Documentation in the medical record must include a note indicating the date when a postpartum visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> <li>Pelvic Exam</li> <li>Evaluation of weight, BP, breast, and abdomen.                             <ul style="list-style-type: none"> <li>- Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.</li> </ul> </li> <li>Notation of postpartum care, including, but not limited to:                             <ul style="list-style-type: none"> <li>- Notation of "postpartum care," "PP care," "PP check," "6-week check."</li> <li>- A preprinted "Postpartum Care" form in which information was documented during the visit.</li> </ul> </li> <li>Perineal or cesarean incision/wound check.</li> <li>Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.</li> <li>Glucose screening for women with gestational diabetes.</li> <li>Documentation of the following topics:                             <ul style="list-style-type: none"> <li>- Infant care or breastfeeding</li> <li>- Resumption of intercourse, birth spacing or family planning</li> <li>- Sleep/fatigue</li> </ul> </li> </ul>

Measurement Year 2020	
Measure Description (Postpartum Care)	Documentation Required
	<ul style="list-style-type: none"> <li>- Resumption of physical activity and attainment of health weight</li> </ul> <p>Note: Postpartum care provided in an acute inpatient setting does not count for this measure. Services provided during a telephone visit, e-visit or virtual check-in are acceptable.</p>
<p style="text-align: center;"> <b>Postpartum Visits CPT: 57170, 58300, 59430, 99501</b>  <b>Postpartum Visits CPT CAT II: 0503F</b>  <b>Postpartum Visits HCPCS: G0101</b>  <b>Postpartum Visits ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</b> </p> <p style="text-align: center;"> <b>Cervical Cytology Lab Test CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</b>  <b>Cervical Cytology Lab Test HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</b>  <b>Cervical Cytology Lab Test LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</b> </p> <p style="text-align: center;"> <b>Postpartum Bundled Services: 59400, 59410, 59515, 59610, 59614, 59618, 59622</b> </p>	

**NOTABLE CHANGES:**

- Measure Description: Deliveries of live births **on or between October 8 of the YEAR PRIOR to the measurement year and October 7 of the measurement year**
- **Timeliness of Prenatal Care:** % of deliveries receiving a prenatal care visit **in first trimester, ON or BEFORE the enrollment start date or within 42 days of enrollment in the organization**
- **Postpartum Care:** % of deliveries that had a **postpartum visit ON or BETWEEN 7 and 84 days of delivery**

*The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. State/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for applicable codes.*

*Reproduced with permission from HEDIS 2020, Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). To purchase copies of this publication, contact NCQA Customer Support at 1-888-275-7585 or visit [www.ncqa.org/publications](http://www.ncqa.org/publications).*

**Flu Billing Updates**

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommend annual influenza vaccination for most people 6 months of age and older.



Vaccination is especially important for people with certain underlying medical conditions, pregnant women, the very young, and the elderly. We urge you to continue your efforts to vaccinate your patients against influenza. **As a Professional Service Provider, your recommendation plays a critical role in a patient’s decision to be immunized.**

As we prepare for the **2020-2021 flu season**, please review the AmeriHealth Caritas Louisiana billing instructions listed below. Participating providers may be reimbursed for administering the seasonal flu vaccine to our members. For a list

of codes, please refer to the Louisiana Medicaid Immunization Fee Schedules at [http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm).

Flu vaccine reimbursement is made in the following manner:

Age:	Reimbursement:	Where to obtain toxoid:
Adult (Age 21 Years & Older)	Total payment is made through the billing of the toxoid code and the administration code.	Obtain the vaccine and supplies from regular vaccine supplier.
Age 19 through 20 Years	Total payment is made through the billing of the toxoid code and the administration code.	Obtain the vaccine and supplies from regular vaccine supplier.
Children/Adolescents (Birth through 18 years of age)	Toxoids available through the Vaccines for Children Program will be paid at zero (\$0.00). For these vaccines, reimbursement will be only for the administration of the vaccine, however, the toxoid and administration codes must be billed together to receive payment.	Provided at no cost to you through the Louisiana Department of Health's Vaccine for Children Program (VFC). For more information on VFC go to <a href="http://new.dhh.louisiana.gov/index.cfm/page/1016">http://new.dhh.louisiana.gov/index.cfm/page/1016</a>

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) will be paid for encounter codes billed, but should report toxoid administration codes for data collection.

---

## 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 39 of the [AmeriHealth Caritas Louisiana Member Handbook](#).

---

## Provider Credentialing Rights

AmeriHealth Caritas Louisiana is responsible for the credentialing and re-credentialing of its provider network including practitioners, behavioral health providers, facilities, and organizational providers. AmeriHealth Caritas Louisiana credentialing/re-credentialing criteria and standards are consistent with Louisiana requirements, Federal regulations, and the National Committee for Quality Assurance (NCQA). Practitioners, behavioral health providers, facilities, and organizational providers are re-credentialed at least once every three years.

The criteria, verification methodology and processes used by AmeriHealth Caritas Louisiana are designed to credential and re-credential practitioners and providers in a non-discriminatory manner, with no attention to race, ethnic/national identity, gender, age, sexual orientation, specialty or procedures performed.



After the submission of a complete credentialing application, providers have the following rights:

- Have the right to review the information submitted to support their credentialing application, with the exception of recommendations, references, and peer protected information obtained by ACLA.
- Have the right to correct erroneous information. When information is obtained by the Credentialing Department that varies substantially from the information the provider provided, the Credentialing Department will notify the provider to correct the discrepancy. The Provider will have 10 calendar days from the date of the notification to correct the erroneous information. All requests for the above information must be made in writing by the practitioner.
- Have the right, upon request, to be informed of the status of their credentialing or re-credentialing application. The Credentialing department will share all information with the provider with the exception of references, recommendations or peer-review protected information (i.e., information received from the National Practitioner Data Bank). Requests can be made via phone, email, or in writing. The Credentialing Department will respond to all requests within 24 business hours of receipt. Responses will be via email or phone call to the provider.
- Have the right to be notified within 60 calendar days of the Credentialing Committee or Medical Director review decision.
- Have the right to appeal any credentialing/re-credentialing denial within 30 calendar days of receiving written notification of the decision.

To request or provide information for any of the above, the provider should contact the AmeriHealth Caritas Corporate Credentialing department: AmeriHealth Caritas, Attn: Credentialing Department, 200 Stevens Drive, Philadelphia, PA 19113.

---

## Pharmacy Resources Available

The single Preferred Drug List (PDL) is available on the AmeriHealth Caritas Louisiana website at [www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com) under the Pharmacy tab via this link: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

AmeriHealth Caritas Louisiana follows the single PDL set forth by the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program. The single PDL is not an all-inclusive list of covered drugs. Drugs not on the PDL/PA list will not require prior authorization unless FFS has clinical criteria or point of sale edits.

Twice per year, the FFS Pharmacy and Therapeutic Committee approves formulary changes to the single PDL. On a quarterly basis, the FFS Drug Utilization Review committee approves prior authorization and point of sale edits. Impacted members and their providers are notified of changes by letter. These changes are also published in the single PDL. Please visit the pharmacy site regularly to keep up to date with the latest changes.

The single PDL lists our guidelines for these drugs, such as any quantity limits, therapeutic interchange, prior authorization requirements, point of sale edits and more.

For most brand name products, prescribers who wish to prescribe brand name products must furnish documentation of generic treatment failure. The treatment failure must be directly attributed to the patient's use of a generic form of the brand name product. However, there are 13 instances that can be found in the single PDL in which the brand name product is preferred over the generic.

Requests for Prior Authorization of medications should be directed to PerformRx at 1-800-684-5502 or faxed to 1-855-452-9131. Providers may also submit Prior Authorization requests using the Online PA request form at <http://www.amerhealthcaritasla.com/pharmacy/priorauth.aspx>. In most cases where the prescribing health care

professional/provider has not obtained Prior Authorization, members will receive a three-day supply of the medication and Perform Rx may make a request for clinical information to the prescriber.

For detailed information on pharmacy services, prior authorization requirements, member benefits, and more on our website at [www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com).

---

## Online Resources

Here's a look at what's new or recently updated on our website at [www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com):

- [COVID-19 Updates](#)
- [Newsletters and Updates](#)
- [Provider Handbook](#)
- [Claims Filing Instructions](#)
- [Account Executive List](#)
- [Provider Trainings](#)
- [Register for Network News, our free email service](#)

## Questions

If you have questions about any of the content in this Provider Update, please contact your [Provider Account Executive](#) or call Provider Services at 1-888-922-0007.