

Provider Post

News and updates you need to know

December 2017

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Value-Based Programs

AmeriHealth Caritas Louisiana’s value-based programs are designed to improve the quality of health care services provided to our members. The programs align with our commitment to high-quality health care for members and improving access to care for the Medicaid population.

Below is a brief summary of a few of our value-based programs.

- **Primary Care Provider (PCP) Quality Enhancement Program (QEP)** supplements primary care reimbursement through a performance incentive payment, which is based on the provider’s scores on various quality and efficiency measures as compared to his or her peers. The opportunity for enhanced payments encourages quality care.
- **Perinatal Quality Enhancement Program (PQEP)** provides incentives for high-quality and cost-effective care, and submission of accurate and complete health data by participating obstetric, midwife, and family practice practitioners who provide obstetric care.
- **AmeriHealth Caritas’ PerformPlus® suite** of innovative value-based contracting programs is designed to enhance member outcomes, reward efficiencies and promote accountable.

To date more than 37,000 AmeriHealth Caritas Louisiana members, 20% of our member population, have been impacted by expansion of our value-based programs.

For additional information about these programs, please visit our website at www.amerihealthcaritasla.com or contact your Account Executive. A list of Account Executives and their perspective territories can be found on our website under Providers > Resources.

What is Integrated Health Care Management (IHCM)?

At AmeriHealth Caritas Louisiana, we work to address care gaps and foster health equity with our integrated health care management (IHCM) program. This program utilizes a member-centric support system with a multidisciplinary approach to drive communication and care plan development. AmeriHealth Caritas Louisiana's IHCM program integrates physical health, behavioral health, and social and environmental supports. We consider our member's conditions when developing a comprehensive plan of care tailored for the individual.

We welcome the referral of your patients who are AmeriHealth Caritas Louisiana members and who you feel would benefit from IHCM.

There are two ways to refer members to IHCM:

1. Fax the "Let Us Know" Member Intervention Request form to the Rapid Response and Outreach Team at 1-866-426-7309.
2. Refer your patient to care management by calling the Rapid Response and Outreach Team at 1-888-643-0005.

You can find additional information about the programs offered through IHCM by visiting our website at www.amerihealthcaritasla.com > Provider > Resources.

Disease-Specific Management Programs

We have several disease-specific management programs. Interventions range from one-on-one nurse interaction for high-risk members to periodic educational mailings for low-risk members. The goal of all of our disease-specific management programs is to improve the quality of life for members participating in the disease-specific management program. We strive to accomplish this goal by providing risk-appropriate case management and education services with a special emphasis on promoting self-management.

- **Asthma:** The asthma management program, *Breathe Easy*, is for members of all ages with asthma. We especially promote member compliance with controller medications. Our program is based on current asthma practice guidelines from the National Heart, Lung, and Blood Institute, accessible by visiting their website at www.nhlbi.nih.gov and clicking on Health Professionals.
 - **Diabetes:** The diabetes management program, *In Control*, is for members of all ages with diabetes. The goal of the program is to prevent or reduce long-term complications from diabetes. Our program is based on current diabetes practice guidelines from the American Diabetes Association, accessible by visiting their website at www.professional.diabetes.org and clicking on Clinical Corner.
 - **Cardiovascular disease:** The heart failure management program, *Living Well*, emphasizes self-management interventions, such as daily weight measurement and medication compliance. Our program is based on current heart failure guidelines from the American College of Cardiology Foundation/American Heart Association.
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Did you know AmeriHealth Caritas Louisiana will provide Utilization Management Criteria upon request?

AmeriHealth Caritas Louisiana will provide 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

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, DME, Home Health Care and Concurrent Review. To contact these resources call the UM Department at: 1-888-913-0350.

Additionally, AmeriHealth Caritas Louisiana would like to remind health care providers of our affirmation statement regarding incentives:

- Utilization management (UM) decisions are based only on appropriateness of care and service and existence of coverage
- Providers, associates or other individuals conducting utilization review are not rewarded by AmeriHealth Caritas Louisiana for issuing denials of coverage or service; and
- Financial incentives for UM decision makers do not encourage decisions that result in under- utilization.

How to Contact AmeriHealth Caritas Louisiana Utilization Management (UM) Department?

AmeriHealth Caritas Louisiana provides the following ways for providers and members to contact AmeriHealth Caritas Louisiana's UM department:

- The UM Department is available to answer calls during normal business hours, 8:00 am – 5:00 pm (CST). The toll free number is 1-888-913-0350.
- After business hours, on weekends, and holidays, health care providers and members can contact the On-Call Nurse 24 hours a day, 7 days a week at 1-888-632-0009.
- We offer TDD/TTY services for members who need them.

Pharmacy Resources Available

A comprehensive drug list for AmeriHealth Caritas Louisiana is available on our website at www.amerihealthcaritasla.com under the Pharmacy tab.

The drug list can be accessed and reviewed in two ways:

1. A printable PDF version is available by clicking on the **Printable Formulary** link.
2. A searchable version is available by clicking the **Searchable Formulary** link.

Throughout the year, the AmeriHealth Caritas Louisiana Pharmacy and Therapeutic Committee approves formulary changes. These changes are published as a Formulary Changes document, which can be found under the Pharmacy

section at www.amerhealthcaritasla.com/pharmacy. Please visit the pharmacy site regularly to keep up to date with the latest changes.

The searchable formulary lists our guidelines for these drugs, such as any quantity limits, therapeutic interchange, step therapy criteria, prior authorization requirements and more.

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.

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.

Credentialing - Healthcare Professional and Provider Rights

After the submission of the credentialing application, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing application.
- To be notified within 14 calendar days of the Credentialing Committee/Medical Director review decision.
- To appeal any recredentialing denial or network termination within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, providers should contact the AmeriHealth Caritas Corporate Credentialing department at the following address: AmeriHealth Caritas, Attn: Credentialing Department, 200 Stevens Drive, Philadelphia, PA 19113.

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 of the AmeriHealth Caritas Louisiana Member Handbook. You can find the Member Handbook online at www.amerihhealthcaritasla.com > Members > Getting Started > Member Handbooks.

Clinical Corner

REMINDER: ATTENTION PRESCRIBERS OF ADHD MEDICATIONS

When a patient has a negative, 120-day (4 month), medication period and the patient is restarted on ADHD medication, HEDIS considers this as a qualifying "initiation" that requires a 30-day follow up appointment. EXAMPLE: If a patient takes a summer break from their ADHD medication and that time frame is 120 days or more, that is considered a qualifying initiation and a 30-day follow up appointment is required for the HEDIS Initiation measure.

JANUARY IS HUMAN PAPILLOMAVIRUS VACCINE (HPV) AWARENESS MONTH

In preparation of HPV Awareness, we'd like to remind our providers of the Medical Record Documentation Guidelines for HPV:

- HPV vaccines must be administered on or after the 9th birthday or before the 13th birthday to meet HEDIS compliance
- Two HPV vaccines at least 146 days between the first and second dose
- A note indicating the name of the specific antigen and the date of service **OR** a copy of health department immunization records, e.g., LINKS
- If vaccines are missing please include:
 - Documentation of parental refusal
 - Patient contraindications/allergies

INCENTIVE TO IMPROVE OUTCOMES IN COMPREHENSIVE DIABETES CARE

Effective with dates of service January 1, 2018, AmeriHealth Caritas Louisiana has expanded its list of comprehensive diabetes care services that are eligible for a supplemental reimbursement. As part of our continued effort to improve outcomes in comprehensive diabetes care, AmeriHealth Caritas Louisiana is requesting that providers use CPT CAT II codes when care is provided to members with diabetes. A supplemental reimbursement will be paid where the following services are rendered and billed in conjunction with a diagnosis of diabetes:

CPT CAT II Code	Description	Supplemental Reimbursement	Age Limit	Frequency
3044F	Most recent HbA1c level less than 7.0%	\$10	18 and over	Once per 90 days
3045F	Most recent HbA1c level between 7.0 – 9.0%	\$10	18 and over	Once per 90 days
3046F	Most recent HbA1c level	\$10	18 and over	Once per 90 days

	greater than 9.0%			
3072F*	Low risk for retinopathy (no evidence of retinopathy in prior year)	\$10	18 and over	Once per year
3074F**	Most recent systolic blood pressure <130 mm Hg	\$5	18 and over	One pair per 90 days
3075F**	Most recent systolic blood pressure 130-139 mm Hg	\$5	18 and over	One pair per 90 days
3077F**	Most recent systolic blood pressure >=140 mm Hg	\$5	18 and over	One pair per 90 days
3078F**	Most recent diastolic blood pressure <80 mm Hg	\$5	18 and over	One pair per 90 days
3079F**	Most recent diastolic blood pressure 80-89 mm Hg	\$5	18 and over	One pair per 90 days
3080F**	Most recent diastolic blood pressure >=90 mm Hg	\$5	18 and over	One pair per 90 days

When billing these codes, providers will need to enter a charge of \$5.00 or \$10.00 to receive the full supplemental reimbursement. Reimbursement will not exceed your billed charges.

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that meet criteria are also eligible for this incentive. When the above codes are billed according to the above criteria, the supplemental reimbursement will be paid in addition to the encounter rate.

*Incentive for CPT CAT II code 3072F began October 1, 2015.

**Incentive for CPT CAT II codes 3044F, 3045F, and 3046 F began October 1, 2017.

Behavioral Health

BEHAVIORAL HEALTH TREATMENT RECORD REVIEW REQUIREMENTS

ACLA's Quality Improvement department conducts behavioral health treatment record reviews to help ensure provider compliance with record keeping requirements for the Healthy Louisiana program. These documentation standards are available on our website at www.amerihealthcaritasla.com > Providers > Behavioral Health Resources.

BEHAVIORAL HEALTH TOOLKIT NOW AVAILABLE ONLINE

The Behavioral Health Toolkit is a reference guide that provides behavioral health education and support for our network providers. The toolkit includes an overview of common behavioral health disorders, medication management, assessments, screening tools, resources, and follow up for each disorder. To access the AmeriHealth Caritas Louisiana Behavioral Health Toolkit visit the Provider center of our website at www.amerihealthcaritasla.com and click on Behavioral Health Toolkit.

Billing Reminders and Updates –

All claims submitted to AmeriHealth Caritas Louisiana must comply with applicable state and federal requirements, including Bayou Health state contract requirements, reimbursement policies, and submission requirements. For the most current information on claims submission procedures and health plan policies, please visit our website and refer to the Claims Filing Instructions.

LONG ACTING REVERSIBLE CONTRACEPTIVES (LARCs) UPDATE

Effective October 25, 2017, AmeriHealth Caritas Louisiana updated its systems to pay according to Louisiana Department of Health's (LDH) policy on LARCs. The actual device will be paid at 100% of the Louisiana Medicaid DME POS Fee Schedule instead of 80% of the Fee Schedule.

In addition, in accordance with the revised Informational Bulletin from LDH (IB 16-11), AmeriHealth Caritas Louisiana now accepts place of service 11 (office), 19 (off campus-outpatient hospital), 22 (on campus-outpatient hospital), and 21 (inpatient hospital) for dates of service January 1, 2017 and forward.

Providers do not need to take action. Claims with dates of service 06/20/2014 to 10/24/17 will automatically be reprocessed by December 31, 2017.

Reminder: The LARC device must be billed on a CMS 1500.

For additional information, please refer to Informational Bulletin 16-11 on LDH's website at www.ldh.louisiana.gov.

AMBULANCE CLAIMS BILLED WITH MODIFIERS GY, QL AND TQ

Pursuant to CMS policy, effective September 15, 2017, AmeriHealth Caritas Louisiana began denying ambulance claims billed with modifiers GY, QL, TQ with denial code "PSO – Not a Covered Service."

HOSPITAL OUTPATIENT SERVICES UPDATES

Effective September 30, 2017, AmeriHealth Caritas Louisiana updated its systems to pay the hospital outpatient services listed below according to the following guidelines:

- HCPCS code range 97161-97168 will be reimbursed when appropriately billed with revenue codes 424, 434, and 454;

- HCPCS code 77067 will be reimbursed at the Cost to Charge Ratio (CCR) on the LDH Outpatient Hospital Fee Schedule; and
- HCPCS code 77063 will be reimbursed at the Cost to Charge Ratio (CCR) when appropriately billed with revenue code 403 per the LDH Outpatient Hospital Fee Schedule.

Claims will be automatically reprocessed for dates of service January 1, 2017 to September 29, 2017.

Please refer to the Professional Fee Schedule located at www.lamedicaid.com for additional information.

Online Resources

Here's a look at what's new or recently updated on our website at www.amerhealthcaritasla.com:

- Behavioral Health Toolkit
 - News and Updates
 - Pharmacy Updates
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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.