

Provider Post

News and updates you need to know



March 2018

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Provider Champion – Daughters of Charity, New Orleans, LA

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. To support our providers in achieving success in value-based programs, AmeriHealth Caritas Louisiana recently added a Practice Transformation Director, Lee Reilly, to our staff. Lee serves as a resource to participating providers by offering assistance with meaningful changes designed to improve patient outcomes.



Daughters of Charity is one of AmeriHealth Caritas Louisiana’s providers who participate in our value-based incentive programs. In addition to primary and preventive health care, Daughters of Charity also provides behavioral health, dental, optometry, pharmacy, podiatry, and other specialty services through their integrated delivery system. AmeriHealth Caritas Louisiana’s Practice Transformation Director worked with Daughters of Charity physicians and care teams to build their capacity for continuous quality improvement and drive sustainable change.

Daughters of Charity’s Family Nurse Practitioner, Anna Villanueva, had this to say about working with AmeriHealth Caritas Louisiana’s new Practice Transformation Director:

“Lee Reilly is a valuable contact for us at Daughters of Charity! She helps us understand our status on quality measures by providing reports at our weekly meetings and walking us through the data. She goes above and beyond by strategizing ways that we can improve and educating us on resources available through AmeriHealth Caritas. She stays engaged in between meetings by answering any of the questions we have through phone or e-mail. Our team is improving its processes for managing our member panel because of the information Lee provides.”

For additional information on our value-based programs, or to work with our Practice Transformation Director to develop the skills and infrastructure needed for success in a value-based payment environment, please contact your Account Executive. You can find a list of AmeriHealth Caritas Louisiana account executives, and the regions they serve, under “Resources” on the Providers tab of our website at www.amerhealthcaritasla.com.

March is Colorectal Cancer Awareness Month!

In recognition of Colorectal Cancer Awareness Month we’d like to remind you of medical record documentation standards for colorectal cancer (COL) for the 2018 measurement year.

- Documentation in the medical record must include the date when the colorectal cancer screening was performed as part of the Medical History section; if not, the result or finding must also be present in the record.
- Appropriate screenings are defined by one of the following:

SCREENING	TIMEFRAME (YEAR)
Colonoscopy	2009-2018
CT colonography	2014-2018
Fecal occult blood test (FOBT)	2018
FIT-DNA test	2016-2018
Flexible sigmoidoscopy	2014-2018

- Documentation must note whether the screening was performed and completed, not ordered, planned, or aborted.
- Exclusionary evidence in the Medical History section should include a note indicating colorectal cancer or a total colectomy at ANYTIME in the member’s history through 12/31/2018.

Note: For a physical copy of HEDIS Documentation & Coding Guidelines please contact your Account Executive. A list of Account Executives can be found on our website at <http://www.amerhealthcaritasla.com/pdf/provider/account-executives.pdf>.

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.amerhealthcaritasla.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.amerhealthcaritasla.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.amerihealthcaritasla.com > Members > Getting Started > Member Handbooks.

Reminder: AmeriHealth Caritas Louisiana Offers Free 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 free 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.
- 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 as described later in this provider post."

For more information on provider responsibilities regarding interpretation services, please refer to the Provider

Reminder – Adverse Incident Reporting

AmeriHealth Caritas Louisiana providers are required to report adverse incidents to AmeriHealth Caritas Louisiana within 24 hours of the time the provider becomes aware of their occurrence.

Furthermore, AmeriHealth Caritas Louisiana providers are required to develop written policies and procedures for an incident management process, to take strong measures to prevent the occurrence of adverse incidents, to investigate and report on those that occur, and to take reasonable corrective action to prevent reoccurrence.

For additional information on adverse incident reporting, please refer to AmeriHealth Caritas Louisiana’s Provider Handbook located under Resources on the Provider tab of our website at www.amerhealthcaritasla.com. Louisiana Department of Health has updated the reporting form. The form is located on our website under Forms on the Providers tab.

Provider Trainings

DEPRESSION eLEARNING TRAINING MODULE NOW AVAILABLE

As part of our ongoing goal to support physical health providers in delivering integrated care, we would like to introduce our depression eLearning training module. This online training module is designed to give you an overview of depression and how to incorporate evidence-based screenings and appropriate follow-up treatment into your care for our members.

Upon successful completion of this training, you should be able to:

- Define depression.
- Recognize and screen for depression in patients.
- Measure the severity of depression using the Patient Health Questionnaire 9 (PHQ-9) for adults and the PHQ modified for adolescents (PHQ-9A).
- Identify ways to treat depression.
- Recognize the Healthcare Effectiveness Data and Information Set (HEDIS®) Antidepressant Medication Management (AMM) measure.
- Locate resources and support available from AmeriHealth Caritas Louisiana, including our Behavioral Health Provider Toolkit.

You can access the AmeriHealth Caritas Louisiana depression eLearning training module at www.amerhealthcaritasla.com, under the Trainings section. Please let us know you have completed the training by clicking on the Attestation Form link at the end of the training and completing the brief survey.

We also want to let you know about these additional resources:

- In-person, on-site behavioral health training from a clinical educator (contact your Provider Network Management Account Executive if you are interested).
- Our Behavioral Health Provider Toolkit.
- Anxiety disorders eLearning module (coming soon).

CALOCUS/LOCUS TRAININGS

AmeriHealth Caritas Louisiana issued a Provider Alert on January 22, 2018 announcing the requirement to submit a Child Adolescent Level of Care Utilization System (CALOCUS) / Level of Care Utilization System (LOCUS) assessment with all MHR service authorization requests. This statewide requirement applies to all Healthy Louisiana plans effective March 1, 2018. The Louisiana Department of Health issued a detailed Informational Bulletin on February 9, 2018. The Louisiana

Department of Health's bulletin is available at new.dhh.louisiana.gov > Provider & Plan Resources > Informational Bulletins.

To help providers comply with these requirements, AmeriHealth Caritas Louisiana offers CALOCUS and LOCUS training. Please visit our website at www.amerihealthcaritasla.com > Providers > Training for a list of upcoming trainings and registration information.

Clinical Corner

DOCUMENTATION OF CONTROLLING HIGH BLOOD PRESSURE (CBP)

We'd like to provide the following HEDIS standards for proper documentation of Controlling High Blood Pressure (CBP):

Documentation in the medical record must include the following:

1. Date of hypertension diagnosis or awareness of by the managing provider.
 - Diagnosis (or awareness) date must be clearly documented **on or before June 30th of the measurement year** regardless of if hypertension was treated or is currently being treated.
2. Complete BP reading, including both a systolic and a diastolic value greater than zero.
3. If elevated, documentation of all pressures during the same visit.

PREVENTATIVE MEDICINE SERVICE AND PROBLEM ORIENTED E&M SERVICE

A Preventative Medicine CPT or HCPCS code and problem-oriented E&M CPT code may both be submitted for the same patient by the Same Specialty Physician or Other Health Care Professional on the same date of service. If the E&M code represents a significant, separately identifiable service submitted with the appropriate modifier appended, AmeriHealth Caritas Louisiana will reimburse the Preventative Medicine code plus the problem-oriented E&M code.

AmeriHealth Caritas Louisiana will not reimburse a problem oriented E&M code that does not represent a significant, separately identifiable service that is not submitted with the appropriate modifier. Medical records must have documentation to justify both services. **Detailed information on the appropriate modifier to bill can be found on Page 121 of the Professional Services Provider Manual located at www.lamedicaid.com and additional information on Page 63 of the Claims Filing Instructions manual on our website at www.amerihealthcaritasla.com.**

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.

AMBULANCE PROVIDERS REMINDER: REQUIREMENTS FOR BOX 32 OF CMS-1500

AmeriHealth Caritas Louisiana requires **ALL** providers to complete box 32 on the CMS-1500 Form for all places of service (POS) other than the member's home (POS 12).

The name, address, and zip code of the service location for all services other than those performed in place of service home (POS 12) must be entered.

Ambulance providers are required to enter the following:

- Complete address of origin of services
- Time of departure from origin (including a.m. or p.m.),
- Complete address of destination, and
- Time of arrival at destination (including a.m. or p.m.)

Note: Claims can be denied if the above requirements are not met.

Air Ambulance Claims: A procedure code must be appended with a “TN” modifier if the service was in a rural area.

MATERNITY OBSERVATION CLAIMS

AmeriHealth Caritas Louisiana has updated our system to remove the authorization requirement for maternity observation claims. The system update was implemented on February 16, 2018. Claims with dates of service on or after January 1, 2017 that previously denied for no authorization have been reprocessed.

NEW POLICY WHEN BILLING REVENUE CODE 490

AmeriHealth Caritas Louisiana has updated our system to accept all other revenue codes when billed with revenue code 490 on an outpatient hospital claim. The system update was completed on February 20, 2018. Once complete, previously denied claims with revenue code 490 for dates of service on or after January 1, 2017 will be reprocessed.

REVENUE CODE 636

AmeriHealth Caritas Louisiana has updated our system to allow payment of revenue code 636 when billed with the appropriate HCPCS codes. The system update was completed March 2, 2018. Previously denied claims with revenue code 636 with dates of service on or after January 1, 2017 have been reprocessed.

REMINDER: SPLIT BILL REQUIREMENTS AND INSTRUCTIONS

AmeriHealth Caritas Louisiana requires hospitals to split bills in the following circumstances:

- At the hospital’s fiscal year end
- When the hospital changes ownership
- If the charges exceed \$999,999.99
- If the claims has more than one revenue code that utilizes specialized per diem pricing (PICU, NICU, etc.)

For specific instructions on how to file a split bill, please refer to page 42 of the Claims Filing Instructions located on our website at www.amerihealthcaritasla.com.

Online Resources

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

- [Newsletters and Updates](#)
 - [Adverse Incident Reporting Form](#)
 - [Depression eLearning Module](#)
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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.