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A message from our **Behavioral Health Chief Medical Officer**

Welcome to the Winter 2018 edition of *Connections* — our newsletter for AmeriHealth Caritas Delaware providers. We believe you will find the resources enclosed helpful as you provide quality care and services to our members.

As we move ahead with our efforts to offer members the best quality of care, we are addressing how AmeriHealth Caritas Delaware can collaborate with providers to address the opioid epidemic. Our approach is multifaceted, and we are excited to share with you our partnerships and initiatives to help patients receive the care, treatment, and support they need.

Our Opioid Task Force uses a multidisciplinary approach to develop innovative strategies. We have educated providers about the risks of concurrent benzodiazepine and opiate usage, which resulted in a significant decrease in benzodiazepine prescriptions. To help combat overdose deaths, we removed the copay for Narcan, review utilization each month, and encourage providers to prescribe Narcan to members receiving treatment for opioid abuse or who are prescribed opiates for pain management. In addition, we are educating our providers on whether their prescription habits fall outside the range of normal prescribing patterns. Long-acting injectable naltrexone is also available to our members with both alcohol and opioid dependence with prior authorization.

We believe in establishing strong relationships within the Delaware community, and have taken active roles in the Behavioral Health Consortium's Access and Treatment Committee, the Sussex County Health Coalition (SCHC), and the SCHC's Behavioral Health Task Group. Furthermore, we have presented at numerous professional colloquia, including the Mental Health Association's Community Mental Health Conference. AmeriHealth Caritas Delaware is currently in trauma-informed care training, and we intend to have 100 percent of our staff trained and implementing trauma-informed care by the end of the year.

We constantly seek innovative methodologies to improve care to our members in partnership with our provider network. Please do not hesitate to reach out to me to explore new avenues for collaboration as we collectively provide efficacious and empirically validated care.

For more information and other resources, please visit www.amerihealthcaritasde.com.

I look forward to hearing from you.

A handwritten signature in black ink, consisting of a stylized 'J' and 'W'.

Jordan Weisman

Encourage your patients to take control of their health and wellness this holiday season

The holiday season is here — and while this season brings joy and happiness for most, it can also trigger stress and depression for many of our members.

What can you do?

As we begin to wind down, and come into the holiday season, we encourage you to help your patients stay mindful of their health and stress levels.

Remind your patients of the following tips to help them prevent or manage stress, and stay healthy during the holidays:

- Plan ahead and set priorities.
- Handle and prepare food safely.
- Get checkups and vaccinations.
- Eat healthy foods and stay active.
- Prepare for cold weather.
- Seek professional help if needed.

Remind your patients to use our web-based Wellness Resource to find stress-relieving activities and resources within their community.

[AmeriHealth Caritas Delaware Wellness Resources](#)



NaviNet: Instructional videos with new features are available

We recently added functionality in NaviNet to enable you to complete more activities directly in the portal. To help you take full advantage of these convenient features, we're sharing videos that walk you through the steps of using each function.

You can access and view the following videos on NaviNet Plan Central:

- Claims Investigation.
- Care Gap Response Form.

Additional resources

For other resources on managing and using your NaviNet account, check out the NaviNet Basics page. It's your virtual user guide to navigating NaviNet. Simply click on the **NaviNet Basics** link to go directly to the support page. Or, after you've logged in, click **Help** on the top left of the NaviNet screen, and then click the **NaviNet Basics** tab.

If you're not taking advantage of these tools, sign up now at <https://navinet.secure.force.com>.

Reminder: Annual provider manual updates

The AmeriHealth Caritas Delaware provider manual is reviewed annually and updated as needed.

The AmeriHealth Caritas Delaware website and your provider manual are information sources and guides for your participation with us.

Important topics include:

- Provider responsibilities and important contact information.
- Member rights and responsibilities.
- Quality management programs and goals.
- Utilization Management (UM) program:
 - Prior authorization procedures and protocols.
 - Access to UM staff.
 - Availability of criteria.
 - Affirmative statement for making UM decisions.
- Pharmaceutical management:
 - Latest Preferred Drug List (online formulary).
 - Prior authorization procedures and exception requests.
 - Generic substitution, therapeutic interchange, and step-therapy protocols.
- Care management and disease management programs.
- Clinical practice guidelines and preventive health guidelines.

The 2018 manual is available on our website at www.amerhealthcaritasde.com → [Provider](#) → [Provider Manuals and Forms](#).

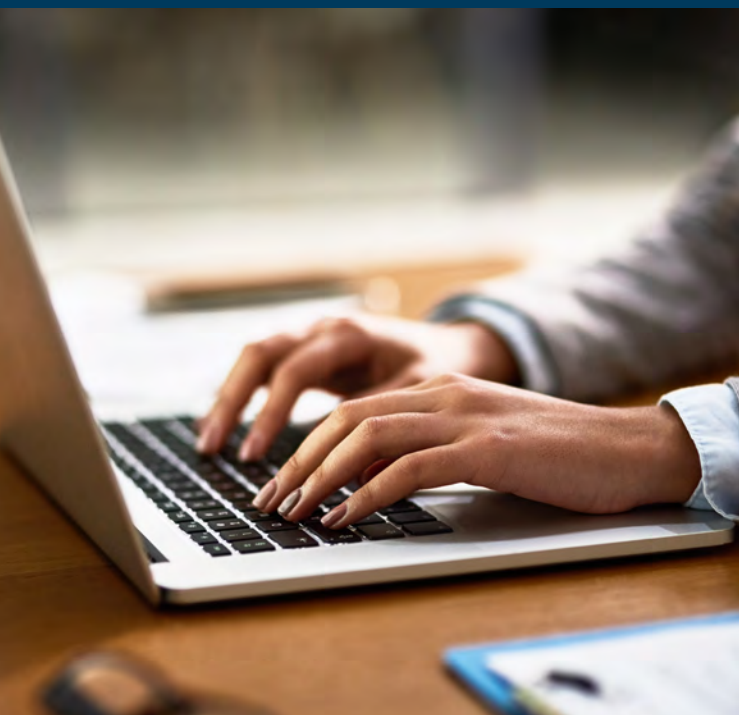
Refer to this edition only and discard any previous versions you may have.

Monthly *Provider Post* coming soon

Be on the lookout for our monthly *Provider Post*.

Our participating providers can stay informed of important news and information through this monthly e-newsletter.

[Sign up for *Network News*, our free email service, today to ensure you don't miss an issue.](#)



Training and education webpage now available for providers

Our training and education materials are an important part of working with you — our providers — to deliver superior health care to our members, your patients. We are committed to ensuring that all participating providers are compliant with AmeriHealth Caritas Delaware standards, federal regulations, and Delaware state regulations.

Cultural competency resources

Cultural competency is the ability to interact effectively with people of different cultures.¹ AmeriHealth Caritas Delaware must have a comprehensive written cultural competency plan (CCP) describing its program to ensure that services and settings are made available in a culturally competent manner to members.

Cultural competency can produce numerous benefits, including:

- Increased mutual respect and understanding between providers and members.
- Improved health outcomes.
- Increased participation from the local community.
- Lower health-related costs.

We want to foster an environment that values understanding, inclusiveness, and respect for all individuals. It is our policy to comply with all applicable laws that prohibit discrimination based on race; color; creed; sex; age; national origin or ancestry; physical or mental disability; veteran status; sexual orientation; or any other category protected by federal, state, or local laws. We require that providers and subcontractors comply with these same requirements for cultural competency.

Depression and anxiety e-learning training modules

Our online training modules are designed to give you an overview of depression and anxiety, and to suggest ways to incorporate evidence-based screenings and appropriate follow-up treatment into your care for our members.

Access our new provider training and education webpage to view our various resources and to register for one of our ongoing educational opportunities.

[Provider Training and Education webpage](#)



Reminder: Behavioral Health Toolkit available online

As a part of the AmeriHealth Caritas Delaware education and support program, primary care providers can access our Behavioral Health Provider Toolkit. The kit has information about several behavioral conditions, such as:

- Anxiety disorders.
- Attention deficit hyperactivity disorder.
- Depressive disorders.
- Substance use disorder.
- Screening, brief intervention, and referral to treatment, also known as SBIRT.

The toolkit provides screenings, medication management options, and resources that could help your practice manage our members.

The Behavioral Health Toolkit is available on the AmeriHealth Caritas Delaware provider website: [Providers → Behavioral Health](#).

¹www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence

HEDIS Spotlight

AmeriHealth Caritas Delaware's HEDIS Spotlight highlights information, tips, and resources on important health issues to support quality care delivery.

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS®) is one of the most commonly used sets of health care performance measures in the United States.

There are six domains of care:

- Effectiveness of care.
- Access/availability of care.
- Experience of care.
- Utilization and risk-adjusted utilization.
- Health plan descriptive information.
- Measures collected using electronic clinical data systems.

Health plans are measured on how well they perform in quality, effectiveness of care, access to care, and member satisfaction. HEDIS measures are collected and calculated using specific CPT and ICD-10 codes found in claims and encounters data.²

Through the use of different data sources, such as HEDIS, AmeriHealth Caritas Delaware measures the effectiveness of our initiatives and identifies opportunities for optimally supporting our network providers and members.

Why is HEDIS important?

AmeriHealth Caritas Delaware is committed to offering quality preventive care and service to our members. HEDIS allows us to monitor how we are performing compared to other health plans, and identify opportunities for improvement.

If you have questions about HEDIS, please contact the AmeriHealth Caritas Delaware Quality Improvement department at **1-302-286-5941**.

Become familiar with HEDIS to understand its requirements for health plans and providers.

The value of HEDIS to you — our providers

HEDIS can help save you time and might decrease health care costs. By proactively managing patients' care, you can successfully monitor their health, prevent further complications, and identify health issues that might arise in their care.

As a network provider, HEDIS can help you:

- Detect non-compliant members to ensure they receive preventive screenings.
- Distinguish how you compare with other AmeriHealth Caritas Delaware providers and the national average.
- Monitor patient's health, prevent further complications, and identify potential future health care issues.

The value of HEDIS to your patients — our members

HEDIS helps ensure that members receive the best preventive and quality care. It gives members the ability to review and compare the plans' scores, which helps inform members' health care choices.

What can you do to improve HEDIS scores?

- Make sure the services you provide are performed in a timely manner.
- Submit valid HEDIS codes on an encounter or claim.
- Document your services and results in the patient's medical chart.
- Encourage your patients to schedule preventive exams.
- Remind your patients to follow up with ordered tests.
- Make outreach calls to non-compliant patients.

²<http://store.ncqa.org/index.php/catalog/product/view/id/3381/s/hedis-2019-volume-2-epub>

HEDIS Spotlight (continued)

This season's HEDIS Spotlight focuses on the Adult BMI Assessment (ABA).

ABA is used as a screening tool to indicate whether a person is underweight, overweight, obese, or at a healthy weight for their height.

ABA records BMI

- BMI is a simple, noninvasive surrogate measure of body fat.
- For adults ages 21 years and older, BMI is interpreted by using standard weight status categories for all ages, and for both men and women.
- For children and adolescents ages 2 – 20 years, BMI is interpreted relative to the age and sex of other children. Thus, their BMI is calculated as a percentile.

Strategies for improvement

- Use National Committee for Quality Assurance (NCQA) coding tips to actively reflect care rendered.
- Calculate height and weight with BMI for members at least once a year, even if they are not overweight. This data is used to assess patterns of weight change.
- Use appropriate diagnosis codes and procedure codes for claims data.

Coding

Outpatient visit	
Outpatient CPT codes	99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404
HCPCS	G0438, G0439 (ages 20 years and older on the date of service)
BMI ICD-10	Z68.1 – Z68.45 (ages 18 – 19 years on the date of service)
BMI percentile ICD-10	Z68.51 – Z68.54

[Adult and child HEDIS documentation and coding guidelines for 2018](#) are available on our website.



Peer review process

The AmeriHealth Caritas Delaware (DE) peer review process is focused on patient safety and quality of medical care provided to all members. Peer review is one component that AmeriHealth Caritas DE uses to monitor, evaluate, and improve the quality and appropriateness of care and service delivery to members in addition to other components of performance improvement projects, medical/case record audit, performance measures, surveys, and related activities.

Peer review is an evaluation of the professional practices of a provider by the provider's peers. The evaluation assesses the necessity, appropriateness, and quality of care furnished by the provider in comparison to care customarily furnished by the provider's peers and consistency with recognized health care standards.

The AmeriHealth Caritas DE Chief Medical Officer (CMO) oversees the peer review process and chairs the Peer Review Committee. The Peer Review Committee membership is drawn from the provider network and includes peers of the participating provider being reviewed. Members and staff can notify the Peer Review Committee of any situations or problems related to providers.

The peer review process includes the following key elements:

- A. **Case review.** The review considers potential grievances and issues with the quality of care or service.
- B. **Thresholds.** AmeriHealth Caritas DE has established thresholds for issues with the quality of care or service identified by internal sources to trigger an off-cycle credentialing review and/or referral to the Peer Review Committee. At the discretion of the CMO, a provider or facility can be referred to the Peer Review Committee or Credentialing Committee for substantiated issues, even if thresholds aren't met.
- C. **Peer Review Committee.** This group reviews participating provider performance, when appropriate.
- D. **Tracking and reporting.** All providers will be tracked by the Quality Management department to determine if the established thresholds trigger an off-cycle credentialing review and/or referral to the Peer Review Committee.
- E. **Training and education.** AmeriHealth Caritas DE provides training and education to providers, staff, and members in the peer review process.

Questions or additional information about the peer review process can be addressed by contacting Provider Services at **1-855-707-5818**, or you can speak with your Provider Network Account Executive. Stay tuned for additional details about peer review training through upcoming provider webinars and forums posted to the AmeriHealth Caritas DE website and communicated to you by your Account Executive.



Claims Corner

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) billing

The appropriate EPSDT components, diagnosis codes, modifiers, and referral codes (as needed) must be present on a claim to be considered a complete and payable screen.

For example, when billing EPSDT services:

- Use Z76.1, Z76.2, Z00.121, or Z00.129 as the primary diagnosis code.
- Use one of the individual age-appropriate procedure codes outlined on the most current EPSDT Periodicity Schedule, as well as any other EPSDT-related service (e.g., immunizations).
- Use EPSDT modifiers as appropriate:
 - EP — Complete Screen; 52 — Incomplete Screen.
 - 90 — Outpatient Lab; U1 — Autism.
- Use the U1 modifier in conjunction with CPT code 96110 for autism screening.
- Use CPT code 96110 without a U1 modifier for developmental screening.

Submit applicable two-character EPSDT referral codes when appropriate:

Code	Service category
YD	Dental (required for ages 3 and older)
YV	Vision
YH	Hearing
YB	Behavioral
YM	Medical
Yo	Other*

Laboratory testing claims now require CLIA ID numbers

Providers who perform laboratory testing must indicate their CLIA ID number when submitting claims. The Centers for Medicare & Medicaid Services (CMS) CLIA regulations apply to laboratory testing in all settings, including commercial, hospital, and physician office laboratories. You can verify your CLIA certification level and effective dates at www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CLIA_Laboratory_Demographic_Information.html.

To help ensure your claims are processed quickly and accurately, please follow the guidelines indicated below:

- For paper claims submitted on the CMS 1500, enter the 10-digit CLIA ID in field 23, labeled "Prior Authorization Number."
- For 837 professional electronic claim submissions, enter your 10-digit CLIA ID number in Loop ID 2300 segment/data element REF02 where REF01 = X4.
- The CLIA number entered must be specific to the location where the provider is performing on-site lab testing.
- Claim payments can only be made for dates of service falling within the particular certification dates governing those services.

Denial reasons you may see on your remittance advice related to CLIA are associated with the following denial codes:

Industry denial code (CARC/RARC)	CLIA edit associated to denial code
ZMD	Missing CLIA number on claim
ZME	Claim has multiple CLIA numbers
ZMF	No CLIA number on our file
ZMG	CPT not covered by CLIA certificate type
ZMH	CLIA number does not cover DOS

If you have questions about this submission process, please contact Provider Services at 1-855-707-5818 or your Provider Network Management Account Executive.

* Following an EPSDT screen, if the screening provider suspects developmental delay and the child is not receiving services at the time of the screening, the provider should refer the child (ages birth to 3 years) to Child Development Watch (using one of the phone numbers by county below), document the referral in the child's medical record, and submit the YO EPSDT referral code.

New Castle County: 1-302-283-7240 or 1-800-671-0050

Kent or Sussex County: 1-302-424-7300 or 1-800-752-9393



Bright Start PlusSM family health mobile app

With the Bright Start Plus app, members can have health information for their entire family right at their fingertips!

Most popular in-app tools:

- **Pregnancy:** kick counter and ultrasound videos.
- **Newborn:** growth tracker and diaper tracker.
- **All ages:** vaccination tracker and weight tracker.

Encourage your patients to download the Bright Start Plus app today. Text "health" to **1-302-202-9766**.



Bright Start *Plus*SM

Pharmacy news

Opioid prescription update

AmeriHealth Caritas Delaware continues to carefully review and update our prior authorization requirements for opioid prescriptions. Our collaborative goal with you is to ensure that our members receive the correct treatment for their pain and that opioid use is managed and monitored appropriately.

On October 1, 2018, AmeriHealth Caritas Delaware implemented a limitation on opiate prescriptions for members who have not filled a prescription for opiate therapy in the last 90 days. In accordance with Centers for Disease Control and Prevention (CDC) recommendations, an opiate-naïve member will have their quantity limited to a seven-day supply equal to or less than 50 oral morphine equivalents per day on their first short-acting opiate prescription.

Below are the most common dispensed examples of the quantity limitations:

7-day opiate-naïve limitations	Limitation
Hydrocodone, 10 mg	35 tablets for 7 days
Hydromorphone, 4 mg	21 tablets for 7 days
Morphine, 15 mg	21 tablets for 7 days
Oxycodone, 5 mg	42 tablets for 7 days

For prescribing providers, we ask that you adjust quantities on first-time opiate prescriptions to be below these CDC guidelines whenever possible. If the prescription is for a preferred product and below the quantity limitation, it will not need prior authorization.

For dispensing pharmacies, if you receive a quantity and/or day supply that exceeds the limitation, you can either inform the prescriber that the quantity dispensed is being reduced to meet the limitation or contact the prescriber to have a prior authorization submitted.

This limitation serves two-fold:

- To decrease prolonged opiate exposure to members when possible.
- To decrease leftover medication that could be diverted or improperly stored.

Levothyroxine and liothyronine recall

The U.S. Food and Drug Administration (FDA) is alerting health care professionals and patients of a voluntary recall of all lots of drug products containing the active ingredient levothyroxine or liothyronine manufactured by Westminster Pharmaceuticals LLC. According to the FDA press release: “They were manufactured using active pharmaceutical ingredients that were sourced prior to the FDA’s Import Alert of Sichuan Friendly Pharmaceutical Co. Ltd., which as a result of a 2017 inspection were found to have deficiencies with Current Good Manufacturing Practices (cGMP). Substandard cGMP practices could represent the possibility of risk being introduced into the manufacturing process.”

Requested actions

- Please work with your patients to find a replacement for their prescription if their pharmacy does not have another manufacturer’s thyroid product.
- To access our searchable formulary for alternatives if needed, please go to www.amerihhealthcaritasde.com → [Providers](#) → [Pharmacy Services](#) → [Searchable formulary](#).

For more information, including the specific products subject to the recall, please visit <https://www.fda.gov/Safety/Recalls/ucm616601.htm>.



Pharmacy news (continued)

Effective **January 1, 2019**, the following products will change from preferred to non-preferred on the Division of Medicaid and Medical Assistance (DMMA) Preferred Drug List (PDL). This will affect all AmeriHealth Caritas Delaware members who do not have primary insurance or Medicare Part D.

Members currently receiving any of the products listed below will require a new prescription for an alternative before January 1, 2019, to avoid any interruptions. Members for whom it is not medically advisable to change therapy will require prior authorization.

PDL changes affecting members	
Products moved to non-preferred	Alternative preferred products
Azopt	Brimonidine 0.2%, carteolol, dorzolamide/timolol, latanoprost, levobunolol, pilocarpine, timolol solution, Alphagan P, Betimol, Combigan, Istalol, Rhopressa, Simbrinza, Travatan Z
Citranatal Bloom Citanatal 90 DHA Combo Pack Citranatal Assure Combo Pack Citranatal B-Calm Combo Pack Citranatal Harmony Capsule Citranatal Rx Tablet	Complete Natal DHA, Concept DHA, Concept OB, Inatal Ultra, Niva-Plus, O-Cal, O-Cal FA, PNV 29-1, PNV Folic Acid + Iron, PNV Ferrous Fumarate Docusate Folic Acid, PNV-VP-U, Prenate Chewable, Prenatal Plus, Prenatal Plus Low Iron, Preplus, Pretab, Purefe OB Plus, Trinatal Rx1, Triveen-Duo DHA, Virt-Advance, Virt-Nate, Virt-Vite GT, Vol-Nate, Vol-Plus, Vol-Tab Rx
Lotemax ophthalmic	Dexamethasone, diclofenac, fluoromehtolone, flurbiprofen, ketorolac, prednisolone acetate, prednisolone sodium phosphate, Alrex, Durezol, Flarex, Ilevro, Maxidex, Pred Mild
Nitrofurantoin macrocrystals	Methenamine, Nitrofurantoin Monohydrate/Macrocrystals, Monurol
Nutropin AQ	Genotropin, Norditropin
Xiidra	Restasis
Zubsolv	Buprenorphine, buprenorphine/naloxone, Suboxone



Quick reference guide



Provider Services

- Phone: 1-855-707-5818.
- Fax: 1-855-396-5790.



Member Services

- Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): **1-844-211-0966**.
- DSHP-Plus and DSHP-Plus Long-Term Services and Supports (LTSS): **1-855-777-6617**.
- Fax: **1-855-396-5780**.



Let Us Know

- Contact our Rapid Response and Outreach Team at **1-844-623-7090**.
- Use the [Member Intervention Request Form](#). Fax completed forms to **1-855-806-6242**.



Pharmacy Services (PerformRx)

PerformRx Pharmacy Provider Services

- Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): **1-855-251-0966**.
- DSHP-Plus and DSHP-Plus Long-Term Services and Supports (LTSS): **1-888-987-6396**.

PerformRx Pharmacy Member Services

- Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): **1-877-759-6257**.
- DSHP-Plus and DSHP-Plus Long-Term Services and Supports (LTSS): **1-855-294-7048**.
- Fax: **1-855-829-2872**.

Do you know your Provider Network Account Executive?

Your Account Executive is your liaison with AmeriHealth Caritas Delaware. They are responsible for orientation, continuing education, and problem resolution for our network providers.

- **Tiara Goodmond**
Hospitals
Phone: **1-302-270-6750**
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- **Latasha Smith**
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Call your Account Executive:

- To arrange for orientation or in-service meetings.
 - For service calls.
 - If you have any questions or concerns.
 - To report any changes in your status, such as the phone number, address, taxpayer identification number, or additions or deletions of physician listings for your practice.
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AmeriHealth *Caritas*[™]

Delaware

www.amerihealthcaritasde.com