

Spring 2020



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COVID-19 evaluation, testing, diagnosis, treatment, and reporting

During this unprecedented time, our mission to help people get care, stay well, and build healthy communities is more important than ever. AmeriHealth Caritas Delaware has been closely monitoring the Centers for Disease Control and Prevention (CDC) for the latest information about COVID-19, and has been engaged in making the necessary plans based on their guidance. AmeriHealth Caritas Delaware recommends that providers follow CDC, Centers for Medicare & Medicaid Services (CMS), and state-specific guidance with regard to COVID-19 evaluation, testing, diagnosis, treatment, and reporting.

COVID-19 testing

AmeriHealth Caritas Delaware will cover all medically necessary services required to facilitate testing and treatment of COVID-19 for its eligible members, in accordance with federal and state guidance. No prior authorization is required for COVID-19 testing.

For more information, click on the following CDC links:

- [Evaluating and Testing Persons for Coronavirus Disease 2019 \(COVID-19\)*](#).
- [Coding encounters related to COVID-19*](#).

If you suspect you have, or a patient has, COVID-19:

The CDC instructs providers to consult with local or state health departments to determine whether patients meet [criteria for persons under investigation*](#). Providers should immediately notify infection control personnel at their facility if they suspect COVID-19 in a patient. Notify your state or local health department if a patient is classified as a person under investigation for COVID-19.

Providers should report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection, and not report to work when ill. Providers in low-, medium-, or high-risk exposure categories who develop signs or symptoms compatible with COVID-19 are strongly encouraged to contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

The CDC has also introduced an interactive "self-checker" on its website. The self-checker tool isn't intended to replace a medical diagnosis or treatment. Rather, it was developed to help individuals decide when to treat their symptoms safely at home and when to seek medical care. For more information please visit the [CDC's dedicated testing site*](#).

For more information, click on the following CDC links:

- [CDC: Healthcare Professionals: Clinical Questions about COVID-19: Questions and Answers*](#).
- [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)*](#).

If you need to close your office due to exposure

AmeriHealth Caritas Delaware is committed to helping to ensure member access to care. In the event of an office closure, please direct your patients who are our members to contact AmeriHealth Caritas Delaware Member Services:

- Diamond State Health Plan: **1-844-211-0966 (TTY 1-855-349-6281)**.
- Diamond State Health Plan-Plus: **1-855-777-6617 (TTY 1-855-362-5769)**.

We have tools in place to connect members to alternate providers who can support their continued care. For more resources and guidance, please access the [CDC COVID-19 homepage*](#).

* Our website is [amerihealthcaritasde.com](#). While website addresses for other organizations are provided for reference, AmeriHealth Caritas Delaware does not control these sites and is not responsible for their content.

COVID-19 telehealth services and billing guidelines

To broaden access to telehealth services during the COVID-19 public health emergency, AmeriHealth Caritas Delaware is temporarily waiving the CMS and state-based originating site restrictions for all members. Under the waiver, providers will be able to bill for telehealth services performed while a patient is at home, or in any setting of care. Telehealth services will be reimbursed based on national reimbursement determinations, policies, and contracted rates as outlined in your participation agreement.

Billing guidelines

Claims should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.

- **Place of Service “02”:** The location where health services and health-related services are provided or received through a telecommunication system.

The claim must include the appropriate modifier when billing for audio and video:

- **Modifier GQ:** Via asynchronous telecommunications system.
- **Modifier GT:** Via Interactive Audio and Video Telecommunications systems.
- **Modifier 95:** Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.

If video and audio services are not available, AmeriHealth Caritas Delaware will reimburse participating providers for telephonic services billed using the following CPT codes:

- **99441 – 99443** — Telephone evaluation and management service by a physician or other qualified health care professional.
- **98966 – 98968** — Telephone assessment and management service provided by a qualified non-physician health care professional.

Providers may only bill for one telephonic and/or video and audio service if the member is seen in the office on the same date of service. If billing for a separate and distinct service provided on the same date of service, please ensure appropriate modifiers are applied to the claim.

For additional information on AmeriHealth Caritas Delaware telehealth policies please view the [COVID-19 Telehealth FAQ](#) available on our website, or contact your designated Provider Network Account Executive.



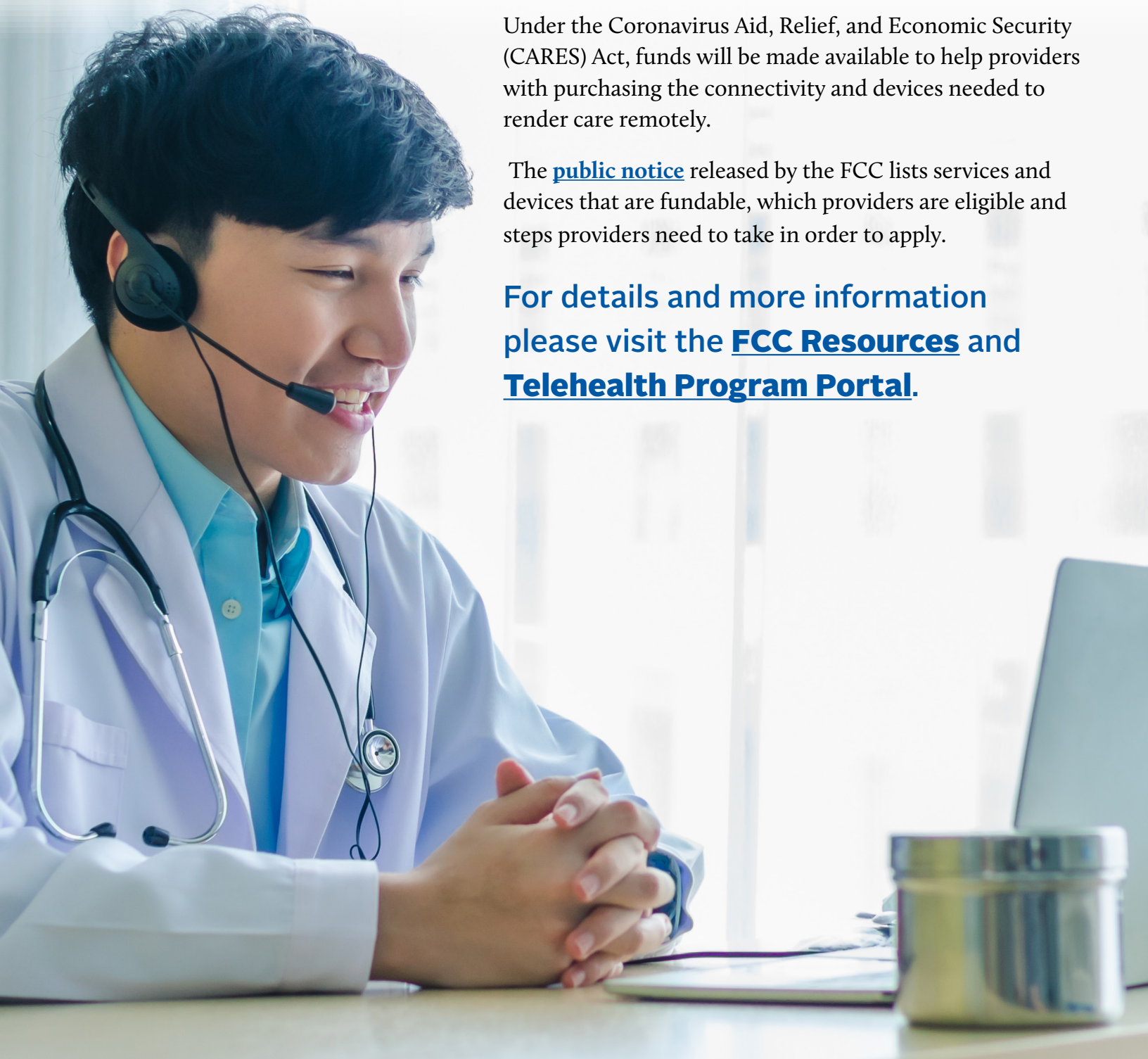
The Federal Communications Commission (FCC) has approved \$200 million in telehealth funding for healthcare providers

On Monday April 13, 2020, the FCC began accepting applications to help fund telehealth programs for qualifying providers during the COVID-19 pandemic.

Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, funds will be made available to help providers with purchasing the connectivity and devices needed to render care remotely.

The [public notice](#) released by the FCC lists services and devices that are fundable, which providers are eligible and steps providers need to take in order to apply.

For details and more information please visit the [FCC Resources](#) and [Telehealth Program Portal](#).





Do you know your Provider Network Account Executive?

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

Email us or give us a call.

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Hospitals and hospital-owned entities

Phone: **1-302-270-6750**

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Provider Network Manager

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United Medical (statewide), MedNet physician groups (statewide), Delaware Chiropractic Services Network (statewide), all dental providers.

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HEDIS Spotlight: Timeliness of Prenatal and Postpartum Care

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

This HEDIS Spotlight focuses on Timeliness of Prenatal and Postpartum Care.

What is Timeliness of Prenatal Care measuring?

Timeliness of Prenatal Care measures the percentage of deliveries of live births on or between November 8 of the year prior to the measurement year and November 7 of the measurement year. For these women, the measure assesses the following facet of prenatal and postpartum care.

- **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Documentation required

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:

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.
- Evidence that a prenatal care procedure was performed (e.g., OB panel or ultrasound).
- Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) in conjunction with either a prenatal risk assessment and education/counseling or a complete obstetrical history.
- Documentation of gestational age with either prenatal risk assessment and counseling/ education or complete obstetrical history.
- Diagnosis of pregnancy alone meets the criteria for the prenatal care (PNC) indicator.
- Revised the PNC numerator to allow for visits that occur before the enrollment start date.

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 provider to count for this measure.

Coding

Description	CPT Code	Cat II	HCPCS	Pregnancy-related diagnosis ICD-10
Prenatal visits	99201 – 99205, 99211 – 99215, 99241 – 99245	0500F – 0502F	G0463, H1000, H1001, H1002, H1003, H1004, H1005, T1015	Please refer to the 2020 Adult HEDIS Documentation and Coding Guidelines.
OB panel	80055			
Prenatal ultrasound	76801, 76805, 76811, 76813, 76815 – 76821, 76825 – 76828			

HEDIS Spotlight: Timeliness of Prenatal and Postpartum Care

(continued)

What is Timeliness of Postpartum Care measuring?

Timeliness of Postpartum Care measures the percentage of 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 facet of prenatal and postpartum care.

- **Timeliness of Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Documentation required

Documentation in the medical record must include a note indicating the date when the postpartum care visit occurred, and evidence of one of the following:

- **Pelvic exam:** Colposcopy is not acceptable for a postpartum visit.
- **Evaluation of weight, BP, breast, and abdomen:** Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- **Notation of postpartum care, including, but not limited to:** Notation of “postpartum care,” “PP care,” “PP checks,” “six-week check.”
- A preprinted Postpartum Care Form in which information was documented during the visit.
- Revised timing of Postpartum Care numerator (now PP day 7 – 84).

Coding

Description	CPT Code	Cat II	HCPCS
Postpartum visit	57170, 58300, 59430, 99501	0503F	G0101
Cervical cytology (Pap)	88141 – 88143, 88147 – 88148, 88150, 88152 – 88154, 88164 – 88167, 88174 – 88175		G0123, G0124, G0141, G0143, G0144 – G0145, G0147 – G0148, P3000, P3001, Q0091

Tips and strategies for improvement

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.

- Educate staff to schedule visits within the guideline time frames.
- Educate members on how important prenatal care is to healthy development and maternal health screening.
- Include anticipatory guidance and teaching in every visit.
- Encourage postpartum visits between 7 – 84 days after delivery for follow-up care.
- Refer patients to community resources that provide education and support.

For additional information, the 2020 Adult, Child, and Behavioral Health Guides to HEDIS coding and documentation are located in the Provider section of our website under **Provider Resources > HEDIS Care Gaps**.

Member Rights and Responsibilities

As a reminder, our network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Please review the Rights and Responsibilities of our AmeriHealth Caritas Delaware members outlined on page 42 of the [AmeriHealth Caritas Delaware Member Handbook](#).

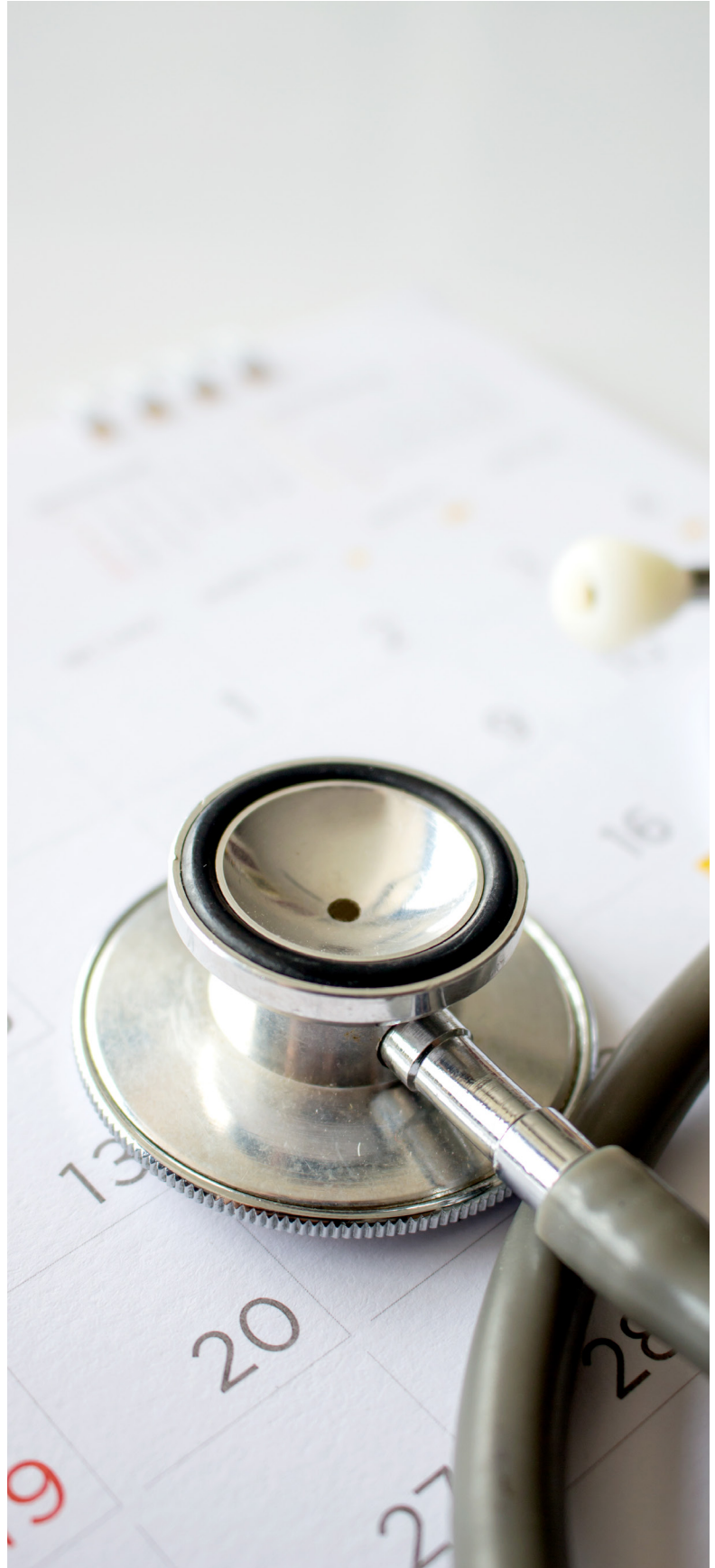


Provider credentialing rights

After the submission of the 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 substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy. Corrections are to be made within **10 business days** and can be submitted via fax to **1-215-863-6369**, or mailed to the AmeriHealth Caritas Delaware Credentialing department (address below).
- To be informed, upon request, of the status of their credentialing or re-credentialing applications.
- To be notified within **45 calendar days** of the Credentialing Committee/ Medical Director review decision.
- To appeal any credentialing/re-credentialing denial 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 re-credentialing 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, the provider should contact the AmeriHealth Caritas Delaware Credentialing department at:

AmeriHealth Caritas Delaware
Attn: Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113





Pharmacy updates

Effective **April 1, 2020**, AmeriHealth Caritas Delaware will be implementing a preferred drug list (PDL) around medically billed pegfilgrastim products. This will affect all AmeriHealth Caritas Delaware members who do not have primary medical insurance or Medicare Part B.

This category currently requires prior authorization for all products, and will continue to require that authorization for all products. The change is that now the preferred product must be used first, or a clinical reason for why it can't be used must be submitted.

PDL changes affecting members	
Preferred product	Products moved to non-preferred
Ziextenzo (billed under J3590)	Fulphila (billed under Q5108) Udenyca (billed under Q5111) Neulasta (billed under J2505)

Since medical drug code authorizations go to the pharmacy team, please contact PerformRx at the numbers below with any questions:

PerformRx pharmacy provider services	
DSHP and DHCP groups	1-855-251-0966
DSHP-Plus groups	1-888-987-6396

Work with us to keep the AmeriHealth Caritas Delaware Provider Directory updated

Our online provider directory is an important tool in helping members find a network doctor, dentist, or health care facility such as a hospital or urgent care clinic in their area. An accurate provider directory helps our members find you.

We encourage providers to check often to make sure their directory information is accurate so our members have access to the most up-to-date resources.

Some of the important items we include in the directory are:

- Phone and fax numbers.
- Hospital affiliations.
- Address and office hours.
- Open status.

View your provider information on our website under the Find a Provider tab of our website. To update your information, fax or email a completed provider add/change form and supporting documents to **1-877-759-6251** or delawareprovidernetwork@amerihealthcaritas.com.



If you suspect it, report it: Help us fight fraud, waste, and abuse

We at AmeriHealth Caritas Delaware recognize the importance of detecting, investigating, and preventing fraud, waste, and abuse.

Examples of fraud, waste, and abuse include:

- Accepting kickbacks for patient referrals.
- Violating physician self-referral prohibitions.
- Billing for services not furnished.
- Providing medically unnecessary care.

As a reminder, AmeriHealth Caritas Delaware providers are required by contract to make medical records accessible to all appropriate government agencies, including, but not limited to, Delaware Health and Social Services (DHSS), the Delaware Division of Medicaid and Medical Assistance (DMMA), the United States Department of Health and Human Services (DHHS), the Centers for Medicare & Medicaid Services (CMS), and/or the Office of the Inspector General (OIG), and their respective designees, to conduct fraud, waste, abuse, and/or quality improvement activities.

Anonymously report suspected fraud, waste, or abuse directly to AmeriHealth Caritas Delaware or to the Delaware Division of Medicaid & Medical Assistance (DMMA):

AmeriHealth Caritas Delaware:

- **Call:** AmeriHealth Caritas Delaware Fraud Tip Hotline at **1-866-833-9718**
- **Email:** fraudtip@amerihealthcaritas.com
- **Mail:**
Special Investigations Unit
200 Stevens Drive
Philadelphia, PA 19113

DMMA:

- **Call:** **1-800-372-2022**
- **Fax:** **1-302-255-4425**, Attn: SUR Unit
- **Email:** surreferrals@state.de.us
- **Mail:**
Division of Medicaid & Medical Assistance
Surveillance and Utilization Review (SUR) Unit
Lewis Building
P.O. Box 906
New Castle, DE 19720



Subscribe to Network News — AmeriHealth Caritas Delaware's email service

To help ensure that you are receiving all provider notices, subscribe to our email service **Network News**.

Network News is used to share information on topics of importance to you, including important plan updates, provider training events and more.

To subscribe:

- Complete the online form found under www.amerihhealthcaritasde.com > **Providers** > **Newsletters and Updates** or simply [click here](#).
- Click **Submit**.
- Watch for a confirmation email in your inbox.

Your information will be kept confidential.
We encourage all providers to register.



Connect with us on Facebook and Instagram

Follow AmeriHealth Caritas Delaware on Facebook or Instagram for event information, health tips, member information, and more. Search for **@AmeriHealthCaritasDE** on either social platform to find us.



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