

CONNECTIONS

A Provider's Link to AmeriHealth Caritas Delaware

Winter 2020



Table of contents

Subscribe to Network News — AmeriHealth Caritas Delaware's email service2
February is American Heart Month: Spread heart health awareness to your patients and learn more about heart disease documentation and coding
Getting pregnancy ZZZ's — are expectant mothers getting enough sleep? Recommend the Bright Start Plus sM family health mobile app to pregnant patients or new mothers5
AmeriHealth Caritas Delaware introduces the Quality Enhancement Program to participating primary care providers6
Will you Let Us Know?7

AmeriHealth Caritas Delaware works with providers to increase adherence to the AAP Clinical Practice
Guideline for ADHD8
Community Wellness Resources at your fingertips9
Work with us to keep the AmeriHealth Caritas Delaware Provider Directory updated10
Do you know your Provider Network Account Executive?11
Important reminders: Claim submission, provider complaints, and appeals12
Pharmacy updates: Important changes effective January 1, 202013
If you suspect it, report it: Help us
fight fraud, waste, and abuse15

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**.



February is American Heart Month: Spread heart health awareness to your patients and learn more about heart disease documentation and coding

Spread awareness to your patients

Heart disease remains the leading cause of death in the United States and around the world. According to the CDC, approximately 647,000 Americans die from heart disease each year — that's one in every four deaths. ^{1,2} Heart disease can often be prevented with healthy lifestyle choices. We encourage you to spread awareness and speak to your patients about heart health and strategies for preventing heart disease.

Heart disease documentation and coding tips

Health plan claims analysis reveals that heart disease is a frequently miscoded diagnosis. It's important that accurate coding and correct documentation, per ICD-10-CM guidelines, are used for reporting heart disease. As you know, complete and correct coding is important for many reasons:

- It helps reduce future medical record inquiries for audits to support the reporting of chronic conditions.
- Adherence to ICD-10-CM coding conventions for diagnosis reporting is required under the Health Insurance Portability and Accountability Act (HIPAA) regulations.³
- It is vital for managed care organizations, such as AmeriHealth Caritas
 Delaware, to have accurate and complete diagnosis data on file to
 provide optimum care management for health plan members.

Guidelines

Accurate coding of heart disease requires understanding of the CMS ICD-10-CM Official Guidelines for Coding and Reporting. Please follow the quick reference guide and examples below when coding for heart disease.

Documentation

When documenting angina, please include the following:

- Type e.g., stable, Prinzmetal.
- **Cause** presumed to be ASHD; note if there is another cause.
- **Timing/precipitating factors** e.g., exercise, emotional stress.
- Relieving factors e.g., medications, rest.

Stable or asymptomatic angina that is controlled by a medication should be assessed, documented, and reported at least once per year.



¹ Emelia J. Benjamin, Paul Muntner, Alvaro Alonso, et al, "Heart disease and stroke statistics—2019 update: a report from the American Heart Association," *Circulation*, 2019;139(10):e56 – 528, doi: 10.1161/CIR.000000000000059.

² Fryar CD, Chen T-C, Li X. "Prevalence of uncontrolled risk factors for cardiovascular disease: United States, 1999–2010," NCHS data brief, no. 103. Hyattsville, MD: National Center for Health Statistics; 2012, https://www.cdc.gov/nchs/data/databriefs/db103.pdf.

³ Office of the Secretary, HHS, "HIPAA administrative simplification: modifications to medical data code set standards to adopt ID-10-CM and ICD-10-PCS. Final rule," *Fed Regist*, 2009 Jan 16; 74(11):3328 – 3362, https://www.ncbi.nlm.nih.gov/pubmed/19385111.

February is American Heart Month (continued)

ICD-10-CM documentation and coding guidelines

Angina pectoris (Category I20)

Angina pectoris is chest pain or discomfort caused when the heart muscle does not get enough oxygen-rich blood. It is a symptom of an underlying heart problem, usually coronary artery atherosclerosis.

Symptoms can include:

- Chest pain or discomfort, often characterized as pressure, squeezing, or fullness in the center of the chest.
- Pain in the arms, neck, jaw, shoulder, or back.
- Nausea, fatigue, shortness of breath, sweating, dizziness.

Atherosclerotic heart disease (ASHD)

Atherosclerosis within the coronary arteries is known in ICD-10-CM as atherosclerotic heart disease (ASHD).

Other terms for this condition are:

- Coronary (artery) disease (CAD), or coronary heart disease (CHD).
- Coronary (artery) atherosclerosis.
- Atherosclerotic cardiovascular disease (ASCVD).

Codes in this category include:

- 120.0 Unstable angina.
 - Includes accelerated/crescendo angina.
- 120.1 Angina pectoris with documented spasm includes Variant/Prinzmetal angina.
 - Caused by spasms in the coronary arteries.
 - Often occurs at rest.
- 120.8 Other forms of angina pectoris.
 - Includes stable angina/angina of effort.
 - Physical activity/stress can trigger.
 - Often gets better with rest, medicine.
- 120.9 Angina pectoris, unspecified.

Codes for vessel involvement include:

ASHD is coded in ICD-10-CM according to the type of vessel(s) in which it occurs. Examples of code categories include:

- 125.1 ASHD of native coronary artery.
- 125.70 ASHD of coronary artery bypass graft(s), unspecified.
- 125.71 ASHD of autologous vein coronary artery bypass graft(s).
- 125.75 ASHD of native coronary artery of transplanted heart.
- 125.79 ASHD of other coronary artery bypass graft(s).

ASHD and angina combination codes

ICD-10-CM presumes a causal relationship between ASHD and angina. When both conditions are present, and no other cause of angina has been documented, a code from category 125 should be selected. The final digit indicates the presence or absence of angina, and angina type. For example, the codes of category 125.1 are:

- 125.1 ASHD of native coronary artery.
- 125.70 ASHD of coronary artery bypass graft(s), unspecified.
- 125.71 ASHD of autologous vein coronary artery bypass graft(s).
- 125.75 ASHD of native coronary artery of transplanted heart.
- 125.79 ASHD of other coronary artery bypass graft(s).

Documenting ASHD

- When documenting ASHD, include the following:
 - 99 Location which coronary artery is involved, vessel type.
 - 99 Symptoms e.g., angina, shortness of breath.
 - 99 Comorbid conditions e.g., hypertension, tobacco use.
- ICD-10-CM presumes a causal relationship between ASHD and angina when no other cause has been identified for the angina. These same conditions are coded separately when the provider has specifically documented a different cause for angina.
- It is not appropriate to capture code 177.9 to report coronary atherosclerosis.



Getting pregnancy ZZZ's — are expectant mothers getting enough sleep? Recommend the Bright Start Plus[™] family health mobile app to pregnant patients or new mothers

If your patient is pregnant or has a new baby, chances are she's not getting enough sleep.

According to the National Sleep Foundation, as many as 78% of women don't sleep well during pregnancy. That isn't surprising, given that pregnancy is accompanied by backaches, frequent urination, and general discomfort.

It's important to talk to your patients about why they need sleep — for example:

- Sleep is restorative, replenishing our brain cells and internal body systems to provide optimal function.
- The health risks of sleep loss are numerous. They include obesity, diabetes, heart disease, and impaired memory.
- Insomnia and sleep loss may be due to symptoms of postpartum depression.

You know that adequate sleep is a major element of coping with stress. People are better able to deal with stressors during the day if they have had enough sleep. Some tips you can share with patients and that can also be found in the Bright Start Plus app are:

- Stop the use of all electronics at least one hour before bedtime.
- Limit your intake of caffeine and alcohol in the hours before bedtime; instead, choose milk or a relaxing herbal tea such as chamomile or rooibos.
- Have extra pillows in bed to keep you comfy.
- Keep a regular bedtime to help set your biological clock, and start a relaxing bedtime routine.

Being well-rested can make it easier to build healthy behavior change, so recommend that your patients add sleep to their New Year's resolution lists! Ask them to download the Bright Start Plus family health mobile app for more about healthy habits during pregnancy, with clinical information from the CDC, American College of Obstetrics and Gynecology, and more.

Bright Start Plus[™] is available for download at no charge on **Google Play**[™] and the **App Store.**[™] To download, search **Bright Start Plus** in the app store or text "doctor" to 1-302-202-9766.

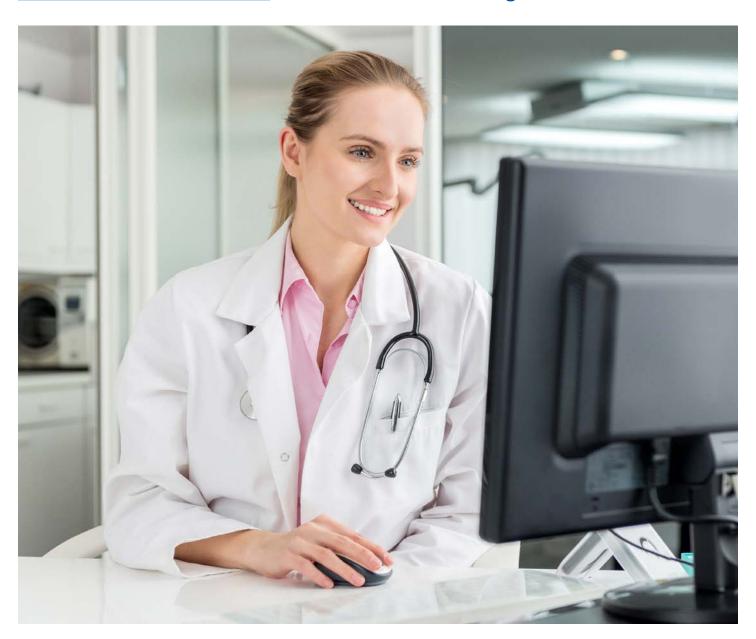
AmeriHealth Caritas Delaware introduces the Quality Enhancement Program to participating primary care providers

We are pleased to introduce the AmeriHealth Caritas Delaware's Quality Enhancement Program (QEP).

The Quality Enhancement Program (QEP) is a unique reimbursement opportunity developed by AmeriHealth Caritas Delaware for participating primary care providers. The QEP is intended to be a fair and open system that provides financial incentives beyond a primary care provider practice's base reimbursement for high-quality and cost-effective care, member service and convenience, and submission of accurate and complete health data.

Performance Incentive Payments will be calculated based on the primary care provider group or solo practice performance relative to defined targets. As additional meaningful measures are developed and improved, the quality indicators contained in the QEP will be refined.

Learn more about QEP components by visiting our website at www.amerihealthcaritasde.com > Providers > Resources > Programs > QEP





Will you Let Us Know?

AmeriHealth Caritas Delaware is here to help you engage members in their health care by offering you the Let Us Know program.

The Let Us Know program is a partnership between AmeriHealth Caritas Delaware and the provider community to collaborate in the engagement and management of our members — your patients — with chronic behavioral or physical health conditions, as well as those who need long-term services and supports (LTSS). We have support teams and tools available to assist in the identification, outreach, and education of our members with complex health needs, as well as clinical resources for providers in their care management.

If you recognize a patient with a special, chronic, or complex health condition who may need the support of one of our programs, we just need you to Let Us Know in one of the following ways:

- Contact our Rapid Response and Outreach Team at 1-844-623-7090.
- Use the Member Intervention Request Form.

Complete a <u>Member Intervention Request Form</u> to Let Us Know about members who have missed appointments, need transportation services, or need further education on their treatment plans or chronic conditions. Simply complete and fax the form to our Rapid Response and Outreach Team at **1-855-806-6242**.

AmeriHealth Caritas Delaware works with providers to increase adherence to the AAP Clinical Practice Guideline for ADHD

AmeriHealth Caritas Delaware is committed to establish and maintain collaborative partnerships with our provider network that enhance the quality of behavioral health treatment to our shared population. This includes the dissemination and education of evidence-based practices and treatment guidelines for incorporation into the individualized treatment plan.

Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood, often diagnosed during the preschool years. According to the Centers for Disease Control and Prevention (CDC), approximately 6% of children and adolescents within the United States meet diagnostic criteria for ADHD. Over 600 AmeriHealth Caritas members are diagnosed with ADHD.

The American Academy of Pediatrics (AAP) published a clinical practice guideline for the diagnosis and treatment of children with ADHD.¹ For children ages 6 to 12, the guideline recommends a combination of stimulant medication and behavioral therapy to effectively mitigate the core symptoms of ADHD.

We're working diligently to educate our providers. In January 2019, AmeriHealth Caritas Delaware provided education regarding the AAP Clinical Practice Guideline to 273 behavioral health and physical health providers who treat children with ADHD.

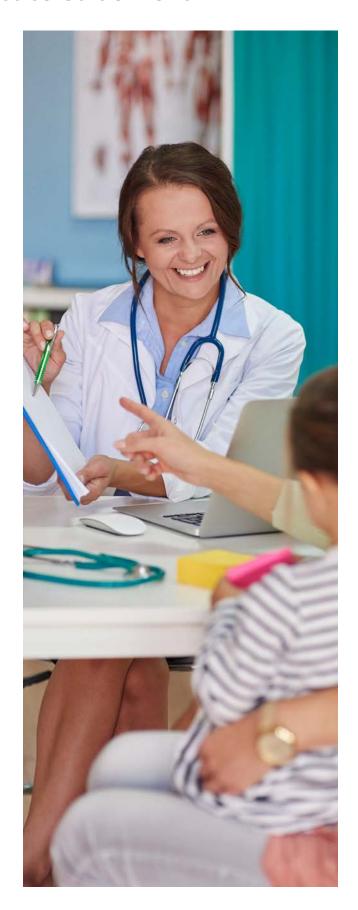
Following the provider education, we were able to assess the below results in child members with ADHD:

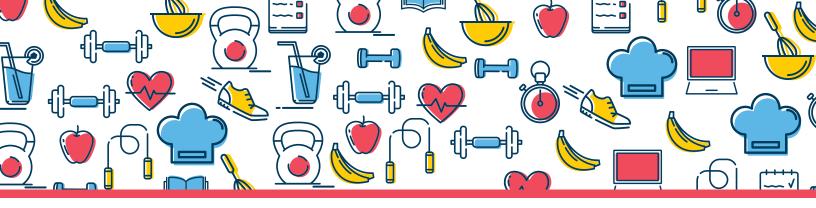
- A 50% increase in the treatment combination of stimulant medication and behavioral therapy.
- An 18% decrease in the number of children who received neither stimulant medication or behavioral therapy.
- Approximately 46% of child members are receiving only stimulant medication as treatment for their ADHD.
- Approximately 11% of child members are receiving only behavioral therapy as treatment for their ADHD.

Research indicates various reasons why some children receive only medication or behavioral therapy for ADHD treatment and not both. These include difficulty accessing a treatment provider, resistance to using medication or psychotherapy as a treatment modality, and misconceptions about treatment.

AmeriHealth Caritas Delaware will continue to provide education to our provider network and members regarding treatment options, benefits, and risks of all available treatments; and continue to monitor the effects of our educative efforts. Overall, provider education was an effective modality to increase adherence to the AAP Clinical Practice Guideline for ADHD.

¹ Wolraich ML, Hagan JF, Allan C, et al, Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents, *Pediatrics*, October 2019, 144(4) e20192528; DOI: https://doi.org/10.1542/peds.2019-2528.





Community Wellness Resources at your fingertips

AmeriHealth Caritas Delaware knows that many things in life can affect your patients' health. To make it easier for you to assist your patients in meeting both their health and social needs, AmeriHealth Caritas Delaware maintains a web-based registry of wellness, health education, disease management, and self-management programs and activities available for our members within the community.

Through our web-based Wellness Registry, members can connect to a wide array of services that may have been unknown to them previously, such as behavioral health care, food banks, disease education, exercise and nutrition resources, prenatal resources, financial assistance, and education; as well as AmeriHealth Caritas Delaware programs like our GED voucher program.

To find resources visit **www.amerihealthcaritasde.com** and select **Wellness Resources**, or <u>click here</u>.

Members are also encouraged to visit our Community Wellness Center. Our Community Wellness Center offers many resources throughout the year that can assist your patients in improving their health and wellness — preventive health education, fitness classes, healthy cooking demonstrations, and more.

Come visit us

Glendale Plaza Shopping Center 1142 Pulaski Highway (Route 40) Bear, DE 19701

Hours of operation

Monday through Friday, 10 a.m. to 6 p.m.

View a calendar of upcoming events.

Providers are also welcome to use the center for meetings, health education, screenings, or special events. For more information, call **1-302-525-3760**.



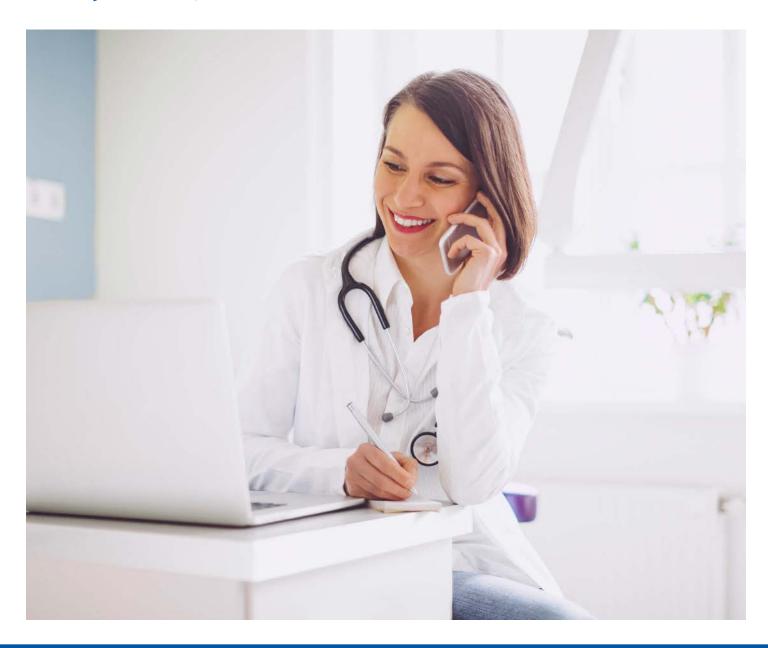
Work with us to keep the AmeriHealth Caritas Delaware Provider Directory updated

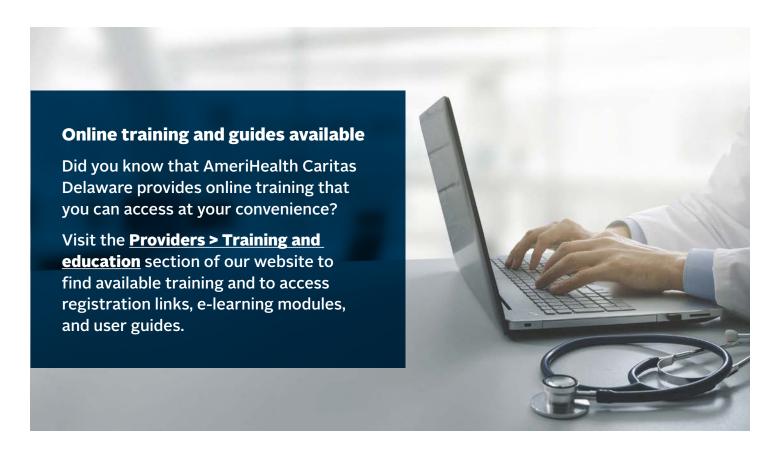
Our online provider directory is an important tool in helping members find a network doctor, dentist, or health care facility such as a hospital or urgent care clinic in their area. An accurate provider directory helps our members find you.

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**.





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 or give them a call.

Tiara Goodmond

Hospitals

Phone: 1-302-270-6750

tgoodmond@amerihealthcaritasde.com

Karen Lysinger

Behavioral Health Providers and Facilities of Delaware

Phone: 1-302-233-5700

klysinger@amerihealthcaritasde.com

Kristina Peden

Sussex County Physician Groups; Statewide services: United Medical, MedNet, and Delaware Chiropractic Services Network

Phone: 1-302-256-6254

kpeden@amerihealthcaritasde.com

Stephanie Miller

Provider Network Manager Phone: **1-302-270-6788**

smiller@amerihealthcaritasde.com

Deneka Smith

Long-Term Services and Supports Providers and Home Health Facilities of Delaware

Phone: 1-302-286-5927

dsmith3@amerihealthcaritasde.com

Latasha Smith

New Castle County Physician Groups

Phone: 1-302-268-0424

Ismith@amerihealthcaritasde.com

Katrina Tillman

Ancillary Providers of Delaware

Phone: **1-302-233-1544**

ktillman@amerihealthcaritasde.com

Important reminders: Claim submission, provider complaints, and appeals

Important claim timeframes				
Action	Timeframe	Timeframe begins		
Initial claim submission (AmeriHealth Caritas Delaware is primary payer.)	120 Days	Date of discharge (inpatient) or date of service (outpatient)		
Corrected claim submission (AmeriHealth Caritas Delaware is primary payer.)	120 Days	Date of discharge (inpatient) or date of service (outpatient)		
Initial claim submission (AmeriHealth Caritas Delaware is secondary payer.)	60 Days	Date of primary payer's final determination		
Corrected claim submission (AmeriHealth Caritas Delaware is secondary payer.)	60 Days	Date of primary payer's final determination		
Provider complaint	12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claims submission, whichever is latest.			

Corrected claim submission guidelines			
Paper claims Submit to: AmeriHealth Caritas Delaware Attn: Claims Processing Department P.O. Box 7367 London, KY 40742	 Claim filing guidelines: CMS 1500 Claim — Resubmission code "7" and the Plan's original claim number must be in Field 22. Institutional UB-04 Claim — Bill type for Form Locator 4 should end in "7" and the Plan's original claim number must be entered in Form Locator 64A (Document Control Number). 		
Electronic claims Payer ID: 77799	 Claim filing guidelines: Bill frequency code "7" in the 2300 Claim Loop in the field CLM05-3. Bill the original claim number in the 2300 Claim Loop in the REF*F8 segment. 		

Important tips

- When submitting a corrected claim, you do not need to append a Provider Complaint Form.

 Attaching a Provider Complaint Form to a corrected claim will cause a delay in claim processing.
- Corrected claims must be received 120 days from the date of service, unless otherwise specified in your contract.
- If AmeriHealth Caritas Delaware is the secondary payer, corrected claims must be submitted within 60 days of the date on the primary insurer's explanation of benefits (EOB).

Provider appeals

Providers may file an appeal on a member's behalf, with the member's written consent. The Notice of Adverse Benefit Determination letter has an attached consent form for your convenience. Consent forms must be signed by the member or the member's authorized representative. The provider may not sign the form for the member.

Please mail all provider-initiated appeals to: AmeriHealth Caritas Delaware, P.O. Box 80106, London, KY 40742-0106, or call 1-855-396-5770 and follow the prompts.

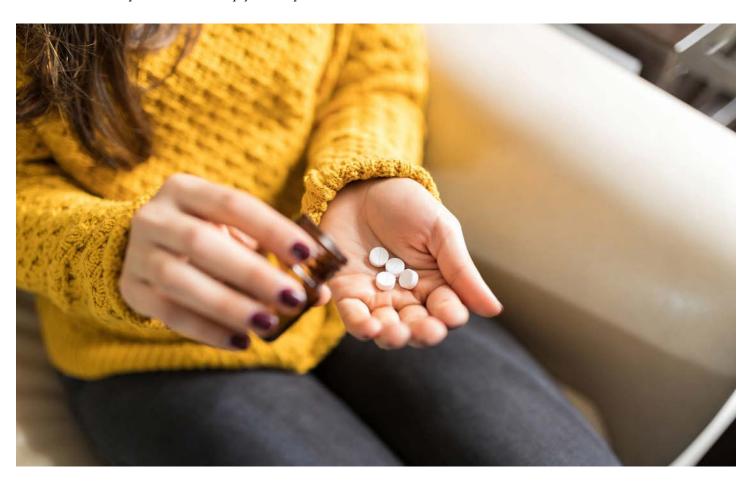
Pharmacy updates: Important changes effective January 1, 2020

As of January 1, 2020, prior authorization is required for antipsychotics prescribed to members younger than 18 years of age.

In accordance with the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act (the SUPPORT Act), managed care organizations must verify that medical necessity criteria is met and monitoring of metabolic parameters is occurring for pediatric members.

Please note: Providers have been notified that the following information is required to continue administering antipsychotic medication to those pediatric members who are currently taking it:

- An FDA-approved diagnosis for the medication.
- Previous alternatives used.
- Documentation of baseline metabolic parameters:
 - Body mass index (BMI).
 - Blood pressure.
 - Fasting blood glucose level.
 - Fasting lipid profile.
 - Evaluation for tardive dyskinesia using the Abnormal Involuntary Movement Scale (AIMS) or Dyskinesia Identification System Condensed User Scale (DISCUS).
- How often the metabolic parameters will be reviewed.
- Notice that the pediatric member's psychiatric provider has been consulted.



Pharmacy updates: Important changes effective January 1, 2020 (continued)

Formulary changes

Effective January 1, 2020, the products listed below were changed from preferred to non-preferred on the AmeriHealth Caritas Preferred Drug list. 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 prior to January 1, 2020, to avoid any interruptions. The stimulants and insulin products will be grandfathered for members already established on therapy. 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 product(s)		
methylphenidate LA, Aptensio XR, Daytrana	atomoxetine, dexmethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, Quillichew ER, Quillivant XR, Vyvanse		
Embeda	fentanyl transdermal 12, 25, 50, 75, or 100 mcg per hour; morphine ER tablets; tramadol ER tablets; Butrans		
Humulin R U-100, Novolin	insulin lispro, HumaLog Mix, Humulin R U-500, Lantus, Levemir, NovoLog, NovoLog Mix		
Procrit	Epogen, Mircera, Retacrit		
Sklice	permethrin, piperonyl butoxide and pyrethrins, Natroba		
Premarin, Menest	estradiol tablets		
Prempro, Premphase tablets	estradiol-norethindrone acetate, norethindrone acetate-ethinyl estradiol		

If you have any questions, please contact PerformRxSM at the correct corresponding number below:

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

As a reminder:

Radiology services, when performed as an outpatient service, require prior authorization by AmeriHealth Caritas Delaware's radiology benefits vendor, National Imaging Associates Inc. (NIA):

- Computed tomography (CT) scan.
- Positron emission tomography (PET) scan.
- Nuclear cardiac imaging.

• Magnetic resonance angiography (MRA).

• Magnetic resonance imaging (MRI).

To request prior authorization, contact NIA via their provider web portal or by calling 1-800-424-4791, from Monday to Friday, 8 a.m. to 8 p.m. EST.

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:

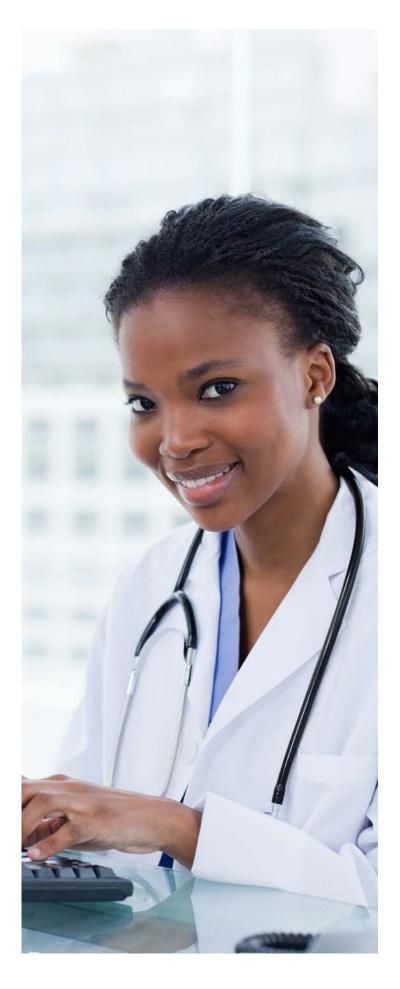
• Call: 1-800-372-2022

• 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





www.amerihealthcaritasde.com