

# Provider Post

*News and updates you need to know*

## Fall Edition 2023

### In this issue:

- **Electronic Visit Verification for Home Health Services**
- **Promoting Health Equity and Cultural Competency**
- **Diabetes Care for African Americans: Recommendations and Resources for Providers**
- **Reminder: Autism Spectrum Disorder Training**
- **Let Us Know Program**
- **Notice of Pregnancy (NOP) Form**
- **Understanding the Healthcare Practitioners' Role for Cancer Screenings**
- **Sign-up for Network News**
- **Reminder: Cultural Competency Training**
- **Resources**

## Electronic Visit Verification for Home Health Services

Section 12006(a) of the 21st Century Cures Act has mandated that states implement an electronic visit verification (EVV) program for home health. EVV is a web-based system that electronically verifies service visit occurrences and documents the precise time services begin and end via smart devices.

Agencies should use the EVV system designed by the Louisiana Department of Health (LDH), the Louisiana Service Reporting System (LaSRS), to electronically report begin and end times (i.e., clock-in and clock-out) for home health services. Home Health agencies will have access to this system at no cost and should schedule training for the EVV system by calling LDH's EVV contractor, Statistical Resources Incorporated (SRI) at 225-767-0501 **beginning October 2, 2023**.

Agencies that currently utilize a third party EVV vendor may be able to use that vendor in lieu of LaSRS. The required forms are located [here](#). Any questions regarding this should be directed to SRI at 225-767-0501.

This program will go into effect for claims on **January 1, 2024**.

Please review [Informational Bulletin 23-14](#) for more details.

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached between 7:00 am – 7:00 pm daily.

## Promoting Health Equity and Cultural Competency

The goal of culturally competent health care is to provide the highest quality care to every patient, regardless of race, ethnicity, cultural background, sexual orientation, gender identity, English proficiency, or level of literacy. At AmeriHealth Caritas Louisiana, health equity and cultural competency is a company-wide priority. We work to monitor, evaluate, and improve processes and activities to help ensure members receive high-quality culturally and linguistically appropriate services (CLAS). This work enables us to define and structure member and provider outreach, collect consistent data, develop policies, and set program goals. Poor health outcomes disproportionately affect racial and ethnic minority communities far worse than other communities, not only in the context of race and ethnicity, but also in language; religion; socioeconomic status; mental health; cognitive, sensory, and physical disability; gender; age; sexual orientation; gender identity; geographic location and other characteristics historically linked to exclusion or discrimination.

AmeriHealth Caritas Louisiana recognizes diversity in both our providers and members. We are committed to promoting effective, equitable, understandable, and respectful quality services that are responsive to our members' diverse cultural health beliefs, practices, preferred languages, health literacy, and other communication needs.

AmeriHealth Caritas Louisiana uses the National CLAS Standards and the NCQA Health Equity Standards as a blueprint to advance health equity, improve quality, and help eliminate health care disparities. We foster cultural awareness both in our staff and in our provider communities by encouraging everyone to report race, ethnicity, and language data (REL) to help ensure that the cultures prevalent in our membership are reflected to the greatest extent possible in our provider network. The race and ethnicity of our providers is confidential; however, the languages reported by providers are published in the AmeriHealth Caritas Louisiana Provider Directory so that members can easily find doctors who speak their preferred language.

Helping ensure that members have access to services and information in the appropriate and preferred language is a priority of our health plan. AmeriHealth Caritas Louisiana routinely examines the access to care standards for both the general population and the populations who speak a threshold language. A threshold language is a language spoken by at least 5% or 1,000 members of AmeriHealth Caritas Louisiana's member population, whichever is less. Interpretation and written translation services are available upon request to our members.

We recognize that it is our responsibility, as well as the responsibility of our participating providers, to meet the unique needs of our diverse membership through customized health-related information and services. AmeriHealth Caritas Louisiana offers a multifaceted and comprehensive CLAS training program and also offer ongoing educational opportunities about cultural competency online, during site visits, and during orientations. We also reinforce key concepts through our online provider newsletter and provider manual. Our AmeriHealth Caritas Louisiana [web page](#) offers an assortment of [resources and educational tools](#) that can assist you and your practice with questions about delivering effective health services to diverse populations.

---

## Diabetes Care for African Americans: Recommendations and Resources for Providers

Research shows that racial and ethnic minorities disproportionately suffer from Type 2 diabetes, complications from Type 2 diabetes, and Type 2 diabetes-related mortality.<sup>1, 2, 3, 4</sup> Black people and African Americans have the highest rates of diabetes-related mortality nationally.<sup>5</sup> In cities, such as Philadelphia, the diabetes death rates are 60% higher in African Americans when compared to their White, Non-Hispanic counterparts.<sup>6</sup>

Additionally, new studies indicate that all non-white racial and ethnic groups have slightly higher "normal" A1C levels than white people. Compared to white individuals with prediabetes, who have an average A1C of 5.78%:

- Black individuals with prediabetes have an average A1C of 6.18%
- Indigenous individuals with prediabetes have an average A1C of 6.12%
- Asian individuals with prediabetes have an average A1C of 6%
- Hispanic individuals have an average A1C of 5.93%.

Time in Range (TIR), the percentage of time someone spends in their target glucose range, can be used as an additional measure. TIR is a valuable and person-specific tool to assess diabetes health and works for people of all races and

ethnicities.<sup>6</sup>

In response to the upward trend of diabetes-related morbidity and mortality in African American communities, the Centers for Disease Control and Prevention (CDC) has proposed ongoing advocacy and education initiatives, along with intervention-based initiatives, to reduce diabetes-related disparities.<sup>7, 8, 9</sup>

This article will explore recommendations and offer practical tips and resources to health care providers on how to better serve African American patients suffering from diabetes and diabetes-related symptoms.

### **General recommendations to address and support prediabetes and diabetes patients<sup>7, 8</sup>**

- Counsel patients on healthy behaviors to reduce their risk of diabetes, including increasing physical activity and avoiding sugar-sweetened beverages and snack foods that are high in sugar and unhealthy fats.
- Offer testing for diabetes to high-risk patients, including all adults age 45 and over, and adults and children of any age who are overweight or obese and who have one or more additional risk factors for diabetes:
  - Having a first-degree relative with diabetes
  - Being of a high-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, or Pacific Islander)
  - Having a history of cardiovascular disease
  - Being diagnosed with hypertension
  - Having an HDL cholesterol level < 35 mg/dL and/or a triglyceride level > 250 mg/dL
  - Being diagnosed with polycystic ovarian syndrome
  - Being routinely physically inactive
  - Having other clinical conditions associated with insulin resistance (e.g., severe obesity)
- Refer patients with prediabetes to diabetes-prevention programs, intensive lifestyle-change programs that have been shown to decrease the risk of diabetes.
- Follow the American Diabetes Association’s guidelines for management of patients with diabetes.

### **Specific recommendations to address diabetes in African American patients<sup>8</sup>**

- Work with communities and health care professional organizations to eliminate cultural barriers to care.
- Connect patients with community resources that can help people remember to take their medicine as prescribed, get prescription refills on time, and get to follow-up visits.
- Learn about social and economic conditions that may put some patients at higher risk than others for having a health problem. Including addressing issues of unconscious bias and institutional racism.
- Collaborate with primary care physicians to create a comprehensive and coordinated approach to patient care.
- Promote a trusting relationship by encouraging patients to ask questions.

### **Resources for providers**

1. "Diabetes and African Americans," *Office of Minority Health*, March 1, 2021, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>. American Diabetes Association; *Standards of Medical Care in Diabetes—2022* Abridged for Primary Care Providers. *Clin Diabetes* 1 January 2022; 40 (1): 10–38.
2. "Prediabetes Risk Assessment," *Centers for Disease Control and Prevention*, <https://www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf>.
3. "National Diabetes Prevention Program," *Centers for Disease Control and Prevention*, August 27, 2021, <https://www.cdc.gov/diabetes/prevention/index.html>.
4. Rishe, J., October 29, 2021. *Diabetes in African Americans: Risk and Prevention*. Retrieved November 1, 2022, from <https://www.healthline.com/health/diabetes/diabetes-in-african-americans>
5. "Faith Leaders Toolkit - Diabetes Management and Type 2 Diabetes Prevention," *Centers for Disease Control and Prevention*, January 13, 2020 <https://www.cdc.gov/diabetes/ndep/toolkits/road-to-health.html>

## References

1. Raeven Chandler and Shannon Monnat, "Racial/Ethnic Differences in Use of Health Care Services for Diabetes Management," *Health Education & Behavior*, Vol. 42, No. 6, December 2015, pp. 783 – 792.
2. Monica Peek et. al., "Diabetes Health Disparities," *Medical Care Research and Review*, Vol. 64, No. 5 Suppl, October 2007, pp. 101S – 156S.
3. Rebekah Walker et. al., "Influence of Race, Ethnicity and Social Determinants of Health on Diabetes Outcomes," *The American Journal of the Medical Sciences*, Vol. 351, No. 4, April 2016, pp. 366 – 373.
4. Pooja A. Lagisetty et. al., "Culturally Targeted Strategies for Diabetes Prevention in Minority Population: A Systematic Review and Framework," *The Diabetes Educator*, Vol. 43, No. 1, 2017, pp. 54 – 77.
5. "Vital Statistics Annual Report." *Pennsylvania Department of Health*, 2017, <https://www.health.pa.gov:443/topics/HealthStatistics/VitalStatistics/PAVitalStatistics/Pages/vital-statistics-report.aspx>.
6. "Limitations of A1C: How Does A1C Vary by Race and Ethnicity?", December 14, 2020 <https://diatribe.org/limitations-a1c-how-does-a1c-vary-race-and-ethnicity>
7. Philadelphia Department of Public Health, "Diabetes Prevalence and Impact on Philadelphia," *CHART*, Vol. 4, No. 5, July 2019, pp. 1 – 6.
8. Pennsylvania Department of Health, "Department of Health: Educate Yourself About Diabetes, Ways to Reduce Your Risk," *Pennsylvania Pressroom*, November 7, 2019, <https://www.media.pa.gov:443/Pages/Health-Details.aspx?newsid=680>.
9. "African American Health: Creating Equal Opportunities for Health," *Centers for Disease Control and Prevention*, July 3, 2017, <https://www.cdc.gov/vitalsigns/aahealth/index.html>.

This content is for informational and educational purposes.

---

## Reminder: Autism Spectrum Disorder Training

You are invited to participate in the following provider training:

Date: October 18, 2023

Time: 1:00 pm

Registration link: [Autism Spectrum Disorder Training](#)

After registering, you will receive a confirmation email containing information about joining the meetings.



---

## Let Us Know Program

### How may we assist you in the management of our members?

AmeriHealth Caritas Louisiana is eager to partner with the provider community in the management of our members who may require a helping hand. We are here to help you engage members in their health care by offering the Let Us Know program. We have many support teams and tools available to assist in the identification, outreach, and education of our members, as well as clinical resources for providers in their care management.

There are three ways to let us know about chronically ill members:

1. Fax the [Let Us Know - Member Intervention Request Form](#) to the Rapid Response and Outreach Team (RROT) at **1-866-426-7309**.
2. Complete the [Let Us Know - Member Intervention Request Form](#) and submit by emailing the form to [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com).
3. Refer your patient to care management by calling our Rapid Response and Outreach Team at **1-888-643-0005**.

---

## Notice of Pregnancy (NOP) Form

Supplement Your Reimbursement when a “Notice of Pregnancy” (NOP) form is completed and faxed to our Bright Start Department at 1-888-877-5925.

The Notification of Pregnancy (NOP) form (PDF) should be completed as early as possible in pregnancy for each expectant patient who is an AmeriHealth Caritas Louisiana member. Completed AmeriHealth Caritas NOP forms should be faxed to our Bright Start Maternity Program at 1-888-877-5925. Providers will receive a \$15.00 payment for each completed form submitted. The NOP gives our Bright Start maternity care management team the best opportunity to appropriately assist with managing our maternity members.

A copy of the Notice of Pregnancy form is available on the Louisiana Department of Health website.

---

## Understanding the Healthcare Practitioners’ Role for Cancer Screenings

To improve member outcomes, AmeriHealth Caritas Louisiana emphasizes cancer screenings and prevention. To make sure that our members obtain recommended and potentially life-saving cancer screenings, we rely on our partner providers/practitioners.

We appreciate your continued support in 2023 and beyond by placing a year-round emphasis on cancer prevention and Screening.

### **Did you know that patients say they are more likely to have cancer screenings when their healthcare provider/practitioner recommends them? <sup>(1)</sup>**

- Understand the power of healthcare provider/practitioner recommendation
- Be aware of any potential cultural obstacles affecting your patients
- Measure screening rates in your practice
- Set goals to increase screening rates
- Develop reminder systems that remind you, your staff, and patients that screenings are due
- Utilize reports available in [NaviNet](#) to inform you of patients that are due
- Use cancer screenings as part of the vital signs assessment
- Emphasize the importance of not delaying screening and care
- Recommend, schedule, and follow up on ordered tests and screenings

Screening	Recommendations
<b>Colorectal Cancer Screening</b>	Persons 45–75-years of age who had the appropriate screening for colorectal cancer, by the following: <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) during measure year</li> <li>• Sigmoidoscopy during the measurement year or 4 years prior to the measurement year</li> <li>• Colonoscopy during the measurement year or 9 years prior to the measurement year</li> <li>• CT colonography during the measurement year or 4 years prior to the measurement year</li> <li>• Stool DNA with FIT test during the measurement year or the 2 years prior to the measurement year</li> </ul>
<b>Cervical Cancer Screening</b>	Women 21-65 years of age who were screened for cervical cancer, by the following: <ul style="list-style-type: none"> <li>• Women 21-29 years old with cervical cytology alone during measurement year or 2 years prior to the measurement year</li> <li>• Women 30 to 65 years old with cervical cytology alone during the measurement year or 2 years prior to measurement year</li> <li>• Women 30 to 65 years old with high-risk human papillomavirus (hrHPV) testing alone or with hrHPV testing in combination with cytology (contesting) during measurement year or 4 years prior to measurement year</li> </ul>
<b>Breast Cancer Screening</b>	Women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or year prior to measurement year. (2,3)

(1) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5518612/>

(2) <https://www.uspreventiveservicestaskforce.org/uspstf/>

(3) <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

---

## Sign-up for Network News

Get your health plan news via e-mail. Sign up for our free Network News service to receive important health plan communications from AmeriHealth Caritas Louisiana.

To sign-up, visit the Provider portal on our website at [www.amerihealthcaritasla.com](http://www.amerihealthcaritasla.com) and click on News and Updates. Once you have registered, you will receive a confirmation email. If you feel you registered previously, but did not receive a confirmation email, please try registering again and be sure to check your spam or junk mailbox for your confirmation email.

---

## Reminder: Cultural Competency Training

AmeriHealth Caritas Louisiana is pleased to offer web-based cultural competency training to network providers.

We will discuss:

- Culturally and Linguistically Appropriate Services and
- Health Equity

The next webinar will take place on:

**Date:** Wednesday, November 22, 2023

**Time:** 1:00 p.m.

**Registration link:** [https://amerihealthcaritas.zoom.us/meeting/register/tJUofumgpzktG9a-85F\\_L7wVWeU9StYF8Pd7](https://amerihealthcaritas.zoom.us/meeting/register/tJUofumgpzktG9a-85F_L7wVWeU9StYF8Pd7)

AmeriHealth Caritas Louisiana – *Provider Post*

Registration is required. Please register in advance for your desired training date.



---

## Questions?

### Online Resources

Here is a look at what is new or recently updated on our website at [www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com):

- [COVID-19 Updates](#)
- [Newsletters and Updates](#)
- [Provider Handbook](#)
- [Claims Filing Instructions](#)
- [Account Executive List](#)
- [Provider Trainings](#)

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**.