

# PROVIDER POST

News and updates you need to know

## Table of Contents

- Medicaid quarterly eligibility (wage) checks..... 2
- Preferred Drug List update..... 2
- Well-child visits ..... 3
- August is National Immunization Awareness Month (NIAM) ..... 4
- Best practices for providers to implement in support of African American and Black patients in controlling blood pressure ..... 5
- Closing HEDIS gaps with prenatal and postpartum telehealth visits ..... 7
- Considerations for implementing health equity strategies in telemedicine services ..... 8
- Continuous glucose monitoring (CGM) devices: Will they benefit your practice?..... 10
- Evolent ..... 10
- Beware of phishing scams: Don't take the bait!..... 11
- Cultural competency training ..... 12
- Questions..... 12





## Medicaid quarterly eligibility (wage) checks

AmeriHealth Caritas Louisiana would like to inform you that Louisiana Medicaid is restarting quarterly eligibility wage checks using Louisiana Workforce Commission data to verify that Medicaid members continue to meet income requirements. Wage checks have been paused since the start of the federal COVID-19 public health emergency. Wage checks began in May and will be conducted quarterly, in addition to annual renewals. Letters will be mailed to members who need to verify income to continue their coverage. Individuals will have ten days to respond or risk closure. Pregnant women, children, members in an active renewal period, and members in long-term care or waiver assistance are excluded from the quarterly income checks.

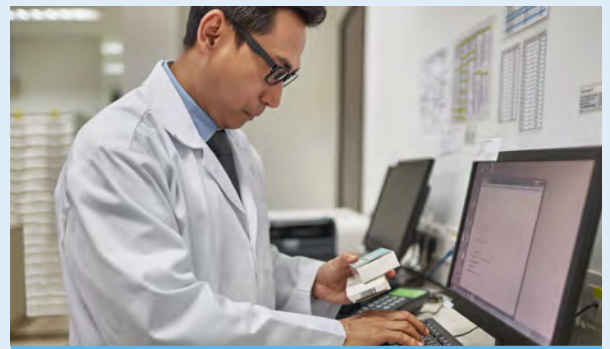
To prevent potential loss of health care coverage, Medicaid urges all members to respond to any mail they receive from Medicaid asking for more information. Members should also ensure Medicaid has their latest address on file. They can visit [www.healthy.la.gov](http://www.healthy.la.gov) for ways to update contact information.

Providers are encouraged to remind their Medicaid patients to respond to any mail from Louisiana Medicaid in the timeline provided in the letter. Failure to respond could result in loss of coverage, even if that member is still eligible. Please **download this flyer** and display it in your office, clinic, or facility.

**Reminder:** Please refer to a complete list of provider alerts on our website's **Provider Newsletters and Updates** page.

## Preferred Drug List update

Effective **July 1, 2024**, Louisiana Medicaid is implementing changes to the Single Preferred Drug List (PDL). Please refer to the Louisiana Department of Health's **Informational Bulletin 24-15** for details.





## Well-child visits

Well-child visits offer providers an opportunity to impact their pediatric population's health and development. Additionally, they present a vital chance to perform developmental screenings and counseling as well as to administer vaccinations.

Every well-child visit should center on prevention, early detection, and medically necessary treatment.

**W30: Well-Child Visits in the First 30 Months:** Children should have at least six well visits by the age of fifteen months, and at least two more well visits by the age of 2.

**WCV: Child and Adolescent Well-Care Visits:** Children ages 3 to 20 should have a yearly well-care visit.

Providers should follow the **American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule (PDF)** for additional screening and immunization intervals.

Please review the **EPSDT Provider Toolkit (PDF)** on our AmeriHealth Caritas Louisiana website for more detailed information on billing and coding guidelines.

**Sources:**

National Committee for Quality Assurance, "Child and Adolescent Well-Care Visits (W30, WCV)," <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>.

American Academy of Pediatrics and Bright Futures, "Recommendations for Preventive Pediatric Health Care," [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).



## August is National Immunization Awareness Month (NIAM)

August is National Immunization Awareness Month. Now more than ever, it is vital to spread awareness about the need for children to receive their recommended vaccines. In 2023, the Centers for Disease Control and Prevention (CDC) reported the highest childhood vaccine exemption rate in the United States. Forty-one states saw a rise in parents citing religious or other personal concerns for not vaccinating their young children. It is crucial to provide parents with evidence of childhood vaccine importance and safety.

During NIAM, AmeriHealth Caritas Louisiana encourages you to ensure your patients are up to date on recommended vaccines. Research has consistently shown that health care professionals are the most trusted source of vaccine information for parents and patients. Ahead of the start of flu season, now is an excellent time to start reminding your patients of the importance of flu vaccines.

We encourage our health care professionals to use NIAM as an opportunity to access **educational immunization resources from the CDC**, including “**Provider Resources for Vaccine Conversations with Parents**” as well as “**Flu**” information.

As a reminder, health care providers must complete required immunizations for children ages 0 to 20 during well-child visits. To comply with this policy, practitioners should enroll in the Louisiana Vaccines for Children (VFC) program to receive vaccines without charge for children with Medicaid from birth to age 18. To enroll, contact the Immunization Program Office at **1-504-568-2600**.

**\*Please Note:** Louisiana Medicaid also considers beneficiaries ages 19 and 20 as part of the EPSDT population. Therefore, age-appropriate immunizations are required for these members, although they are outside of VFC.

### Sources:

Immunization Education and Training, CDC, Last reviewed November 30, 2021, <https://www.cdc.gov/vaccines/ed/index.html>.

Talking to Parents about Vaccines, CDC, Last reviewed August 25, 2021, <https://www.cdc.gov/vaccines/hcp/conversations/conversations.html>.

Seasonal Flu Vaccines, CDC, Last reviewed March 12, 2024, <https://www.cdc.gov/flu/prevent/flushot.htm>.

Louisiana Department of Health, “Immunizations,” <https://ldh.la.gov/immunizations>.

Ranee Seither, et al, “Coverage with Selected Vaccines and Exemption from School Vaccine Requirements Among Children in Kindergarten — United States, 2022–23 School Year,” *MMWR Morb Mortal Wkly Rep* 2023;72(45):1217–1224, DOI: <http://dx.doi.org/10.15585/mmwr.mm7245a2>.



## Best practices for providers to implement in support of African American and Black patients in controlling blood pressure

High blood pressure affects nearly 50% of the U.S. adult population. This condition, also known as the “silent killer,” increases the risk of heart disease and stroke. Disparities in high blood pressure control in non-Hispanic Black patients require a targeted approach, as this racial group displays the most significant prevalence of high blood pressure.<sup>1</sup>

The following best practices have been identified by multiple research studies and are recommended by the American Heart Association (AHA), Million Hearts, and the Centers for Disease Control and Prevention (CDC) for providers working with Black patients to help them control high blood pressure. This article highlights health literacy, shared decision-making, and resources to help teach patients how to measure their blood pressure at home.

### Tips for improving health literacy<sup>2</sup> and medical outcomes among patients with hypertension

- Use plain language, visual aids, and technology, and incorporate effective teaching methods such as:
  - The Teach-Back method<sup>3</sup>
  - The Show Back method
- Be aware of language differences, the patient’s culture, and other considerations.
- Do not talk too fast or use medical jargon.
- Encourage patients to get involved with their care and ask questions.
- Educate patients about taking medications correctly (pill chart and box), offer patients assistance setting up a system, and review medications with patients.
- Develop action plans to change patients’ behavior and discuss health care priorities.
- Teach patients about self-management activities (e.g., checking their blood pressure at home, exercise activity, and eating a healthy diet).<sup>4</sup>

## Shared Decision-Making (SDM)<sup>5</sup>

When providers utilize an SDM model, it can have a positive impact on adherence to hypertension treatment plans, including medication adherence in Black and African American patients as well as medication adherence.

### SDM:

- Improves health equity by allowing patients to engage in their health care.
- Lessens anxiety associated with medication side effects, constant tracking of blood pressure, and/or cost of medications.

## Teaching patients how to measure their blood pressure at home

Use this **self-measured blood pressure (SMBP) training video**, an educational video that helps train care teams and patients on how to properly self-measure blood pressure.

Use this **patient training checklist (PDF)** as a guide when training patients during an in-person encounter. Training may be done by many members of the care team, and steps can occur in different sequences. This checklist can serve as a template and help ensure the necessary steps and components are covered.

Use the AMA's **7-step SMBP quick guide (PDF)** (Helping patients achieve and maintain blood pressure goals).

**Self-measured blood pressure cuff selection (PDF)**

**Device calibration test: self-measured blood pressure (PDF)**

### References:

1. Division for Heart Disease and Stroke Prevention, "Estimated Hypertension Prevalence, Treatment, and Control Among U.S. Adults," Million Hearts, Last reviewed May 12, 2023, <https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html>.
2. "Four Simple Strategies for Improving Patient Health Literacy," ACP Decisions, September 30, 2019, <https://www.acpdecisions.org/four-simple-strategies-for-improving-your-patients-health-literacy/>.
3. Use the Teach-Back Method: Tool 5. Last reviewed April 2024. Agency for Healthcare Research and Quality, Rockville, MD, <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>.
4. Seyedeh Belin Tavakoly Sany, "Communication Skills Training for Physicians Improves Health Literacy and Medical Outcomes Among Patients With Hypertension: A Randomized Controlled Trial," *BMC Health Services Research*, Vol. 20, No. 60, January 2020, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-4901-8>.
5. Aisha T. Langford, "Partnerships to Improve Shared Decision Making for Patients with Hypertension – Health Equity Implications," *Ethn Dis.*, February 21, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6428173/>.



# Closing HEDIS gaps with prenatal and postpartum telehealth visits

AmeriHealth Caritas Louisiana is aware that in-person appointments can be challenging for some patients who have competing work and family obligations. Although in-person office visits are ideal, prenatal and postpartum telehealth visits can be a solution to help ensure a patient receives both prenatal and postpartum assessments without being burdened by in-person visits.

Services provided during a telephone visit, e-visit, or virtual check-in are acceptable for compliance with Prenatal and Postpartum Care (PPC). For more information, please refer to the **HEDIS Documentation and Coding Guidelines** found on NaviNet.

## Any of the following may be used as evidence that a patient has received prenatal care:

- Documentation indicating the patient is pregnant or references to the pregnancy. Examples include:
  - A standardized prenatal flow sheet
  - The patient's last menstrual period, estimated due date, or gestational age
  - A positive pregnancy test result
  - Gravidity and parity
  - Complete obstetrical history
  - Prenatal risk assessment and counseling or education
- Evidence that a prenatal care procedure was performed:
  - Screening test in the form of an obstetric panel
  - TORCH antibody panel alone
  - Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
  - Ultrasound of a pregnant uterus
- A basic physical obstetrical examination that includes any of the following:
  - Auscultation for fetal heart tone
  - Pelvic exam with obstetric observations
  - Measurement of fundus height



## Any of the following may be used as evidence that a patient has received postpartum care:

- Screening for depression, anxiety, tobacco use, substance use disorders, or preexisting mental health disorders
- Documentation of discussion of any of the following topics:
  - Infant care or breastfeeding
  - Resumption of intercourse, birth spacing, or family planning
  - Sleep or fatigue
  - Resumption of physical activity or attainment of healthy weight
  - Evaluation of weight, blood pressure, breasts, and abdomen

All social determinants of health (SDOH) play an important role in maternal health. For any SDOH concerns related to our members, please contact a Care Manager for assistance at **1-888-643-0005**. This is a secure line where you can leave a message with your name, practice name, callback number, the member's name and Medicaid number, and your concern(s). We can take care of the rest.



## Considerations for implementing health equity strategies in telemedicine services

The American Academy of Family Physicians Foundation (AAFP) defines telemedicine as “the practice of medicine using technology to deliver care at a distance. A physician in one location uses telecommunication infrastructure to deliver care to a patient at a distance.”<sup>1</sup>

In response to COVID-19, health care organizations and providers are conducting an overwhelming number of health care visits virtually. A recent report published by the CDC shows a 154% increase in telemedicine visits during the COVID-19 pandemic.<sup>2</sup> Efforts to increase and sustain telemedicine utilization have also been supported by regulatory agencies and insurance companies reworking and allowing for flexibility in the reimbursement for telemedicine services. Telemedicine is being integrated as part of the health care patients receive. This article highlights some health equity challenges vulnerable groups face and offers strategies to address barriers for these populations.

### Telemedicine and health equity

Current research shows that the shift in telemedicine services has several benefits, including patients having access to health services from their homes, decreased wait time, and easy

access to medication to allow for more accurate reporting of medication management. It is easier for other care providers (such as social workers, interpreters, and so on) to join appointments.<sup>3,4,5</sup>

However, the increased utility of telemedicine services has also increased challenges for communities of color and low-resourced populations. For example, differential access to the internet and broadband quality, limited access to devices such as smartphones, tablets, or computers, and lack of familiarity with technology are ongoing challenges that many patients face in accessing telemedicine services. Additionally, telemedicine visits are only effective for nonacute visits and do not allow for a thorough physical examination. Lastly, patients who live in smaller housing have challenges with privacy and confidentiality. What is most concerning is that these barriers to telemedicine care disproportionately affect already vulnerable groups, including Black/African American and Latino/a/x individuals, older adults, rural populations, and limited-English proficient (LEP) individuals. Therefore, health care systems and providers need to take the necessary considerations to ensure telemedicine services are distributed equitably to all of their patients.



Telemedicine has the potential to address and improve health care access barriers, including unreliable transportation; inability to get time off work; lack of culturally appropriate care, including language barriers; and lack of child care or elder care. However, historically vulnerable groups are facing barriers to telemedicine services, creating the potential to reinforce and/or widen disparities further, explicitly relating to challenges from telecommunication infrastructure, including patient distrust of using digital technology to share information, access to the internet and adequate devices, and overall digital health literacy.

### Strategies to improve telemedicine services

The CDC has compiled the following actionable solutions for you to improve telemedicine services by addressing health inequities<sup>6</sup>:

1. Invest in telemedicine platforms that prioritize optimal face-to-face video services, have appropriate privacy and confidentiality practices, and allow for seamless integration of language services for patients with limited English proficiency or a disability.
2. Analyze telemedicine utilization data to identify potential access to gaps.
3. Create programs and subsidies for patients to improve access to broadband internet and/or digital devices.
4. Prepare for the telemedicine visit prior to the visit. This includes:
  - a. Assessing and implementing needed resources relating to the patient's medical, technological, and cultural needs.
  - b. Having a system in place that flags additional supports required, such as a need for a language or sign language interpreter, and having that support already scheduled before the visit.
  - c. Ensuring patient and provider settings for the telemedicine visit are appropriate and confidential.
5. Understand and adopt innovative strategies to address digital health literacy barriers and barriers for people with disabilities. This includes:
  - a. Instituting programming to improve technological literacy.
  - b. Developing and distributing to patients a hard copy step-by-step guide on how to use and access the telemedicine platform.
  - c. Having policies in place that ensure best practices for telemedicine services are being practiced throughout the health care system.

The pandemic brought telemedicine rapidly into mainstream care. However, many patients, especially historically vulnerable groups, still need support to benefit fully from the convenience of telemedicine access. To seamlessly integrate telemedicine into regular care, consider systematic approaches to instill telemedicine, including equitable digital and technological access, to help ensure services address health literacy and engagement challenges.

### References:

1. Teresita Gomez, et al, "A Qualitative Study of Primary Care Physicians' Experiences With Telemedicine During COVID-19," *Journal of the American Board of Family Medicine*, 34(S) S61-S70, <https://www.jabfm.org/content/34/supplement/s61.abstract>.
2. Lisa Koonin et al., "Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020," *Morbidity and Mortality Weekly Report*, Vol. 69, No. 43, October 30, 2020, pp. 1595 – 1599, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm>.
3. Colbert B. Gates, et al, "Utility of telemedicine in the COVID-19 era," *Reviews in Cardiovascular Medicine*, 21:4, <https://www.imrpess.com/journal/RCM/21/4/10.31083/j.rcm.2020.04.188/htm>
4. Saif Khairat et al., "Advancing Health Equity and Access Using Telemedicine: A Geospatial Assessment," *Journal of the American Medical Informatics Association*, Vol. 26, No. 8-9, August 1, 2019, pp. 796 – 805, <https://academic.oup.com/jamia/article-abstract/26/8-9/796/5537967>.
5. "Teliagnosis for Acute Care: Implications for the Quality and Safety of Diagnosis," Agency for Healthcare Research and Quality, August 2020. <https://www.ahrq.gov/patient-safety/reports/issue-briefs/teledx-5.html>
6. Leandris Liburd et al., "Telehealth & Health Equity: Considerations for Addressing Health Disparities During the COVID-19 Pandemic," Centers for Disease Control and Prevention, July 27, 2020, [https://emergency.cdc.gov/coca/calls/2020/callinfo\\_091520.asp](https://emergency.cdc.gov/coca/calls/2020/callinfo_091520.asp).

## Continuous glucose monitoring (CGM) devices: Will they benefit your practice?

The National Committee for Quality Assurance (NCQA) introduced changes to the HEDIS measure Hemoglobin A1c Control for Patients with Diabetes (HBD) beginning in the measurement year 2024. The measure is renamed Glycemic Status Assessment for Patients with Diabetes (GSD) and now includes the glucose management indicator (GMI) as an option to meet numerator criteria. Glycemic status will be measured by reporting either the GMI or Hemoglobin A1c (HbA1c). CGM data may aid your practice in care gap closure for diabetic patients.

Continuous glucose monitoring (CGM) devices are covered as part of the pharmacy benefit as well as a durable medical equipment (DME) service for members of AmeriHealth Caritas Louisiana. Members diagnosed with diabetes who require insulin more than two times a day may be eligible to obtain a prescription for a long-term CGM device.

Over the past decade, advances in diabetes treatment technology have increased the validity of the GMI because the measurement can indicate episodes of both hyperglycemia and hypoglycemia. In contrast, the HbA1c only measures trends in hyperglycemia over the three-month lifespan of the patient's red blood cells. A 2018 study indicated that CGM devices could give an accurate estimate of three months of data by analyzing trends over a 10-to-14-day period. Providers also can obtain access to their patient's devices through remote monitoring. CGMs have the potential to increase accountability by enabling people with diabetes to see the immediate impact that lifestyle choices have on their disease process.



### Sources

AmeriHealth Caritas Louisiana, (2024, May). Changes to HEDIS Measurement Year 2024 — Glycemic Status Assessment for Patients with Diabetes (GSD).

AmeriHealth Caritas Louisiana, (2022, August). Informational Bulletin 22-23: Reimbursement for Continuous Glucose Monitoring Devices. <https://www.amerhealthcaritasla.com/pdf/provider/newsletters/080422-provider-alert-ib-22-23-continuous-glucose-monitoring-devices.pdf>.

Riddlesworth, T. et al., (2018, March). Optimal sampling duration for continuous glucose monitoring to determine long-term glycemic control. *Diabetes Technology & Therapeutics*, 4: 314-316. doi: 10.1089/dia.2017.0455.



## Evolut

Evolut (formerly National Imaging Associates, Inc.) has consolidated its various companies (Evolut Care Partner; NIA Magellan<sup>SM</sup>; Vital Decisions; Evolut Health Services, IPG; and New Century Health) under a single brand: Evolut. This branding change will have a negligible impact on providers, but you will start to see logo switch outs from NIA to Evolut on materials. Providers should continue to use **RadMD.com** to obtain prior authorizations. Phone numbers to reach Evolut will remain the same as they were for NIA. For future updates, please see **RadMD.com**.



## Beware of phishing scams: Don't take the bait!

One of the biggest information security risks for most organizations occurs when an associate opens a phishing email and clicks on the link. It only takes one associate clicking a phony link to impact an organization's cybersecurity efforts.

### Why it's important

Phishing scams are emails that look real but are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information (PHI) and personally identifiable information (PII), as well as a company's confidential and proprietary information, at risk.

### It may be a phishing email if it:

- Promises something of value (e.g., "Win a free gift card").
- Asks for money or donations.
- Comes from a sender or company you don't recognize.
- Links to a site that is different from that of the company the sender claims to represent.
- Comes from a trusted business partner that has experienced a security incident. All emails sourcing from outside your organization should be scrutinized.

- Asks you for personal information, such as your username and password/passphrase.
- Includes misspelled words in the site's URL or subject line.

### If you suspect an email may be phishing, here are some tips:

- Do not click any links in the email.
- Do not provide your username and password; you should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as retailers (like Amazon) or banks.
- Do not reply or forward the email to anyone within your organization.
- Familiarize yourself with your organization's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- Your organization's information security department may have additional information and guidance on how to protect yourself from phishing scams.

# Cultural competency training

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

We will discuss:

- Culturally and Linguistically Appropriate Services
- Health Equity



### The webinars will take place on:

**Date:** Wednesday, August 21, 2024

**Time:** 1 p.m.

**Registration link:**

<https://amerihealthcaritas.zoom.us/meeting/register/tjUvdeGsrjvEtBqql8XXRRCu36KfDdz6MOE#/registration>

**Date:** Wednesday, November 20, 2024

**Time:** 1 p.m.

**Registration link:**

[https://amerihealthcaritas.zoom.us/meeting/register/tjEpduqtpzwtHtCH74z2yoYb\\_LGnap4-z0\\_X#/registration](https://amerihealthcaritas.zoom.us/meeting/register/tjEpduqtpzwtHtCH74z2yoYb_LGnap4-z0_X#/registration)

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



## Questions?

If you have questions about any content in this provider update, please get in touch with your Provider Account Executive or call Provider Services at 1-888-922-0007.



**AmeriHealth** *Caritas*<sup>™</sup>

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Louisiana

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