

PROVIDER POST

News and updates you need to know

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Cardinal Health discontinues Kangaroo ePumps and Kangaroo Joey enteral feeding pumps and supplies

Due to supply chain issues, Cardinal Health will discontinue the supply and distribution of its Kangaroo ePump and Kangaroo Joey enteral feeding pumps.

All durable medical equipment providers should be aware of this discontinuation and take action to make sure beneficiaries currently using the affected products have access to care.

The end-of-sale date for the affected items was **September 30, 2024**. The discontinuance schedule is listed below.

For additional information, contact your Cardinal Health sales representatives or Cardinal Health customer service at **1-800-964-5227**.



Discontinuance schedule	
Kangaroo Joey ePump and Kangaroo Joey capital equipment end-of-sale date	September 30, 2024
End-of-service support date out of warranty	December 31, 2024
End-of-service support date within warranty	Through warranty end-date
Kangaroo ePump feeding sets and accessories anticipated end-of-supply date	June 30, 2025
Kangaroo Joey feeding sets and accessories anticipated end-of-supply date	September 30, 2027

Procedure code modifier utilization listing

Louisiana Medicaid has received several provider inquiries regarding modifier utilization. Informational Bulletin 24-43 dated November 21, 2024, preemptively addressed inquiries related to procedure code modifiers. For those modifiers where reference or guidance is not included within an established Louisiana Medicaid Provider Manual, providers should refer to the **Claim Filing Instructions** and the **Provider Handbook** for policies and guidance related to modifier application in order to assure proper reimbursement.

For full details, please see **Informational Bulletin 24-43**. An updated listing of accepted modifiers and how they should be used is attached to the bulletin. All Informational Bulletins are also posted on the **Newsletters and Updates** page of our website.

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at **1-888-922-0007**, from 7 a.m. to 7 p.m., seven days a week.





AmeriHealth Caritas Louisiana to offer adult dental benefits in 2025

We are pleased to announce that we will be offering dental benefits for adults age 21 and over starting next year.

Members can use participating federally qualified health centers (FQHCs) to get adult dental services up to a maximum of \$500. Covered benefits include preventative services, X-rays, cleanings, fillings, and extractions.

If you are an FQHC that provides dental services and would like to add this service, please submit a request to our network email network@amerihealthcaritasla.com or contact their area **Account Executive** for more details.

Stay in touch with us as a partner in care!

As an AmeriHealth Caritas Louisiana provider, you're our partner in member care. Our goal is to help you operate effectively and efficiently. Working with providers like you, we can deliver quality, cost-effective care and better health outcomes for our members.

Stay on top of health plan news and updates via email. Sign up for our **free Network News service** to receive important health plan communications from AmeriHealth Caritas Louisiana.

We're here to answer your questions or address any concerns at the numbers below:

- Provider Services: **1-888-922-0007**
- Provider Network Management: **1-877-588-2248**
- Credentialing: **1-888-913-0349**





Can you spot the phish?

More than 3.4 billion phishing emails are sent out each day worldwide.¹ But one factor can make life much harder for scammers: you. As the first line of defense, it is important that you can recognize and report a suspected phishing email.

What is phishing?

Phishing scams are emails that look real, but they 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 your organization's confidential and proprietary information, at risk.

Beware of ransomware

In addition to stealing information, phishing scams can lead to ransomware attacks. Ransomware is a form of malware designed to encrypt files on a device, rendering them unusable until a ransom is paid.

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 than the company the sender claims to be from.
- Asks you for personal information, such as your username and password/passphrase.
- Includes misspelled words in the site's URL address or subject line.
- Has a sense of urgency for you to act now.

What you should do

If you receive a suspicious email:

- Do not click any links.
- 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 banks or retailers like Target or Amazon.
- Do not reply or respond to the email or forward it to anyone else in 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.

¹ Gary Smith, "Top Phishing Statistics for 2024: Latest Figures and Trends," StationX, April 10, 2024, <https://www.stationx.net/phishing-statistics>.



Flu prevention season is here! Fight the flu with vaccinations.

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommend annual influenza vaccination for most people 6 months of age and older. It's especially important that people with certain underlying medical conditions, pregnant women, very young children, and people 65 years of age and older get vaccinated. We urge you to continue your efforts to vaccinate your patients against influenza.

AmeriHealth Caritas Louisiana members can receive the flu shot at no cost to them. Participating providers may be reimbursed for administering the seasonal flu vaccine to our members. For a list of codes, please refer to the **Louisiana Medicaid Immunization Fee Schedules**.

Influenza and respiratory virus information and resources can be found on the **CDC website**. Here are some additional vaccination tips:

- Vaccinations can be provided during an EPSDT/well visit, and often during a sick visit.
- AmeriHealth Caritas Louisiana members receive educational information on the importance/safety of vaccinations through many sources, such as educational flyers, social media postings, member newsletter articles, and direct outreach calls.
- Providers can identify members who need vaccinations by using the Care Gap reports found in NaviNet.
- The CDC provides information for **talking to parents about vaccines**.



CAHPS survey results provide important insights to improve care

As a network provider, you play a vital role in our members' perception of health care services. Your interaction with our members directly impacts their satisfaction and can improve their experience.

AmeriHealth Caritas of Louisiana uses the Consumer Assessment Healthcare Providers and Systems (CAHPS) survey to assess patients' experiences with their health plan, personal doctor, specialists, and health care in general. As part of our health plan accreditation through the National Committee for Quality Assurance (NCQA), we are required to field the CAHPS survey on an annual basis. These results help us identify areas where we can improve our members' experiences.

You can view your member satisfaction ratings at any time through the Post Appointment Survey Provider Scorecard. After members visit a provider for a routine or specialty visit they are sent a text containing the Post Appointment Survey.

The four-question survey assesses member satisfaction with their providers and/or other provider-related experiences. Their answers provide insight into the following categories: how well doctors communicate; rating of personal doctor; and rating of specialist.

Your scorecard is available in the NaviNet provider portal. Use it to get timely feedback from your patients about their experiences with you. To access this feature, log in to NaviNet:

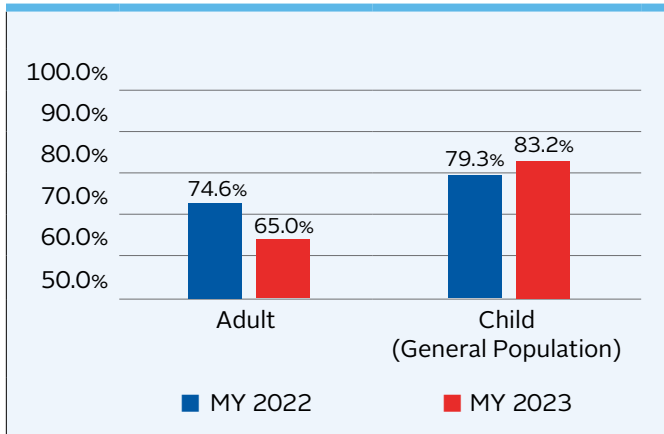
Clinical Reports Inquiry > Report Selection > Post Appointment Survey Provider Scorecard

Please contact your Provider Network Account Executive with questions.

Summary of scores and best practices

- Listed here is a summary of NCQA scored ratings received on the CAHPS survey that reflect the member's experience regarding care received by their provider, comparing scores from Measurement Year (MY) 2022 and Measurement Year (MY) 2023.
- After each summary is a bulleted list of best practices for you and your staff to continue to improve member experience.

Rating of Personal Doctor

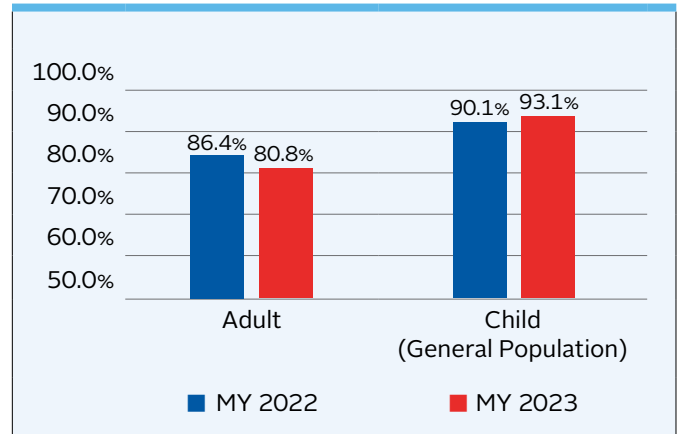


How can you and your office staff help?

- Demonstrate interest, caring and empathy toward your patients.
- Take time to listen to their questions and provide easily understood answers.
- Help ensure patients understand instructions given prior to leaving the appointment.
- Review your “Pulse Post Appointment Survey” data to assess member satisfaction with their provider following their visit.



Getting Care Quickly

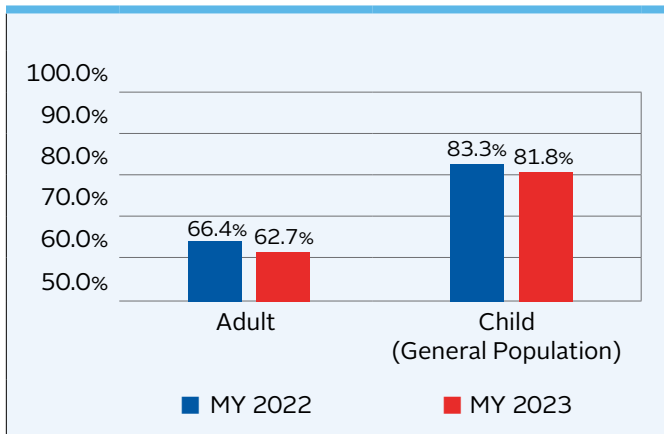


How can you and your office staff help?

- Keep time slots available each day for urgent, same-day appointments.
- Notify members during check-in when extended wait times are expected.
- Encourage patients to make routine appointments for checkups or follow-up care in advance.
- Be proactive: call patients in advance to schedule tests, screenings, or physicals.
- If your practice utilizes electronic check-in, ensure patients understand the process.
- Promote telehealth services, if available. Educate your patients on how and when to use telehealth.

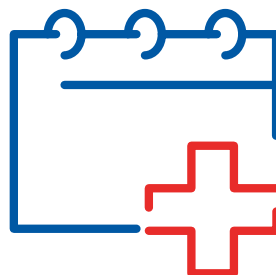


Rating of Specialist

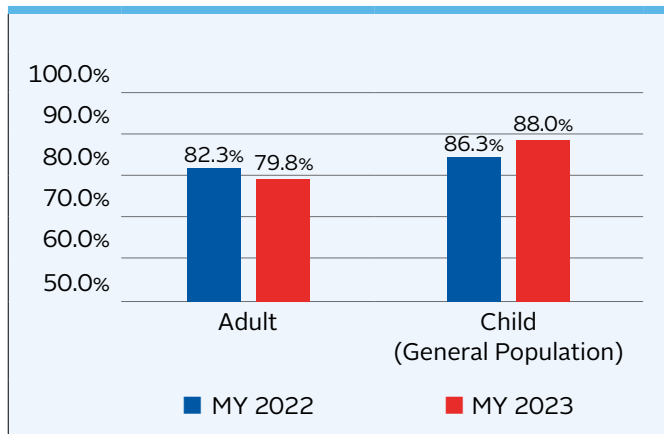


How can you and your office staff help?

- Help ensure coordination of care between primary care provider and specialist.
- Assist patients with appointment scheduling for specialists, other ancillary providers.
- Review consultation reports with patients, parents, or guardians during follow-up visits.



Getting Needed Care

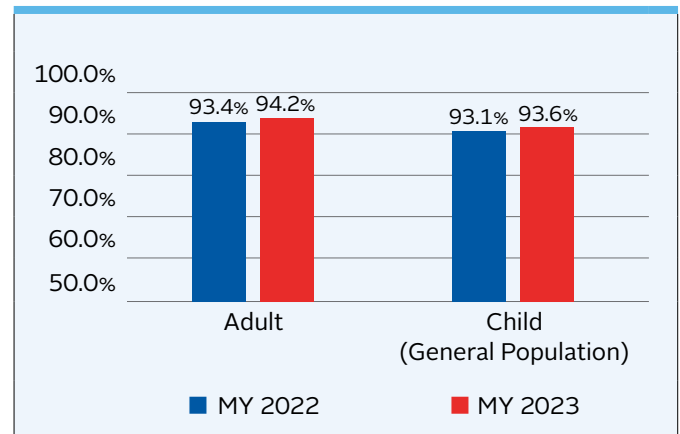


How can you and your office staff help?

- Be proactive in checking with AmeriHealth Caritas Louisiana to make sure the treatment and/or test that is prescribed for your patient is covered before they leave the office.
- Make sure AmeriHealth Caritas Louisiana does not require any specific documentation, such as prior authorization, for treatment or test coverage.



How Well Doctors Communicate



How can you and your office staff help?

- Maintain eye contact while patient is speaking; sit down during visit to demonstrate active listening.
- Use open-ended questions to allow the patient time to speak.
- Explain the rationale for tests, treatments, and referrals.
- Use simple, easy-to-understand terminology, avoiding abbreviations and medical jargon; practice the “teach-back” method with your patients.
- Remember each patient is unique in the way they want to communicate with you.



We thank you for caring for our members. We hope these results demonstrate the areas in which we work well together and areas where we can partner to improve the member experience in 2024 and beyond.



Take steps to ensure timely prenatal and postpartum care

AmeriHealth Caritas Louisiana encourages OB/GYNs and other providers to take steps to ensure your patients — our members — are receiving timely prenatal and postpartum care. This recommendation is based on the NCQA Healthcare Effectiveness Data and Information Set (HEDIS) guidelines for the Prenatal and Postpartum Care (PPC) measure, which emphasize the importance of comprehensive and timely care for pregnant and postpartum women.¹

By working together, we can support and encourage healthy pregnancies, reduce maternal mortality, and improve neonatal outcomes.

HEDIS tipsheets are available to offer guidance on providing and coding for quality prenatal and postpartum care. Visit our website, where tipsheets can be found under **Handbooks and Guides**.

Reference:

¹ National Committee for Quality Assurance (NCQA), HEDIS Measures and Technical Resources, “Prenatal and Postpartum Care (PPC),” <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>.



Help prevent cervical cancer with regular screenings

January is Cervical Cancer Awareness Month, which highlights the critical role health care providers play in promoting cervical cancer screenings for your patients. Cervical cancer is preventable and, when detected early through regular screening, highly treatable. In fact, when detected early, cervical cancer has a five-year survival rate of 90% or higher.¹

Research indicates that patients are more likely to undergo screenings when recommended by a trusted health care provider.² However, barriers such as fear, misinformation, and lack of awareness often impede compliance. Here are some ways you can positively influence patients:

- Educate them about the risk of cervical cancer.
- Encourage regular screenings.
- Create a supportive environment.
- Provide LGBTQ+ affirming care.
- Incorporate electronic health record prompt reminders for cancer screenings.
- Use reminder systems such as automated calls, texts, or emails for overdue screening.
- Offer screenings at convenient times, including regular checkup and sick appointments.

The following screening is recommended:³

Age	Recommendation
9 – 26 years	HPV vaccination
21 – 29 years	Cytology alone every 3 years
30 – 65 years	Cytology alone every 3 years, hrHPV testing alone every 3 years, or hrHPV testing and cytology every 5 years

In 2025, the HEDIS Cervical Cancer Screening measure (CCS-E) will be completely electronic. To ensure measures are captured, it is important to use the following exclusion coding for patients who DO NOT require cervical cancer screening.

ICD-10 codes: Q51.5 (agenesis and aplasia of cervix), Z90.710 (acquired absence of both cervix and uterus), Z90.12 (acquired absence of cervix with remaining uterus)

CPT codes for hysterectomy with no residual cervix: 58953-58954, 58956, 57540, 57545, 57550, 57555-57556, 58575, 58548, 58570-58573, 58550, 58552-58554, 58240, 58210, 57531, 58951, 59135, 58150, 58152, 58200, 57530, 58260, 58262-58263, 58267, 58270, 58290, 58291-58294, 58285, 58275, 58280

References:

1. American Cancer Society, "Key Statistics for Cervical Cancer," American Cancer Society, Last revised June 28, 2024, <https://www.cancer.org/content/dam/CRC/PDF/Public/8599.00.pdf>.
2. Emily B. Peterson EB, et al., "Impact of provider-patient communication on cancer screening adherence: A systematic review," *Prev Med*, December 1, 2016, 93:96-105, <https://pmc.ncbi.nlm.nih.gov/articles/PMC5518612/>.
3. U.S. Preventive Services Taskforce, "Final Recommendation Statement — Cervical Cancer: Screening," August 21, 2018, <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>.

Collecting Provider REL Data 101

AmeriHealth Caritas Louisiana collects, stores, and reports race, ethnicity, and language (REL) data from providers that may be made available to members upon request. This data is used to assess gaps in resources. While data collection alone cannot eliminate or reduce racial and ethnic health disparities, collecting valid and reliable data on the REL preferences of the providers and members they serve is an essential first step in assessing and identifying health care gaps.

Race is a classification of humans based on genetic characteristics, such as lineage, which is when a group is connected by common descent. Although the National Human Genome Research Institute confirms (along with other research) that race is a political and social construct, the federal government still uses these five categories when collecting information on race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Ethnicity is a classification of humans based on historical connection by a common national origin or language. Ethnicity could also be defined as a person's roots, ancestry, heritage, country of origin, or cultural background. The two ethnicity categories as defined by the federal government are:

- Hispanic or Latino
- Not Hispanic or Latino

Spoken language refers to the language in which a member prefers to speak about their health care.

Written language refers to the language in which a member prefers to read or write about their health care.

Why is collecting REL data important?

- **To tackle health disparities.** The first step to help end health disparities is consistent REL data collection by health care providers and members. Reliable data is crucial in identifying and tracking health care disparities. When we know the population that is disparately affected, we can develop effective programs to address that specific population.



- **To promote equitable care.** Offering provider REL data is an equitable service for patients. By promoting diversity among health care providers, we can better accommodate a diverse patient population and thus improve health outcomes for disenfranchised groups.
- **To empower patients.** Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- **To encourage a sense of accordance.** Research shows that marginalized patients initially engage more with physicians with whom they feel some sort of compatibility (gender, race, language, ethnicity, etc.).
- **To promote values of cultural and linguistic competency.** For some patients, racial and ethnic concordance with their physician allows for greater physician understanding of the social, cultural, and economic factors that influence their patients. This enhances the patient-physician relation through promoting trust and communication.

How does AmeriHealth Caritas Louisiana collect this information?

- We request that our contracted providers voluntarily share their REL data, as well as their office support staff's languages.
- We request and collect network provider REL data using the same Office of Management and Budget (OMB) categories it uses to collect members' REL.

How do we store and share this information?

1. REL data is housed in a database that is made available to members.
2. Gender data is available through our provider directory.
3. Provider's language, staff's language, and additional language services are also available through the provider directory.
4. Information on race and ethnicity is only made available to members upon request and will not be publicly available in the provider directory.

Demystifying common provider concerns:

- “My race and ethnicity do not impact the care I give.” Research shows that race, culture, and/or ethnicity concordance with patient-provider are not strong indicators of overall quality care. However, cultural competence and awareness are critical to build rapport, comfort, and trust with diverse patients. REL data is one essential tool that health plans use to establish, enhance, and promote cultural competence.¹
- “My practice is equipped to support language services, so how does what language I or my staff speak matter?” When the health plan can share other languages spoken by the provider network, members have the autonomy to select a provider that matches their cultural and linguistic preferences.

Sharing your race, ethnicity, and language with AmeriHealth Caritas Louisiana may feel uncomfortable at first. However, this is an important piece of provider-patient shared decision-making. Racial or ethnic concordance has been shown to have a positive impact on health outcomes² and reduce health expenditures.³

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2. Patrick Boyle, “Do Black patients fare better with Black doctors?” *AAMC News*, June 6, 2023, <https://www.aamc.org/news/do-black-patients-fare-better-black-doctors>.

3. T. T. Brown, et al., “Shared decision-making lowers medical expenditures and the effect is amplified in racially-ethnically concordant relationships,” *Medical Care*, August 2023, 61(8), pp. 528–535. <https://doi.org/10.1097/mlr.0000000000001881>.

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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.



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Louisiana

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