AmeriHealth Caritas Louisiana

The AmeriHealth Caritas Louisiana

PROVIDER POST

News and updates you need to know

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Upcoming Medicaid work requirements: What providers need to know

By **Beginning January 1, 2027**, the Louisiana Department of Health (LDH) will implement new federal Medicaid work requirement guidelines for certain adult members. While most Medicaid members will not be impacted, providers play an important role in helping eligible members understand these upcoming changes and maintain their health coverage.

The new requirements apply to some Medicaid members ages 19 to 64 who do not have a disability or qualifying medical condition. To remain eligible for coverage, impacted members will be required to report an average of 80 hours per month of qualifying activities, such as employment, school attendance, volunteering, or a combination of these activities. Medicaid eligibility checks will occur during new member applications and annual renewals.

Exemptions may include pregnant or postpartum women, caregivers of young children or disabled individuals, medically frail individuals, disabled veterans, foster youth, and others who meet exemption criteria. Louisiana Medicaid will begin notifying affected members several months before their renewal date. For example, members with a January 2027 renewal date received initial notification letters in May 2026, with renewal packets mailed later in the year. Medicaid will also utilize existing resources, such as employment and Social Security records, to automatically verify eligibility requirements for some members, reducing the need for additional paperwork.

Providers are encouraged to begin educating potentially impacted members about the importance of:

- Keeping contact information current with Louisiana Medicaid
- Responding promptly to renewal notices and requests for information
- Understanding exemption qualifications and reporting requirements
- Seeking assistance if they are unsure whether the requirements apply to them

Providers may also remind members that contact information can be updated with Louisiana Medicaid online, by phone, by text, or through their health plan.

Additional guidance and operational details are expected from the Louisiana Department of Health (LDH) as implementation approaches. Providers are encouraged to stay informed and support members through this transition to help minimize unnecessary coverage disruptions.

More information can be found online at **ldh.la.gov/Medicaid/work-requirements**.

Gold Card Program

Effective July 1, 2026, AmeriHealth Caritas Louisiana is introducing a Gold Card Program designed to recognize and incentivize high-performing providers who consistently deliver quality care, comply with clinical guidelines, and operate efficiently. The program streamlines administrative processes such as reduced or waived prior authorization where appropriate.

To qualify for the Gold Card Program, providers must have an active AmeriHealth Cartias Louisiana contract and be in good standing. Provider Gold Card designation is effective for a period of 12 months unless a shorter time frame is deemed appropriate.

If you have questions about the Gold Card Program, please contact your Provider Network Management Account Executive.

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

AmeriHealth Caritas Louisiana is sharing information with providers on the ADD-E (Follow-Up Care for Children Prescribed ADHD Medication) HEDIS measure.

What is attention-deficit/hyperactivity disorder (ADHD)?

ADHD is a common condition in which the person affected has trouble paying attention or completing tasks. Treatments may include medication and/or behavioral therapy.

What is the ADD-E measure?

Members between the ages of 6 and 12 who are newly prescribed attention-deficit/hyperactivity disorder (ADHD) medications are to have at least three follow-up care visits within a 10-month period:

- Initiation phase: Members should have one follow-up visit with a provider who has prescribing authority within 30 days of being newly prescribed ADHD medication.
- Continuation and maintenance phase: Members who remain on the ADHD medication for at least 210 days and have had a follow-up visit in the initiation phase should receive at least two follow-up visits within 270 days (nine months) after the initiation phase ended.

Note: If a member has a 120-day gap in fill, the initiation phase would start over.

How can you help?

- Schedule the initial 30-day follow-up visit when a member is newly prescribed ADHD medication.
- Utilize telehealth or telephone visits for both the initiation and continuation phases.
- (Only one of the two continuation phase visits can be telehealth/telephone.)
- Explain the importance of follow-up care and provide education on the prescribed medications.
- Send appointment reminders.
- According to the American Academy of Pediatrics (AAP), behavioral therapy has positive effects when combined with medication for ADHD.

  - Children younger than 6 years old should receive behavioral therapy and/or behavioral classroom interventions as the first line of treatment before administration of medications for best practice.
  - Children and adolescents (ages 6 – 12) should receive both U.S. Food and Drug Administration (FDA) approved ADHD medication and behavioral therapy, and/or behavioral classroom intervention, if possible.
  - Adolescents (age 12 – 18th birthday) should receive FDA-approved medications for ADHD, and providers should also prescribe evidence-based training interventions and/or behavioral interventions for treatment of ADHD, if available.

Source:

Mark L. Wolraich, et al., Subcommittee on Children and Adolescents With Attention-Deficit Hyperactivity Disorder, "Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents," Pediatrics (144)4:e20192528, **https://doi.org/10.1542/peds.2019-2528**

Highlights from the 2025 Behavioral Health Member Experience Survey

The Louisiana Department of Health (LDH) assesses the perceptions and experiences of adult and child members enrolled in the managed care organizations (MCOs) who receive behavioral health (BH) services. LDH has contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the BH Member Experience Survey. Surveys were administered to members having three or more specified outpatient behavioral health encounters from October 1, 2024, to March 31, 2025.

The survey is used to assess patients' experiences and ratings of their health plan, how well providers communicate and listen, timely access to care, the efficacy and convenience of counseling or treatment, help in finding counseling or treatment, cultural competency, barriers, and the ability to find help to manage the condition. The survey also assesses utilization of emergency rooms and crisis services, as well as satisfaction with the health plan's customer service experience. Results are used to identify areas where our plan can continue improving our members' experience and outcomes.

As a network provider, you play a critical role in our members' perception of health care services. Your interactions with our members influence satisfaction and can significantly enhance their overall health care experience.

Below is a summary of the BH Member Experience Survey ratings:

CHILD Measures	2025 Rating	State Average	2024 Rating	**ADULT** Measures	2025 Rating	State Average	2024 Rating
Rating of Health Plan	57.69% ↓	63.63%	59.48%	Rating of Health Plan	60.28% ↑	57.88%	54.14%
How Well People Communicate *Average Score Score*	89.88% ↓	91.03%	92.13%	How Well People Communicate *Average Score Score*	92.13% ↑	91.16%	91.36%
Cultural Competancy *<100 responces*	75.00% ↓	92.57%	100%	Cultural Competancy *<100 responces*	88.89% ↓	86.01%	91.67%
Helped by Couseling or Treatment	60.00% ↓	61.01%	60.68%	Helped by Couseling or Treatment	73.24% ↓	70.38%	74.84%
Treatment or Counseling Convenience	91.35% ↑	88.86%	87.93%	Treatment or Counseling Convenience	90.21% ↓	88.13%	89.87%

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Summary of the BH Member Experience Survey ratings continued:

CHILD Measures	2025 Rating	State Average	2024 Rating	ADULT Measures	2025 Rating	State Average	2024 Rating
Getting Counseling or Ttreatment Quickly *Top Rating*	1-3 days: 34.95%	1-3 days: 28.42%	4-7 days: 11.65%	Getting Counseling or Ttreatment Quickly *Top Rating*	1-3 days: 24.82%	Same day: 25.24%	Same day: 25.64%
Getting Needed Treatment	77.88% ↓	78.93%	79.13%	Getting Needed Treatment	82.86% ↑	81.75%	80.77%
Help Finding Counseling or Treatment *>100 Responces*	42.86% ↓	38.57%	47.83%	Help Finding Counseling or Treatment *>100 Responces*	57.89% ↓	50.82%	73.53%
Customer Service *<100 Responces*	63.64% ↓	71.71%	75.00%	Customer Service *<100 Responces*	71.43%	70.81%	71.43%

CHILD Measures	2025 Rating	State Average	2024 Rating	ADULT Measures	2025 Rating	State Average	2024 Rating
Getting Professional Help	82.86% ↓	87.75%	89.66%	Crisis Response Service Used *Highest Rating*	BH Crisis Response 18.62%	BH Crisis Response 14.46%	BH Crisis Response 12.28%
Help to Manage Condition	81.73% ↑	83.38%	81.20%	Frequency of Crisis Response Services *Highest Rating*	1 time: 35.29%	1 time: 27.03%	1 time: 25.00%
Emergency Room Utilization *Highest Rating*	87.62% None	86.80% None	92.24% None	Help by Crisis Response Services *<100 responces*	82.35% ↑	72.26%	80.00%

(Continued on page 7)

Child Survey results revealed key areas for care improvement, including:

- Rating of Health Plan
- How Well People Communicate
- Cultural Competency
- Helped by Counseling or Treatment
- Help Finding Counseling or Treatment
- Customer Service
- Getting Professional Help
- The top 3 barriers reported were: Can't get appointment (23.81%), Time off work (19.05%), and Mental health condition (14.29%).

Adult Survey results revealed key areas for care improvement, including:

- Cultural Competency
- Helped by Counseling or Treatment
- Help Finding Counseling or Treatment
- Customer Service
- The top 3 barriers reported were: Mental Health condition (54.17%), Can't get an appointment (37.50%), and Transportation (25.00%).

How can you improve our members' satisfaction?

- Provide person-centered services, including utilizing person-centered thinking and communication.
- Explain the rationale for any services and/or referrals provided to the members' understanding.
- Use teach-back methods where applicable and reinforce the importance of medication adherence.
- Assist members with appointment scheduling and ensure that members who are recently hospitalized, treated in an emergency room, and/or in crisis are seen as soon as possible.
- Ensure members are placed in or referred to the most appropriate level of care.
- Assess any barriers and social determinants of health concerns that may be addressed within your care.
- Have active coordination of care between primary care doctors, specialists, and/or other behavioral health providers.

- Utilize AmeriHealth Caritas Louisiana online provider directory or **Find a Provider link**.
- Ensure members, including parents/guardians, are active participants in treatment and discharge planning.
- Let us help you by utilizing AmeriHealth Caritas Louisiana Case Management Department.
  - Ask about our CARE Card incentives, Mom's Meals, and transportation benefits.
  - Call Member Services at **1-888-756-0004**. Our Member Services department is available 24 hours a day, seven days a week.
- The Louisiana Crisis Hub: **1-855-24CARE5** (**855-242-2735**). Encourage members/patients to call the Louisiana Crisis Hub if they have feelings of harming themselves or others.

Preventing fraud, waste, and abuse in medical record documentation

Medical record documentation is a cornerstone of quality health care delivery. For providers, maintaining thorough, accurate, and timely records not only supports member care but also safeguards your practice from compliance risks and billing discrepancies. As the health care landscape continues to evolve, clear documentation is increasingly vital for continuity of care and organizational integrity.

Quality member care relies heavily on clear, accurate medical record documentation. Not only does it ensure continuity of care, but it also supports proper billing and compliance. Recently, the Special Investigations Unit (SIU) identified a steady increase in preventable documentation errors during our medical record reviews associated with an investigation. We want to highlight these common pitfalls so your practice can address them proactively.

During our reviews, we frequently encountered the following issues:

- **Missing consent forms:** Providers often fail to submit the required member consent forms with the requested medical records.
- **Unsubmitted timesheets:** We regularly see missing timesheets for specific service dates, making it difficult to verify the duration and delivery of care.
- **Credentialing oversights:** In several cases, associates provide services or review and sign documents even though they do not hold the required credentials for those services.

Accurate documentation protects your practice and helps ensure members receive the standard of care they deserve. To strengthen your documentation processes, consider implementing these proven best practices:

- **Document promptly:** Enter notes and submit timesheets immediately after seeing the member, while the details remain fresh.
- **Implement internal checklists:** Use standardized checklists to ensure all required items, like consent forms and specific signatures, are present before closing a file.
- **Conduct routine self-audits:** Regularly review a small sample of your own records to catch and correct credentialing or timesheet errors before an official review.

We understand that maintaining member records demands significant time and effort, and we are here to support your success. We encourage proactive compliance. If your administrative or clinical staff need guidance on proper documentation standards, please reach out to their Provider Network Management Account Executive. They can provide training resources to help your practice meet current regulatory requirements.

By prioritizing documentation accuracy and adopting proactive strategies, providers can improve care delivery, reduce errors, and stay compliant with evolving regulations. Together, we can ensure that every member receives the quality care they deserve, protecting your practice's reputation and operational success.

Reporting fraud, waste, and abuse

How can providers report suspected fraud, waste, or abuse? Maintaining a secure health care network is a shared responsibility. If you or your staff suspect inappropriate billing, credentialing issues, or other compliance violations, please report them immediately. You can submit a referral through our fraud tip hotline or contact our dedicated hotline. You have the option to remain completely anonymous.

- Submit a referral: **fraudtip@amerihealthcaritas.com**
- Call the Fraud Tip Hotline: **1-866-833-9718**

What happens after we submit a fraud, waste, and abuse referral?

The investigative staff will evaluate the information you provide to determine the next steps. If the data suggests a potential violation, we will open a formal investigation. Due to strict privacy and legal standards, we may not be able to share the outcome of the investigation with you. However, please know that we thoroughly review every referral we receive.

Thank you for your continued partnership and dedication to delivering high-quality care. Thank you for your continued partnership and dedication to delivering high-quality care.

Collaborating to enhance population health management

Providing care for our shared enrollees requires teamwork, communication, and a unified dedication to improving outcomes. Population health management aims to address care gaps, support those at highest risk, and promote comprehensive well-being across our communities. We strive to supply your practice with valuable tools and resources that complement the exceptional care you already offer.

Defined roles and shared accountability

Successful population health management relies on clear role definitions and aligned responsibilities. Together, we are accountable for achieving measurable health results.

Your practice:

- Guides clinical decisions and oversees patient care.
- Determines care needs during appointments and coordinates treatment plans.
- Involves patients in recommended preventive and follow-up care as part of our health plan.

Our health plan:

- Supplies actionable data and quality performance reports.
- Identifies enrollees who could benefit from extra support.
- Reaches out to engage enrollees and reinforce care plans.
- Offers care management services for enrollees who are high-risk or have complex needs.
- Connects enrollees to community and social support services.

By aligning responsibilities and maintaining open communication, we can coordinate outreach efforts and connect enrollees to appropriate care management and support programs, such as home-delivered meals for food insecurity and a weight management program with a no-cost gym membership. We encourage providers to collaborate with us to refer eligible enrollees and to reinforce engagement in available support services and programs.

You lead your practice's care; we provide support through data, coordination, and engagement. When we work together around shared goals and maintain clear communication, we can:

- Address care gaps.
- Enhance quality performance.
- Minimize unnecessary utilization.
- Improve the enrollee experience.

Advancing population health through value-based collaboration

In addition to defining roles in coordinated care activities, we support providers through alternative payment model (APM) arrangements designed to align incentives with shared population health goals. These value-based strategies promote accountability for quality outcomes and care coordination, and facilitate overall member well-being by aligning performance expectations, data insights, and financial incentives. APM opportunities further strengthen collaboration and support measurable improvements in health outcomes throughout our communities.

For more information about available resources, care coordination support, or value-based partnership opportunities, please contact Glynda Hurm at **ghurm1@amerihealthcaritasla.com** or Marc Garnier at **mgarnier@amerihealthcaritasla.com.**

Building trust to strengthen well-child visits

The importance of well-child visits in pediatric care

Well-child visits serve as a fundamental component of pediatric care, providing health care providers with essential opportunities to monitor children's growth and development, deliver preventive services, and foster trusted relationships with families.

These visits are particularly significant for addressing disparities in preventive care. For example, a 2020 study within a large health care system found that 71% of white children were up to date with their well-child visits, compared to only 64% of Hispanic/Latino children and 59% of Black children.[1] For Black/African American children, well-child visits also present critical moments to address disparities in timely immunizations and other preventive screenings. By prioritizing culturally responsive communication and patient-centered care, providers can help improve adherence to recommended visits, reduce health inequities, and support healthier futures.[2]

Challenges and barriers to preventive care

Preventive care in childhood is essential for encouraging healthy growth, facilitating early screenings, and ensuring children receive timely immunizations consistent with national recommendations.[3] Yet, racial and ethnic disparities in preventive care persist. Black/African American children are less likely to be fully immunized by age 2, compared with their white and Latino peers.[4,5] This gap may be caused by mistrust of the health care system, transportation issues, and scheduling problems, which can lead not only to vaccine delays but also to missed well-child visits.[6] Each visit becomes more than just a routine checkup. It is an opportunity for providers to build trust, address family concerns, and equip parents with the information needed to support their child's health.[7]

Five strategies for building trust and strengthening well-child visits

1. **Review care gaps by race and ethnicity.** Examine your practice data by race and ethnicity to identify missed visits, incomplete vaccinations, or other disparities. Pay particular attention to vaccines, such as DTaP and flu, as these often reflect broader gaps in preventive care.[5]
2. **Acknowledge mistrust.** Recognize that families may have concerns rooted in historical and ongoing inequalities. Responding with empathy and clear explanations can help build trust.[8]
3. **Connect preventive care to family priorities.** Go beyond simply saying vaccines are "safe and effective." Frame the benefits in ways that resonate with parents. For example, "This helps keep your child healthy, in school, and protected from serious illnesses." [7]

4. **Address practical barriers.** Engage families in conversations about challenges they encounter with transportation, time off work, or scheduling. Providing solutions such as flexible hours, reminders, and connections to ride assistance programs can make a significant impact.[6]
5. **Create space for open dialogue.** Encourage questions and listen closely to family concerns about vaccines, nutrition, or development. Dialogue, instead of one-way information, helps build confidence and makes guidance more meaningful.[7]

Well-child visits provide essential opportunities to build trust, overcome barriers, and fill care gaps. By communicating clearly and remaining attentive to the unique challenges faced by Black/African American families, providers can help ensure every child has the chance to grow up healthy and supported.

References

1. Amanda Luff et al., "Attendance patterns in well-child visits across diverse pediatric populations, Midwestern United States," Preventive Medicine Reports, Vol. 54, Article 103082, June 2025, **https://doi.org/10.1016/j.pmedr.2025.103082**, accessed February 13, 2026.

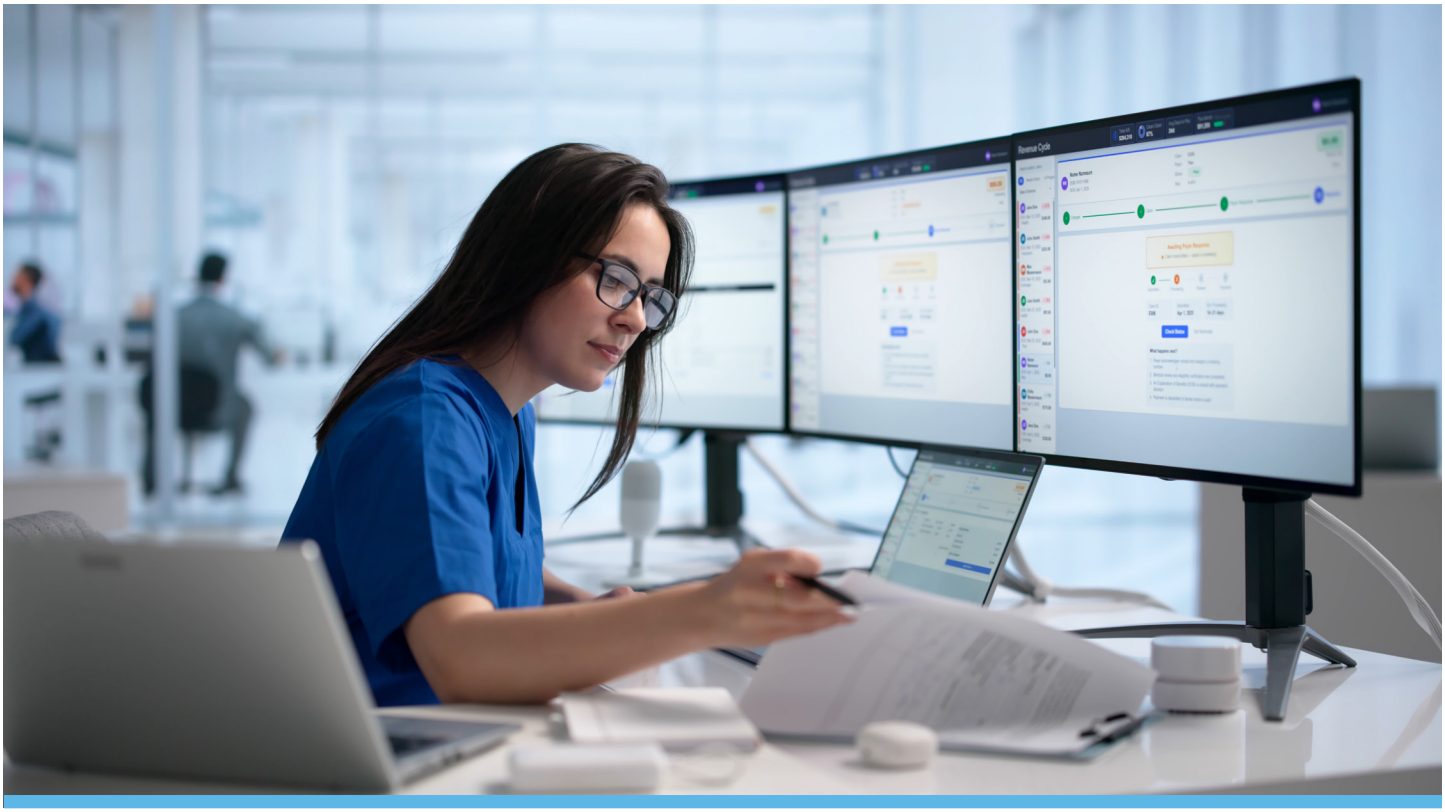
2. Joseph F. Hagan, Jr., et al. (Eds.), Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (4th ed.), American Academy of Pediatrics, 2017.

3. Centers for Disease Control and Prevention. (2026). Child and Adolescent Immunization Schedules. **https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html [cdc.gov]**, accessed February 16, 2026.

4. Cierra Buckman, et al., "The influence of local political trends on childhood vaccine completion in North Carolina," Social Science & Medicine, Vol. 260, Article 113187, September 2020, **https://doi.org/10.1016/j.socscimed.2020.113187 [doi.org]**, accessed February 13, 2026.

5. Trisha C. Parker et al., "Rotavirus vaccination rate disparities seen among infants with acute gastroenteritis in Georgia," Ethnicity & Health, Vol. 22, No. 6, pp. 585–595, October 14, 2016, **https://www.tandfonline.com/doi/full/10.1080/13557858.2016.1244744**, accessed February 13, 2026.

6. Lavanya Vasudevan, et al., "Vaccine hesitancy in North Carolina: The elephant in the room?" North Carolina Medical Journal, Vol. 82, No. 2, pp. 130–137, March 1, 2021, **https://doi.org/10.18043/ncm.82.2.130 [doi.org]**.



Care coordination roles and responsibilities

Strong care coordination depends on clear communication and shared understanding between our organization and our provider partners. To support collaborative care management and reduce duplication, gaps in care, and member confusion, we maintain a standardized process for defining and communicating care coordination roles and responsibilities.

What this means for providers

As a valued partner, providers play a key role in coordinated care delivery. Under this approach, providers are expected to:

- Deliver services within their scope of licensure and contractual requirements.
- Participate in care coordination activities as outlined in partner communications.
- Communicate changes in member status, service delivery issues, or coordination needs in a timely manner.

Our role as your partner

AmeriHealth Caritas Louisiana is responsible for establishing care coordination policies and procedures, defining internal roles related to care planning and oversight, and ensuring expectations are clearly communicated through formal partner materials such as contracts, agreements, or provider communication materials.

Shared commitment to members

Care coordination is a shared responsibility. Together, AmeriHealth Caritas Louisiana and the provider community work to ensure continuity of care, reduce service duplication, and support timely information exchange in accordance with applicable laws and agreements. This collaborative approach helps ensure members receive seamless, well-coordinated care.

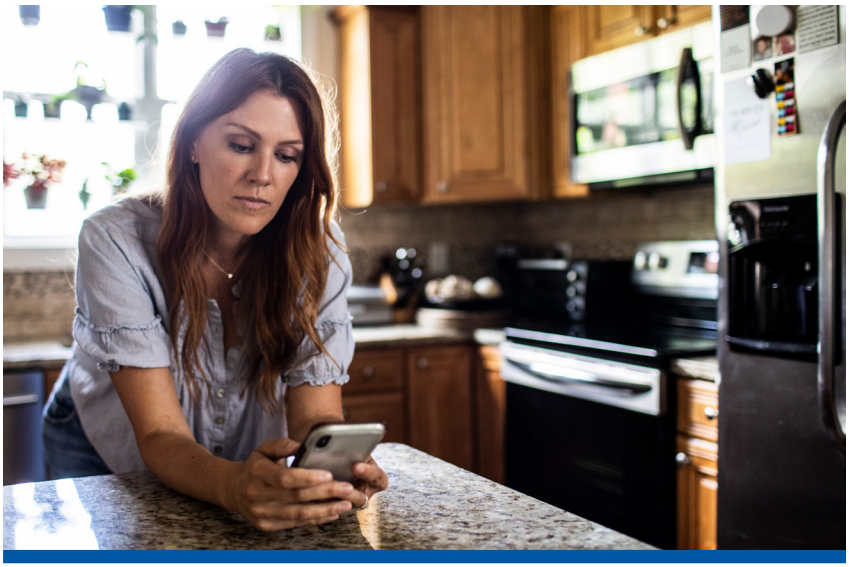
Ongoing communication

Roles and responsibilities between AmeriHealth Caritas Louisiana and providers are reviewed periodically and updated as care coordination practices or partner relationships evolve. Providers will continue to receive formal communications when updates occur to ensure clarity and alignment.

Notice of Pregnancy (NOP) Form

You can supplement your reimbursement when a 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.

Providers will receive a $15.00 payment for each completed form submitted once per member per pregnancy. The NOP enables our Bright Start maternity care management team to support our maternity members proactively.

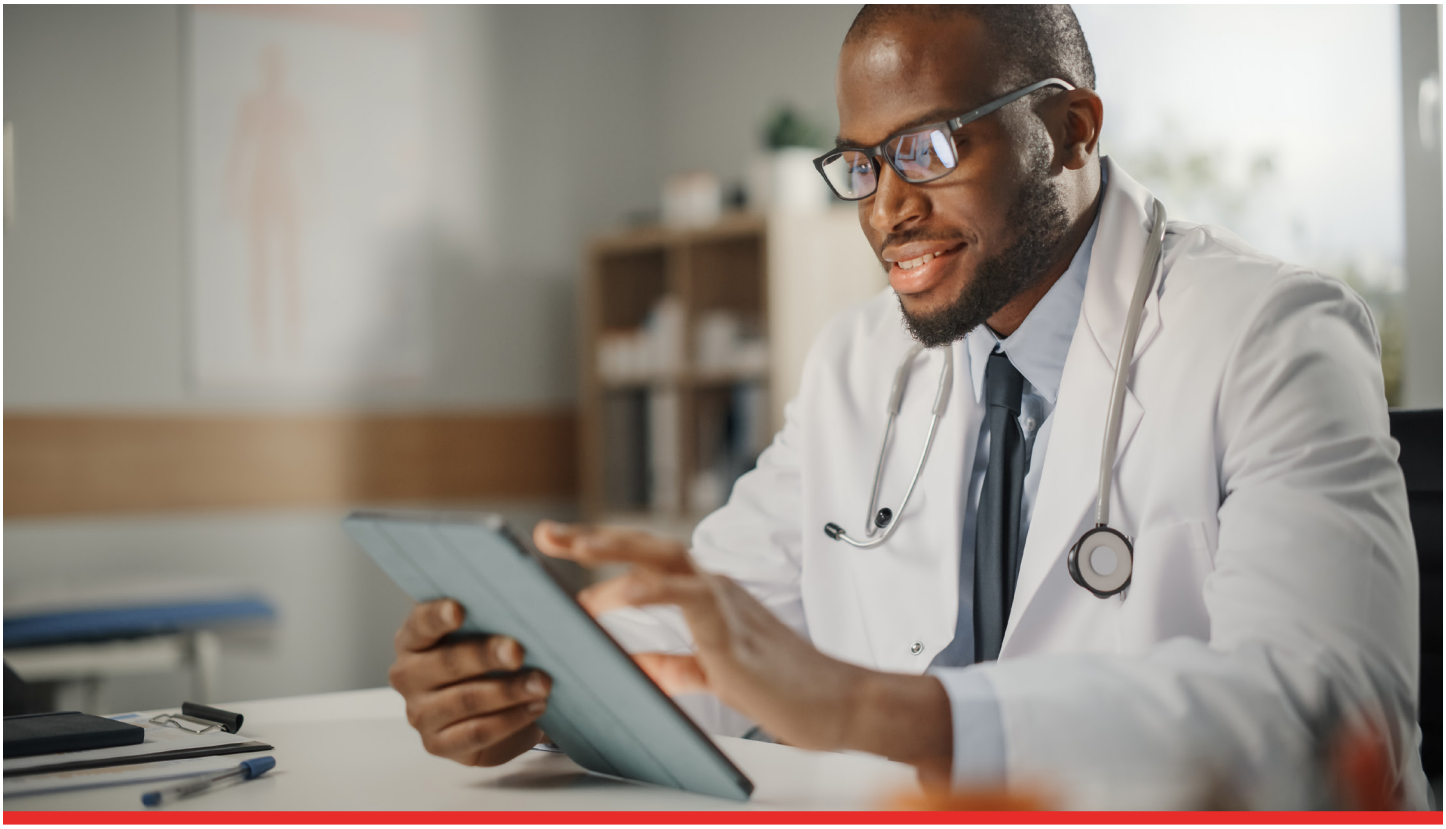


Member Rights and Responsibilities

AmeriHealth Caritas Louisiana members have rights that must be honored by all AmeriHealth Caritas Louisiana associates and affiliated providers. AmeriHealth Caritas Louisiana members also have responsibilities.

Member rights and responsibilities are outlined in the Member Rights and Responsibilities section in the AmeriHealth Caritas Louisiana Member Handbook.

Providers are encouraged to familiarize themselves with these rights and responsibilities to better support members when needed and to let their Provider Account Executive know if they have any questions or concerns regarding the member's rights and responsibilities.



Let Us Know Member Intervention Form

AmeriHealth Caritas Louisiana is committed to assisting health plan providers in engaging members and supporting their health and well-being.

If you identify members who need help managing their health, please notify us through our Let Us Know Program so we can offer timely assistance.

Providers can let us know if a member requires support by completing the **Let Us Know Member Intervention Request Form** available on our plan website and faxing it to our Rapid Response Outreach Team (RROT). The form can be used to assist members with issues such as:

- Missed appointments
- Behavioral health needs
- Medication noncompliance
- Care management engagement
- Developmental screening concerns
- Emergency room misutilization
- Understanding plan benefits
- Social determinants of health
- Tobacco cessation referrals

Providers can also now submit the Member Intervention form via the NaviNet Provider Portal.

Submitting the Member Intervention Form in NaviNet

1. Log in to the NaviNet Provider Portal.
2. Go to the **Forms and Dashboards** section under **Workflows** for AmeriHealth Caritas Louisiana.
3. Select the **Member Intervention form** link.
4. Fill out all relevant fields on the form.
5. Click **Submit**.
6. After submission, a confirmation message will appear: **Member intervention form submitted**.

Routing and support

Once submitted, the Member Intervention form is routed directly to the RROT to address any identified concerns.

- A Care Connector from the RROT will contact the provider within 48 to 72 hours to confirm receipt and to ensure understanding of the request.
- Outreach will then be made to the member, and upon successful contact, all requested interventions will be completed.

For questions or help with completing the form, contact the RROT at **1-888-643-0005**.

Multiple ways you can refer members to our case management services

- AmeriHealth Caritas Louisiana provides multiple pathways to help members get prompt access to case management services. These include:
  - Member Services: **1-888-756-0004** (TTY **1-866-428-7588**)
  - Health information 24-hour Nurse Call Line: **1-888-632-0009**
  - Hospital discharge planner referrals
  - Health plan activity (Utilization Management, Rapid Response, inbound calls, outbound campaigns, and Member Services calls)
  - Member/Caregiver requests
  - Provider referrals: **Let us Know Member Intervention Request form (PDF)**
  - Data mining: Members with multiple comorbid conditions, high predictive risk scores, and high levels of emergency room and inpatient utilization are referred for complex case management services.

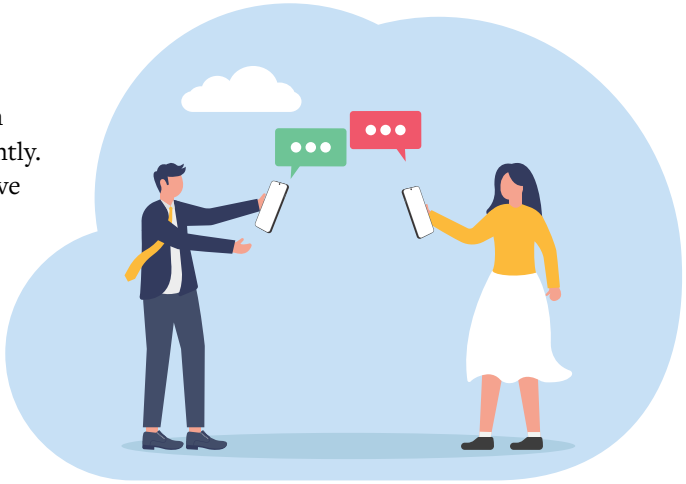
Obtaining Utilization Management (UM) Criteria

AmeriHealth Caritas Louisiana provides its Utilization Management (UM) criteria to network providers upon request. To obtain a copy of AmeriHealth Caritas Louisiana UM criteria:

- Call the UM Department at **1-888-913-0350**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.
- Visit our website at **https://www.amerihealthcaritasla.com/provider/resources/clinical-policies**. You will receive a faxed copy of the requested criteria within 24 hours or a written copy by mail within five business days of the request. Providers may also request prior authorization requirements used to make a medical necessity determination by sending an email to: **HB424Request@amerihealthcaritas.com**.

Please remember that AmeriHealth Caritas Louisiana has Medical Directors and Physician Advisors available to address UM issues or answer your questions about prior authorization, DME, home health care, and concurrent review. To contact these resources, call the Peer-to-Peer hotline at **1-866-935-0251**.

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 improve health outcomes for our members.

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**

Sign up for Network News

Stay on top of health plan news and updates via email. Sign up for our **free Network News service** at **https://identity.navinet.net/** or on our website to receive important health plan communications from AmeriHealth Caritas Louisiana. This will allow you to stay on top of health plan news and updates via email.

Or go to our website and visit **Newsletters 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.

AmeriHealth Caritas Louisiana Offers No-Cost Language Interpretation Services for Our Members

Members should be advised that interpretation services from AmeriHealth Caritas Louisiana are available at no cost. When a member uses AmeriHealth Caritas Louisiana interpretation services, the provider must sign, date, and document the services provided in the medical record in a timely manner.

How to use our interpretation services:

- Inform the member of their right to no-cost interpretation services.
- Make sure a working phone is in the patient room.
- Call Member Services at **1-888-756-0004**, 24 hours a day, seven days a week, with the member ID number, and Member Services will connect you to the necessary interpreter.
- Conduct an exam with an interpreter over the phone.

Interpretation tips:

- Speak directly to the patient, not the interpreter.
- Do not rush. Pause every sentence or two for interpretation.
- Use plain language. Avoid slang and sayings. Jokes do not always translate well.
- Check for understanding occasionally by asking the patient to repeat back what you said. This is better than asking, “Do you understand?”

In addition, translation services must be provided to ensure adherence to delivering services in a culturally competent manner. Please review additional details about cultural competency and language services on our website.

Provider trainings

ASAM 6 Dimension Criteria Training

AmeriHealth Caritas Louisiana is facilitating an American Society of Addiction Medicine (ASAM) 6 Dimension Criteria training** at no cost for psychiatrists, psychologists, advanced practice registered nurses (APRNs) who are clinical nurse specialists in psychiatry or nurse practitioners (NPs) certified in psychiatry or mental health nursing, licensed professional counselors (LPCs), and licensed clinical social workers (LCSWs).

- Define ASAM Terminology.
- Review the ASAM Levels of Care.
- Explain the ASAM Multidimensional Assessment.
- Demonstrate how to use the ASAM Assessment in addressing a member's identified needs.

Upcoming AmeriHealth Caritas Louisiana ASAM 6 Dimension Criteria Training dates and registration links are listed in the table.

Date	Time CT	Registration link
September 16, 2026	9 a.m. to noon CT	September training registration
December 9, 2026	9 a.m. to noon CT	December training registration

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

**No continuing education credits (CEUs) will be given for this training. AmeriHealth Caritas Louisiana will provide Certificates of Attendance to verify completion of the training, which attendees may submit to their licensing board for post-approval consideration.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training

AmeriHealth Caritas Louisiana is facilitating SBIRT training** for physical health providers. The goal of this training is to help participants develop their knowledge, skills, and abilities as SBIRT practitioners.

- Identify SBIRT as a system change initiative.
- Compare and contrast the current system with SBIRT.
- Introduce the public health approach.
- Discuss the need to change how we think about substance use behaviors, problems, and interventions.
- Understand what screening does and does not provide.

Date	Time CT	Registration link
September 17, 2026	9 a.m. to 1 p.m. CT	September training registration
December 10, 2026	9 a.m. to 1 p.m. CT	December training registration

**No continuing education credits (CEUs) will be given for this training. AmeriHealth Caritas Louisiana will provide Certificates of Attendance to verify completion of the training for attendees to submit to their licensing board for post-approval consideration.

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
- Health Equity

Date	Time CT	Registration link
September 16, 2026	1 p.m. to 2 p.m. CT	September meeting link

Registration is not required. AmeriHealth Caritas Louisiana providers can earn no-cost continuing education units (CEUs) in Social and Cultural Foundations upon completion of the training session. AmeriHealth Caritas Louisiana will facilitate training.

Importance of provider race, ethnicity, and language (REL) data

Definitions:

Race	is any one of the groups that humans are often divided into based on physical traits regarded as common among people of shared ancestry.
Spoken language	refers to the language in which a member prefers to speak about their health care.
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.
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	Having consistent and reliable data is crucial identifying and tracking health disparities.
To promote equitable care	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 promote values of culture and linguistic responsivness	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.

Information management:

How do we collect this information?	AmeriHealth Caritas Louisiana requests its contracted provider network voluntarily share their REL data, as well as their office support staff's languages. AmeriHealth Caritas Louisiana requests and collects 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?	REL data is housed in a database that is made available to members. 1. Gender data is available through our provider directory. 2. Provider's language, staff's language, and additional language services are also available through the provider directory. 3. Information on race and ethnicity is only made available to members upon request.

Common provider concerns:

"My race and ethnicity do not impact the care I give."	Research shows that patient-provider concordance in race, culture, and/or ethnicity is not a strong indicator of overall quality care. However, cultural responsiveness 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 responsiveness. **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5591056/**
"My practice is equipped to support language services, so how does what language I, or my staff, speak matter?"	When the health plan is able to share other languages spoken by the provider network, members have the autonomy to select a provider that matches their cultural and linguistic preferences.

Contact Wanakee Eames at **weames@amerihealthcaritas.com** for more information.

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.**

www.amerihealthcaritasla.com

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