

CONNECTIONS

2026 | ISSUE 1



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Members' and Participants' rights and responsibilities

We are committed to treating our Members and Participants with dignity and respect. Our plans, network providers, and other providers of service may not discriminate against Members or Participants based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law.

Members and Participants have specific rights and responsibilities related to their care and services. Information outlining these rights and responsibilities is shared with new practitioners when they join our network and is available to participating providers upon request.

The complete list of Members' and Participants' rights and responsibilities is available at **www.amerihealthcaritasp.com > Providers > Resources > Member rights and responsibilities** and **www.amerihealthcaritaschc.com > For Providers > Resources > Participant information.**

Member and Participant copayment information



The most current copayment information is available at www.amerihealthcaritaspa.com > **Providers > Resources** and www.amerihealthcaritaschc.com > **For Providers > Resources > Participant information**.

Provider Services department

The Provider Services department operates in conjunction with the Provider Network Management department, addressing provider concerns and offering assistance. Both departments make every attempt to make sure all providers receive the highest level of service available.

The Provider Services department can be reached 24 hours a day, seven days a week. Call them at **1-800-521-6007** to:

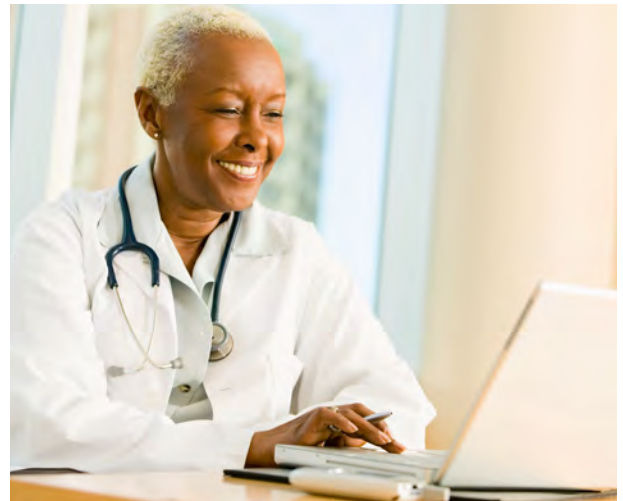
- Verify Member and Participant eligibility/benefits.
- Request forms or literature.
- Ask policy and procedure questions.
- Report Member and Participant noncompliance.
- Obtain the name of your Account Executive.
- Request access to centralized services such as:
 - Outpatient laboratory services
 - Behavioral health services
 - Dental services
 - Vision



Credentialing reminders

Please remember that AmeriHealth Caritas Pennsylvania (PA) and AmeriHealth Caritas PA Community HealthChoices (CHC) offer and encourage all practitioners to use the free Universal Provider DataSource through the Council for Affordable Quality Healthcare (CAQH)* for simplified and streamlined data collection for credentialing and recredentialing. Through the CAQH, credentialing information is provided to a single repository, via a secure internet site, to fulfill the credentialing requirements of all health plans that participate in the CAQH. The complete list of credentialing guidelines and related forms, as well as practitioners' credentialing and recredentialing rights, can be found online at

www.amerihealthcaritaspa.com > Providers > Join our network and **www.amerihealthcaritaschc.com > For Providers > Join our network**.



*Note: CAQH credentialing does not apply to home- and community-based services (HCBS) and long-term services and supports (LTSS) providers. HCBS and LTSS providers should complete our paper application process.

Provider credentialing rights

After submitting an application, health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing applications.
- To be notified within 60 calendar days of the Credentialing Committee/Medical Director review decision.
- To appeal any credentialing/recredentialing denial within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.

To request any of the above, the provider should contact our Credentialing department at:

**AmeriHealth Caritas Pennsylvania/
AmeriHealth Caritas PA CHC**
Attn: Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113

Fraud, waste, and abuse

If you or any entity with which you contract to provide health care services on behalf of AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC is concerned about or identifies potential fraud, waste, or abuse, please contact us by:

- Calling the toll-free fraud, waste, and abuse hotline at **1-866-833-9718**
- Emailing **fraudtip@amerihealthcaritas.com**
- Mailing a written statement to:
Special Investigations Unit
AmeriHealth Caritas Pennsylvania/
AmeriHealth Caritas PA CHC
P.O. Box 7317
London, KY 40742

For more information about Medical Assistance fraud, waste, and abuse, please visit the Department of Human Services (DHS) website at **<https://www.pa.gov/agencies/dhs/report-fraud/medicaid-fraud-abuse.html>**.

We are committed to detecting and preventing acts of fraud, waste, and abuse and have webpages dedicated to addressing these issues and mandatory screening information. Visit **www.amerihealthcaritaspa.com** > **Providers > Resources > Fraud, waste, and abuse** and **www.amerihealthcaritaschc.com** > **For Providers > Resources > Fraud, waste, abuse, and mandatory screening information**.



Topics include:

- Screening employees for federal exclusion
- Reporting fraud to us
- Returning improper payments or overpayments
- Provider mandatory fraud, waste, and abuse training

Note: After you have completed the training, please complete the attestation.

- AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC medical providers, go to **<https://www.surveymonkey.com/r/FWAAttest>**.
- AmeriHealth Caritas PA CHC LTSS providers, go to **http://www.surveymonkey.com/r/FWA_Attest**.

Can you spot the phish?

More than 3.4 billion phishing emails¹ are sent out each day worldwide. But one factor can make life much harder for scammers: You. As the first line of defense, it is important that you are able to recognize and report a suspected phishing email.

What is phishing?

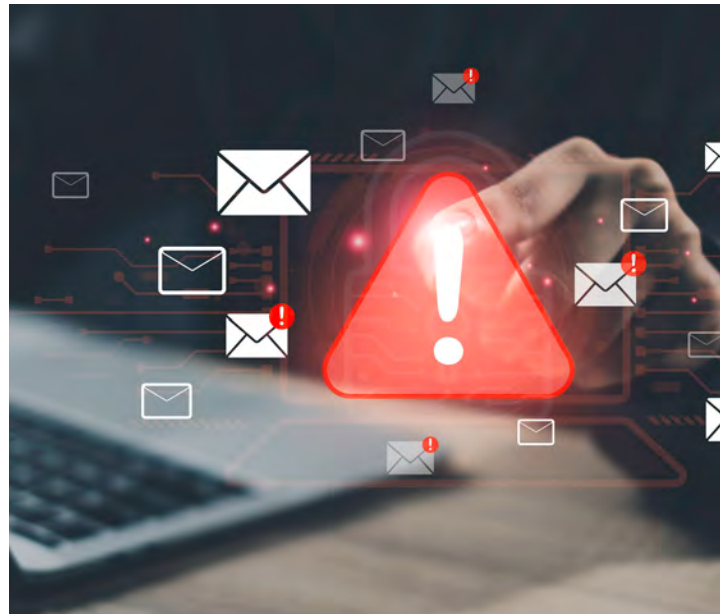
Phishing scams are emails that look real, but they are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information (PHI) and personally identifiable information (PII), as well as your practice'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 represent
- 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 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 banks or retailers like Target or Amazon.
- Do not reply to the email or forward it to anyone else at your practice.
- Familiarize yourself with your practice's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- If you have questions, please contact your practice's security department.

¹ Gary Smith, "Top Phishing Statistics for 2025: Latest Figures and Trends," StationX, June 2, 2025, www.stationx.net/phishing-statistics, accessed July 8, 2025.

The Healthcare Effectiveness Data and Information Set (HEDIS) reporting period is around the corner

As we look forward to our next cycle of HEDIS data collection and reporting, we want to thank you for your continued participation in this important quality initiative.

We have contracted with PalmQuest to assist with the annual medical record review process. PalmQuest is required to comply with Health Insurance Portability and Accountability Act (HIPAA) privacy requirements throughout the retrieval process and are trained in medical record retrieval for HEDIS, Centers for Medicare & Medicaid Services (CMS), and state quality reporting programs. Disclosure and use of the medical records, and the collection of medical records for this purpose, is considered to be treatment, payment, or health care operations under HIPAA regulations (45 C.F.R. 164.502(a)(1)(ii)).

We appreciate your cooperation in working with PalmQuest to schedule the retrieval of any requested Member/Participant records. We remind you that records requested should be provided at no charge or in accordance with your provider agreement.

Utilize the NaviNet Redetermination Report

The NaviNet provider portal provides a wealth of information and resources to support you in the care of our Members/Participants.

One of the reports that was developed, and is updated monthly, is the Redetermination Report. This report identifies Members/Participants who are paneled to your practice, that are within 90 days of being required to complete the Medical Assistance (MA) redetermination process.

How you can help

We are asking that you join us in starting the conversation with your patients identified on the report and stress the importance of timely submission of their renewal paperwork to ensure their MA coverage and benefits remain in place.

To find the Redetermination Report:

- Select Report Inquiry from left side menu.
- Choose Administrative Report Inquiry from drop down list.

A report will be generated if there is one available.



Please utilize our Let Us Know program if you have an AmeriHealth Caritas PA Member who may need additional assistance with the redetermination process. Additional details are available on our website at www.amerihealthcaritaspa.com > **Providers > Initiatives > Let Us Know.**

For AmeriHealth Caritas PA CHC Participants, please contact the assigned Service Coordinator for assistance.

Note: If your practice is not registered with NaviNet, we highly recommend registering. To register, please go to <https://navinet.navimedix.com>.

Behavioral health services

AmeriHealth Caritas PA CHC recognizes that a Participant's optimal health and well-being are better achieved through a whole-person approach. We strive to address our Participants' behavioral health (BH) needs through care coordination and collaboration with behavioral health managed care organizations (BH-MCOs).

AmeriHealth Caritas PA CHC conducts a comprehensive needs assessment of every Participant who is eligible for long-term services and supports (LTSS), or who requests an assessment. If you are working with an AmeriHealth Caritas PA CHC LTSS Participant residing in the community or a nursing facility who has an identified unmet BH need, please contact an AmeriHealth Caritas PA CHC Service Coordinator by calling **1-855-332-0116**. The Service Coordinator will make a referral to our BH Coordinator, who can assist the Participant with connecting to BH services.



Be involved – join our Participant Advisory Committee

AmeriHealth Caritas PA CHC hosts a quarterly Participant Advisory Committee meeting, and we are asking for your help.

The Participant Advisory Committee is a forum where Participants, providers, caregivers, family members, and direct care workers come together to help us make a difference.

The purpose of the committee is to provide our Participants with an effective means to consult with each other and, when appropriate, coordinate efforts and resources for the benefit of the entire CHC population in the zone, including people with long-term services and supports (LTSS) needs.

The 2026 Participant Advisory Committee meeting schedule is as follows:

Zone	Dates	Time	Location
Lehigh/Capital	June 9 September 8 December 8	11 a.m. – 1 p.m.	AmeriHealth Caritas PA Wellness and Opportunity Center 600 Penn Street, Third Floor, Reading, PA 19602
Northeast	June 4 September 3 December 3	11 a.m. – 1 p.m.	AmeriHealth Caritas PA Wellness and Opportunity Center 20 West Broad Street, Hazelton, PA 18201
Northwest	June 2 September 1 December 1	11 a.m. – 1 p.m.	Voices for Independence 1432 Wilkins Road, Erie, PA 16505
Southwest	June 16 September 15 December 15	11 a.m. – 1 p.m.	Community Engagement Center 622 North Homewood Avenue, Pittsburgh, PA 15208

We are excited to share that we are actively recruiting a diverse group of Participants and providers!

- Do you know a Participant who likes to be involved in community meetings or organizations?
- Do you know a formal or informal caregiver who has expressed interest in advocating for others?

If so, we want to hear from them!

Please reach out to Community Relations Outreach team at advisoryacpchc@amerihealthcaritas.com with the contact information of the potential committee member, and we will do the rest!



Annual Office of Long-Term Living (OLTL) critical incident reporting training due by December 31

Provider and service coordination entity staff must be trained annually on preventing abuse and exploitation of Participants; critical incident reporting; and mandatory reporting requirements. OLTL offers provider and service coordination entity online training to meet this mandatory annual training requirement. After finishing each module, you will be linked to a webpage to register your completion and print your certificate. Note that you will need your provider number/service location or FEIN number to complete the registration page at the end of each module. **This mandatory annual training must be completed by December 31 of each year.**

Training for Incident Management and Protective Services is available on OLTL contractor Dering Consulting's website at <https://deringconsulting.com/OLTL-Provider>.

AmeriHealth Caritas PA Benefit Limit Exception

Effective February 1, 2026, a new Benefit Limit Exception (BLE) form is required when submitting prior authorization requests for select services for HealthChoices Members age 21 and older.

The updated form allows dentists to better document Members' medical condition(s) when requesting benefit limit exceptions. These approvals are required for certain services and are based on the medical conditions of the Member being treated.

The BLE form and the BLE policy are available on our website at www.amerihealthcaritaspa.com > **Providers > Resources > Dental program.**



2026 Current Dental Terminology (CDT) updates

Effective January 1, 2026, the American Dental Association (ADA) has updated the CDT code set, removing D9248 (non-intravenous conscious sedation) and replacing it with more specific codes for sedation, including D9244, D9245, D9246, and D9247.

Providers should refer to CDT 2026 for guidance on the appropriate use of these new codes. Please note that coverage for these new codes may change pending updates to the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) fee schedule.

Dental quality measures

In 2025, noticeable improvements were seen across dental quality measures in all plans. Significant gains were seen in oral evaluation dental services (at least one D0120, D0145, D0150 ages 0 – 20), topical fluoride varnish for children (at least two D1206 ages 0 – 4), and adult annual dental visits (any dental service performed on ages 21 and older).

We thank you and your staff for your continued commitment to providing access to care and for promoting the oral and overall health of our Members and Participants.

Save time! Submit all your pharmacy prior authorization requests online

Providers can submit electronic prior authorization (ePA) requests either through their electronic health record (EHR) tool software or via the following online portals:

- **CoverMyMeds**
- **Surescripts**

Visit our websites for additional details:

www.amerihealthcaritaspa.com > Pharmacy > Prior authorization

www.amerihealthcaritaschc.com > For Providers > Pharmacy services > Pharmacy prior authorization

Topics include:

- A list of pharmaceuticals, including restrictions and preferences
- How to use the pharmaceutical management procedures
- An explanation of limits or quotas
- Drug recall information
- Prior authorization criteria and procedures for submitting prior authorization
- Changes approved by the Pharmacy and Therapeutics Committee



Preferred drug list updates

The Pennsylvania Department of Human Services (DHS) implemented changes to the statewide preferred drug list (PDL) that went into effect on January 1, 2026, and January 5, 2026.

Effective January 1, 2026:

- Drugs containing a **GLP-1 receptor agonist for the treatment of overweight or obesity are no longer covered** unless Members/Participants have a condition for which GLP-1 receptor agonist remains a covered prescription drug benefit. GLP-1 drugs impacted by this coverage change include:
 - Mounjaro (tirzepatide), Ozempic (semaglutide), Rybelsus (semaglutide), Saxenda (liraglutide), Trulicity (dulaglutide), Victoza (liraglutide), Wegovy (semaglutide), Zepbound (tirzepatide).
 - This pharmacy benefit change is authorized by 62 P.S. § 443.6(g), as amended by Act 2011-22, and 55 Pa. Code § 1121.54.
 - All Members/Participants receiving a GLP-1 receptor agonist will require a new prior authorization. Existing coverage ended on December 31, 2025, unless the provider requests a new prior authorization and the GLP-1 drug is authorized.
- All Members/Participants receiving a DPP-4 inhibitor will require prior authorization. Existing coverage ended on December 31, 2025, unless the provider requests a new prior authorization and the DPP-4 drug is authorized.

Effective January 5, 2026:

- Please visit our website to view the entire list of statewide PDL changes for AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC. We will continue to use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL. This entire communication can be found on our website at **www.amerihealthcaritaspa.com > Providers > Communications > Provider notifications > 2025** or **www.amerihealthcaritaschc.com > For Providers > Resources > Communications > Provider alerts > 2025**.

Reminder:

- AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC will maintain a list of preferred and non-preferred drugs in classes that are not included in the statewide PDL. This is called the Supplemental Formulary.
- Medication classes that are not included in the statewide PDL are reviewed and approved by the AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization process remains the same. For more information about prior authorization, go to **www.amerihealthcaritaspa.com > Pharmacy > Prior authorization** or **www.amerihealthcaritaschc.com > For Providers > Pharmacy Services**.

Prior authorization request by:	AmeriHealth Caritas PA	AmeriHealth Caritas PA CHC
Phone	1-866-610-2774	1-888-674-8720
Fax	1-888-981-5202	1-855-851-4058

Where can I see the changes?

The 2026 PDL is available on DHS' Pharmacy website and at **<https://papdl.com/>**. Additional resources, including our plan Supplemental Formulary, are available on the Formulary page at **www.amerihealthcaritaspa.com > Pharmacy > Pharmacy Homepage** or **www.amerihealthcaritaschc.com > For Providers > Pharmacy services**.

Formulary changes

1. The following products were removed from the AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC drug formulary.

Members/Participants who were receiving a product listed below were required to obtain a new prescription for an alternative product prior to **January 5, 2026**. Members/Participants for whom it was not medically advisable to change therapy were required to obtain prior authorization to continue coverage for the formulary-changed products.

FORMULARY REMOVALS	
Product list	Alternative product(s)
Anafranil oral capsule 50 mg and 75 mg	Clomipramine capsule
Canasa rectal suppository 1000 mg	Mesalamine rectal suppository
Carbatrol oral capsule extended release 12-hour 200 mg and 300 mg	Carbamazepine ER capsule
CellCept oral tablet 500 mg	Mycophenolate mofetil tablet
Corlanor oral tablet 5 mg and 7.5 mg	Ivabradine 5 mg and 7.5 mg
Depakote ER oral tablet extended release 24-hour 250 mg and 500 mg	Divalproex sodium ER tablet
Depakote oral tablet delayed release 125 mg, 250 mg, and 500 mg	Divalproex sodium DR tablet
Depakote Sprinkles oral capsule delayed release 125 mg	Divalproex sodium DR sprinkle capsule
Dilantin Infatabs oral tablet chewable 50 mg	Phenytoin chewable tablet
Dilantin-125 oral suspension 125 mg/5 mL	Phenytoin suspension
Effexor XR oral capsule extended release 24-hour 150 mg, 37.5 mg, and 75 mg	Venlafaxine HCl ER capsule
Imuran oral tablet 50 mg	Azathioprine tablet
Keppra oral solution 100 mg/mL	Levetiracetam solution
Keppra oral tablet 1000 mg, 250 mg, and 500 mg	Levetiracetam tablet
Keppra XR oral tablet extended release 24-hour 500 mg and 750 mg	Levetiracetam ER tablet
Klonopin oral tablet 0.5 mg and 1 mg	Clonazepam tablet *Age restrictions in place*

FORMULARY REMOVALS

Product list	Alternative product(s)
Lamictal oral tablet 100 mg, 150 mg, 200 mg, and 25 mg	Lamotrigine tablet
Lexapro oral tablet 10 mg, 20 mg, and 5 mg	Escitalopram tablet
Lialda oral tablet delayed release 1.2 g	Mesalamine DR tablet
Myfortic oral tablet delayed release 180 mg	Mycophenolic acid DR tablet
Mysoline oral tablet 250 mg	Primidone tablet
Onfi oral suspension 2.5 mg/mL	Clobazam suspension
Onfi oral tablet 10 mg and 20 mg	Clobazam tablet
Phenytek oral capsule 200 mg and 300 mg	Phenytoin ER capsule
Pristiq oral tablet extended release 24-hour 100 mg and 50 mg	Desvenlafaxine succinate ER tablet
Prograf oral capsule 0.5 mg and 1 mg	Tacrolimus capsule
Prozac oral capsule 10 mg, 20 mg, and 40 mg	Fluoxetine capsule
Remeron oral tablet 30 mg	Mirtazapine tablet
Remeron SolTab oral tablet disintegrating 45 mg	Mirtazapine ODT
Tegretol oral suspension 100 mg/5mL	Carbamazepine suspension
Tegretol oral tablet 200 mg	Carbamazepine tablet
Tegretol-XR oral tablet extended release 12-hour 100 mg, 200 mg, and 400 mg	Carbamazepine ER tablet
Topamax oral tablet 100 mg, 200 mg, 25 mg, and 50 mg	Topiramate tablet
Topamax Sprinkle oral capsule sprinkle 25 mg	Topiramate sprinkle capsule
Trileptal oral suspension 300 mg/5 mL	Oxcarbazepine suspension
Trileptal oral tablet 150 mg, 300 mg, and 600 mg	Oxcarbazepine tablet
Viibryd oral tablet 10 mg and 40 mg	Vilazodone tablet
Vimpat oral solution 10 mg/mL	Lacosamide solution

FORMULARY REMOVALS	
Product list	Alternative product(s)
Vimpat oral tablet 100 mg, 150 mg, 200 mg, and 50 mg	Lacosamide tablet
Wellbutrin SR oral tablet extended release 12-hour 100 mg, 150 mg, and 200 mg	Bupropion SR tablet
Wellbutrin XL oral tablet extended release 24-hour 150 mg and 300 mg	Bupropion XL tablet
Zoloft oral concentrate 20 mg/mL	Sertraline concentrate solution
Zoloft oral tablet 100 mg, 25 mg, and 50 mg	Sertraline tablet

2. The following products had new or updated quantity limits

Members/Participants who were receiving quantities greater than the limits listed below, and for whom it was not medically advisable to change therapy, were required to obtain prior authorization effective **January 5, 2026**.

FORMULARY LIMITS	
Product list	Quantity limit
Ivabradine oral tablet 5 mg	Quantity limit: 90 tablets/30 days
Ivabradine oral tablet 7.5 mg	Quantity limit: 60 tablets/30 days
Kalydeco packet 25 mg	Quantity limit: 60 packets/30 days

Note: **Additional prior authorization criteria may apply.** Please refer to most recent drug formulary and prior authorization information available online at www.keystonefirsttpa.com > Pharmacy > Pharmacy Homepage and www.amerihealthcaritaschc.com > For Providers > Pharmacy service.



Language and translation services

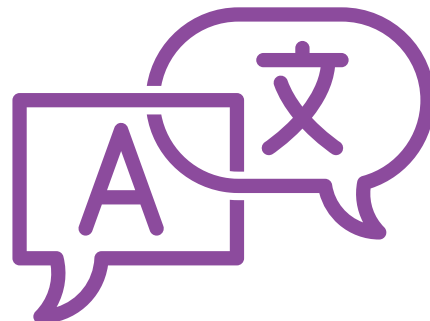
To help make sure our Members and Participants continue to have access to the best possible health care and services in their preferred language, we are extending to our network providers the opportunity to contract with Language Services Associates (LSA) at our low corporate phone rates.

For complete details and contact information, visit our websites:

- www.amerihealthcaritaspa.com > Providers > Initiatives > Cultural competency
- www.amerihealthcaritaschc.com > For Providers > Training

You may address any questions you have directly to LSA, since this relationship will be between your office and LSA. Feel free to call them at **1-866-221-1301**.

If an AmeriHealth Caritas PA CHC Participant needs an interpreter, please ask the Participant to call us at **1-855-235-5115** to be connected with an interpreter that meets their needs. For TTY services, please call **1-855-235-5112**.





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