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## AmeriHealth Mercy Health Plan is Ranked Again among the Top 25 Medicaid Managed Care Plans in the Nation!

**The National Committee for Quality Assurance (NCQA) has released the Medicaid Insurance Plan Rankings 2011-2012. We are pleased to report that AmeriHealth Mercy is 22nd out of 99 Medicaid health plans in the nation.**

**We'd like to thank our providers and practitioners. Your ongoing commitment to providing quality healthcare to our members is a major contributor to this accomplishment!**

Plans were ranked on the following three components, and NCQA accreditation:

- **Satisfaction:** Includes measures of the consumer's experience of care and satisfaction with the plan's doctors and services. Satisfaction is assessed by the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- **Prevention\*:** Includes measures of the proportion of eligible members who receive preventive services, such as cancer screenings and pre and post-natal care. It also includes measures of children's and adolescent's access to primary and preventive care visits
- **Treatment\*:** Includes measures of recommended care for people with conditions such as diabetes, heart disease and high blood pressure

*\*The measurement system called Healthcare Effectiveness Data and Information Set, or HEDIS® is used for almost all the prevention and treatment measures. Plans submit detailed HEDIS data from medical records and charts to NCQA.*

**Another key measurement that AmeriHealth Mercy depends on is the annual Provider Satisfaction Survey and the 2011 results are in!**

We greatly appreciate your participation in our annual Provider Satisfaction survey. This year's survey was administered by the Myers Group, an independent survey firm. Although the results are still being analyzed, the 43 percent response rate shows that AmeriHealth Mercy ranks higher or significantly higher in many categories when compared against the Myers Group benchmark of 36 other Medical Assistance plans across the country. Additionally, our respondents provided valuable input and suggestions for areas and opportunities that we can improve upon.

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# AmeriHealth Mercy Transitions to JIVA for Prior Authorization and Admissions Information

Beginning January 16, 2012, AmeriHealth Mercy is pleased to offer prior authorization and admission-related functions via JIVA through the AmeriHealth Mercy provider portal, NaviNet. We will no longer accept requests for prior authorization service extensions and admission status via iEXCHANGE. Via a single log-in to AmeriHealth Mercy's Plan Central Page on NaviNet, you will be able to access JIVA, a new, web-based functionality that will enable:

- Requests for inpatient, outpatient, home care and DME services
- Submission of requests for extension of services
- Requests for prior authorization
- Verification of elective admission authorization status
- Receipt of admission notifications and view authorization history
- Submission of clinical review for auto approval of requests for services

Note: Case history stored on iEXCHANGE will not be moved to JIVA, so please make preparations now if you will need this data beyond January 16, 2012.

JIVA will be accessible only through AmeriHealth Mercy's NaviNet Plan Central page; therefore to utilize JIVA's on-line

prior authorization and admission-related functions, you must be a registered NaviNet user. If you are not already a NaviNet user, it is very simple to start the process! Log on to [www.navinet.net](http://www.navinet.net) to register, or call 1-888-482-8057 to speak to NaviNet Customer Service. To ensure you are ready to begin using JIVA when it launches on January 16, 2011, please register for NaviNet now.

While JIVA will not be available until January, Primary Care Providers still have time to participate in a preventive service campaign to address missing medical services for members. This campaign is via the NaviNet eligibility function and provides PCP's with an opportunity to earn more compensation. The preventive service campaign is for dates of service through December 31, 2011. For complete steps and ways to earn this extra compensation for your practice contact your Provider Contracting Representative or go to the Provider Center at [www.amerhealthmercyhp.com](http://www.amerhealthmercyhp.com) > Latest Updates.

**If your practice is not currently using NaviNet, now is the perfect time to start to use this free service.**

## Medicare Advantage Special Needs Plan

The core mission of AmeriHealth Mercy Health Plan is a special concern for those who are poor and our vision is to be a leader in health care solutions for the underserved.

In an effort to further expand this mission and vision, AmeriHealth Mercy intends to enter the Medicare Advantage field in calendar year 2013. Offering a Medicare Advantage Special Needs Plan for dual-eligible Medicare beneficiaries (people who are eligible for both Medicare and Medicaid benefits) will enable us to ensure these vulnerable members are able to receive the services they need from AmeriHealth Mercy.

We are currently in the early stages of this initiative, and have begun our provider network recruiting efforts in order to demonstrate and meet the Centers for Medicare and Medicaid Services (CMS) network adequacy requirements. If you have not already done so, please read, sign and return the Medicare Advantage Special Needs contract addendum that we sent you in November. We anticipate the Medicare Advantage services will begin January 1, 2013, assuming that we are approved for a CMS contract.

We will continue to update you as we move forward and thank you in advance for your participation in our Medicare Advantage program and your continued commitment to our members. Contact your Provider Contracting Representative for more information.



# EPSDT Reminder – Follow the Recommended Periodicity Schedule

It is vitally important to follow the most up-to-date Pennsylvania DPW's EPSDT Periodicity Schedule for screening and services provided to AmeriHealth Mercy children. An electronic version is available on the Provider Center at [www.amerihhealthmercyhp.com](http://www.amerihhealthmercyhp.com) under both the EPSDT section and in the Provider Manual.

In addition to the usual age appropriate components, screenings and services, we would like to highlight and remind you of three areas of particular importance for these children:

- ✓ The 30 month EPSDT screening is a required screening period
- ✓ All AmeriHealth Mercy children are considered at risk for lead toxicity, regardless of risk factors or responses to lead screening questions, and must receive a minimum of two blood lead level screening tests for lead poisoning when they are due.
  - The first test should be conducted during a routine screening between 9 and 18 months
  - The second test should be conducted during a routine screening between 2 and 6 years
- ✓ Structured screening for developmental delays and Autism Spectrum Disorders are required components for the following screens, but structured assessments outside of the recommended screening periodicities should be pursued if medically necessary
  - Structured developmental delays – 9, 18 and 30 months
  - Autism Spectrum Disorders – 18 and 24 months

We recognize that this is a complex topic and have provided a valuable document (Updated Requirements and Resources for Structured Screening for Developmental Delays and Autism Spectrum Disorder for Medical Assistance Recipients) on the EPSDT section of the AmeriHealth Mercy Provider Center ([www.amerihhealthmercyhp.com](http://www.amerihhealthmercyhp.com)) providing guidance on surveillance, screening and evaluation, examples of validated screening tools and specific resources for assistance. Click on the link to refer to this document: <http://www.amerihhealthmercyhp.com/pdf/provider/resources/epsdt/autism-dev-delays-screening.pdf>.

If you have any questions or need any support regarding EPSDT services and requirements, please contact your Provider Contracting Representative or Provider Services at **1-800-521-6007**.



## AmeriHealth Mercy Health Plan is Again Ranked Among the Top 25 Medicaid Managed Care Plans in the Nation!

*(continued from page 1)*

Some preliminary highlights are your satisfaction with:

- Responsiveness and courtesy of your Provider Contracting Representative
- Timeliness in answering questions and/or resolving problems
- The degree of improvement we have made to reduce/eliminate the “hassle factor” of getting patients the services they need
- The plan’s commitment to chronic disease management programs

Opportunities you suggested for improvement:

- Less restrictive drug formulary
- More participating specialists
- Enhanced fee schedules
- Prior Authorization process

We welcome your ideas and comments and encourage you to share them with your Provider Contracting Representative. When completed, we will publish the final results and analysis of this year’s survey for you by posting them on the Provider Center at [www.amerihhealthmercyhp.com](http://www.amerihhealthmercyhp.com).

# News You Can Use

## GOOD NEWS for Flu Shot Procrastinators!

If some of your patients did not get the flu shot in October, it's not too late. Even though it's ideal to get vaccinated early, the flu shot can still be helpful later. In fact, getting vaccinated for the flu is just as effective in November, December, or even January. Influenza disease usually peaks in January or February most years, and disease can occur as late as May.

- ✓ Participating providers will be reimbursed for the administration of the seasonal flu vaccine to children and adults and should bill with the following procedure codes:
  - 90655 – Influenza Split Virus, 6-35 months, Preservative Free
  - 90656 – Influenza Split Virus, 3 years and over, Preservative Free
  - 90657 – Influenza Split Virus, 6-35 months
  - 90658 – Influenza Split Virus, 3 years and older
  - 90660 – FluMist
- ✓ Reimbursement for administration of seasonal flu vaccine to members over age 18 includes the cost of the vaccine. Vaccine and supplies should be obtained from providers' regular vaccine supplier.
- ✓ Reimbursement for administration of seasonal flu vaccine to members under age 18 is an administration fee only. Seasonal flu vaccines for children are provided free through the Pennsylvania Department of Health's Vaccines for Children Program (VFC).
- ✓ Providers in all other Pennsylvania counties should contact the Pennsylvania Department of Health\*. **(1-888-646-6864)**

\* For detailed contact information and links to these websites go to the Provider Center at [www.amerhealthmercyhp.com](http://www.amerhealthmercyhp.com) and click on Vaccines for Children link under the 2011-2012 Flu Information page.

## Criteria Availability

AmeriHealth Mercy has added acute pharyngitis in children 2-18 years old to our clinical practice guidelines. All clinical practice guidelines are available by visiting the Provider Center of our website at [www.amerhealthmercyhp.com](http://www.amerhealthmercyhp.com), or upon request by calling the Provider Services Department at **1-800-521-6007**.

These clinical practice guidelines are intended for use in guiding the treatment of members, with the goal of reducing unnecessary variations in care. The clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, the physician's clinical judgment. The physician remains responsible for ultimately determining the applicable treatment for each individual.

## AmeriHealth Mercy Utilizes InterQual Clinical Guidelines

AmeriHealth Mercy Health Plan adopted InterQual clinical guidelines for Utilization Management effective November 1, 2011. Like our participating hospitals, AmeriHealth Mercy is committed to ensuring care delivery is built on a solid, scientifically valid foundation of medical evidence, both to improve quality and to manage costs.

InterQual Criteria cover the medical and behavioral health continuums of care and are widely used by hospitals and payers to help deliver the right care, at the right time, in the right setting. By supporting more clinically appropriate utilization decisions, InterQual criteria help produce shorter lengths of stay, fewer readmissions and lower overall costs.

Any questions or concerns can be addressed by calling **717-651-3490** or via e-mail to [providerservices@amerihealthmercyhp.com](mailto:providerservices@amerihealthmercyhp.com).

## Quest Lab Reminder

AmeriHealth Mercy Health Plan has a preferred laboratory provider relationship with Quest Diagnostic Clinical Laboratories, Inc. Members assigned to a provider's office that have "Quest" on their AmeriHealth Mercy ID card means the office is required to complete a Quest requisition form when ordering laboratory test(s) for any AmeriHealth Mercy member.

Network physicians are encouraged to perform venipuncture in their office. Providers should then contact Quest Diagnostics to arrange pick-up service.

For offices that do not have a Quest Diagnostics account, the member should be directed to a Quest Diagnostics Patient Service Center. For a list of Centers or to become a draw site, contact Quest Diagnostics at: [www.questdiagnostics.com](http://www.questdiagnostics.com) or call **1-800-825-7380**.

All claims submitted for routine clinical laboratory services that are not performed through Quest when Quest is listed on the AmeriHealth Mercy member's ID card will be denied. The only exceptions are STAT laboratory services. STAT laboratory services are defined as:

Laboratory services that require completion and reporting of results within four hours of receipt of the specimen.

STAT lab services may be performed by any AmeriHealth Mercy participating facility.

## Credentialing Reminders

Please remember that AmeriHealth Mercy Health Plan offers and encourages 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 re-credentialing. Through 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 with CAQH.

**The complete list of AmeriHealth Mercy Credentialing Guidelines and related forms can be found online in the Provider Center at [www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com).**

**All Practitioners have the following credentialing and re-credentialing rights:**

- The right to review the credentialing information with the exception of references, recommendations, and peer protected information obtained by AmeriHealth Mercy. When a discrepancy is identified the Credentialing Department will notify the health care provider for correction
- The right to correct erroneous information\*
- The right, upon request, to be informed of the status of their credentialing or re-credentialing application
- The right to be notified within 60 calendar days of the Credentialing Committee decision
- The right to appeal any credentialing/re-credentialing denial within 30 days of receiving written notification of the decision

\*Corrections to inaccurate information should be sent to AmeriHealth Mercy's Credentialing department at the following address: Attn: Credentialing Department  
AmeriHealth Mercy Health Plan  
8040 Carlson Road, Ste. 500  
Harrisburg, PA 17112  
Fax: **717-651-1673** or  
Phone: **866-546-7972**

## Need to speak to your AmeriHealth Mercy Provider Contracting Representative?

Your assigned AmeriHealth Representative is available to assist your practice with any type of question, issue or education needs that might arise. If your representative is not available, please keep in mind that our Provider Services Department is here for you 24 hours a day, 7 days a week at **1-800-521-6007**. See the table on the back page of this edition of *Messenger* to find your representative.

## AmeriHealth Mercy's Commitment to HIPAA Compliance

AmeriHealth Mercy is committed to protecting the privacy of members' health information, and to complying with applicable federal and state laws that protect the privacy and security of a member's health information. Consistent with this commitment, AmeriHealth Mercy has established basic requirements for the use or disclosure of members' protected health information (PHI). For a complete and detailed description of our routine uses and disclosures of PHI, as well as the organization's internal protection of oral, written and electronic PHI, please visit the Provider Center at [www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com) > HIPAA > AmeriHealth Mercy's Commitment to HIPAA Compliance.

## Outpatient Radiology Services Requiring Prior Authorization by MedSolutions

All outpatient elective MR, CT, PET, and Nuclear Cardiology require prior authorization by MedSolutions.

There are three convenient methods for referring providers to request authorizations:

1. Web portal – [www.medsolutionsonline.com](http://www.medsolutionsonline.com)
  - Available 24/7
  - Requires a one-time registration
2. Phone – **1-800-572-1981**
  - Available from 8:00 a.m – 9:00 p.m
3. Fax – **1-888-693-3210**
  - Forms are available on [www.medsolutionsonline.com](http://www.medsolutionsonline.com).

If you have any questions, contact MedSolutions Customer Service at **1-800-572-2026**.

## Keep Your Practice Information Up-to-Date

Please keep in mind that any changes to your practice information should be reported immediately to your Provider Contracting Representative or you can use the Provider Change Form that can be found on the Provider Center at [www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com) > Provider Forms > Provider Change Form and either fax or mail it to:

Fax: **717-651-1673**

Mail: AmeriHealth Mercy Health Plan  
Provider Contracting Department  
8040 Carlson Rd., Ste. 500  
Harrisburg, PA 17112

# THE CLOCK IS RUNNING!

## Will Your Practice Be Ready for the HIPAA Version 5010 January 1, 2012 Compliance Date?

**You should either be ready now, or be in final testing with your payers, clearinghouses, billing services and other business partners**

### **December, 31, 2011**

- External testing of Version 5010 for electronic claims must be complete to achieve compliance

### **January 1, 2012**

- All electronic claims must use Version 5010
- Version 4010 claims will no longer be accepted or paid

### **Preparing for HIPAA 5010 Transactions – Changes You Need to Make Now!**

**Please take special note of the changes for the Billing Provider Address and the non-acceptance of Post Office or lock boxes.**

**The January 1, 2012 deadline to be in compliance with HIPAA 5010 is fast approaching. The updated standards will result in a number of data reporting changes which will require you to use a different format in collecting and reporting data.**

To avoid any interruptions in the transaction process or fines for non-compliance, it is very important that you understand these changes and be proactive now in your efforts to comply. The grid below provides details on some actions you should take now to prepare.

### **Address Fields Explained:**

- Some items are not changes but clarifications in the Centers for Medicare and Medicaid Services (CMS) requirements. Please be aware of the following clarifications:

#### **Service Facility Location (Box 32) (Loop 2310D)**

- The address listed in this box should be the address where services are performed. If services were performed at the primary location, this information will be the same information entered in Box 33. If services were performed in a location other than the primary service location (i.e. services performed in a hospital), this information will be different from Box 33.

#### **Billing Provider Name and Address (Box 33) (2010AA)**

- The address listed in this box should be the primary service location of the provider. P.O. Boxes are no longer acceptable in this field. The claim will be rejected.

#### **Pay to Provider Address (is not to be reflected on the CMS-1500 paper claim) (2010AB)**

- This address box is commonly referred to as the “Remit Address.” P.O. Boxes are acceptable in this field.

#### **Resources:**

- The Workgroup for Electronic Data Interchange (WEDI) has played a major role in promoting and implementing the standardization of health care data. Their “White Paper” provides help with the 5010 implementation process, and is available on their website at: [www.wedi.org/snip](http://www.wedi.org/snip)

If you have further questions, please contact your Provider Contracting Representative or Provider Services at **1-800-521-6007**.

## Data Reporting Changes

Paper Claim	EDI Claim Loop/ Segment	Data Changes	Currently Accepted	New Requirement Format	Provider Action Needed
Box 24	2310B	Rendering and Attending Provider Tax ID	<p>NPI is the primary identification allowed for the Rendering/ Attending Provider.</p> <p>Billing provider must always represent the most detailed level of enumeration (NPI) as determined by the organization health care provider.</p>	<b>No Change</b>	<p>Ensure NPI billing requirements are being met.</p> <p>If you do not currently have an NPI number, you should get one.</p>
Box 33	2010AA	Billing Provider Address	Currently, using a P.O. Box is acceptable for a billing address.	<p><b>Billing provider address must be a physical street address and can no longer be a P.O. Box or lock box.</b></p> <p><b>* Physicians who want to have their payments sent to a different address will use the pay-to-provider name and address field on the 837-1 transaction.</b></p>	<p>Work with your PMS/ EDI vendor to ensure that the appropriate address is being sent in the correct location.</p> <p>Note: See below for more information about address segments.</p>
Multiple	Multiple	Billing Provider and Service Location Zip Codes	Currently, using the 5-digit zip code is acceptable in all areas of the claim.	<b>A full 9-digit format is required when submitting zip codes anywhere on a claim.</b>	Start submitting the full 9-digit zip codes.

# Important Pharmacy Notices

## Formulary Update

The following drugs have been added to the AmeriHealth Mercy formulary:

DRUG	USED FOR
ARIMIDEX® (anastrozole) tablets	Breast cancer – adjuvant and first line use in post-menopausal women
CEFDINIR oral suspension	Antibiotic for community acquired pneumonia, bronchitis and sinusitis
CEFPODOXIME oral suspension	Antibiotic for community acquired pneumonia, bronchitis and sinusitis
HYDROCODONE-ACETAMINOPHEN tablets (5/325mg, 7.5/325mg, and 10/325mg strengths)	Management of moderate to moderately severe pain

The following drugs have been removed from the AmeriHealth Mercy formulary:

DRUG	USED FOR
CEFIXIME oral suspension	Antibiotic for community acquired pneumonia, bronchitis and sinusitis

Additional information on AmeriHealth Mercy's Formulary is available under the Provider Center of [www.amerihhealthmercyhp.com](http://www.amerihhealthmercyhp.com).

## No Co-pays for Formulary Medications for Pregnant Members

Co-pays for formulary medicine for pregnant members can now be overridden at the pharmacy. While members should always be encouraged to update their pregnancy status through the Department of Public Welfare's statewide change center at **1-877-395-8930**, this new process will make it easier for members to receive their medicine for no co-pay if there is a delay in updating their eligibility status. Simply inform the pharmacy that the member is pregnant and they will be able to override the co-pay for the member.



# Steps to Helping Children Survive Sexual Abuse

## Last in a series devoted to Childhood Sexual Abuse Prevention

According to the American Academy of Child and Adolescent Psychiatry, if a child even hints in a vague way that sexual abuse has occurred, encourage him or her to talk freely. Don't make judgmental comments. The following action is recommended:

- Show that you understand and take seriously what the child is saying.
- Assure the child that they did the right thing in telling.
- Tell the child that he or she is not to blame for the sexual abuse.
- Finally, offer the child protection, and promise that you will promptly take steps to see that the abuse stops.

The good news is that there is hope for children who have experienced sexual abuse. As medical professionals and adults we do have the power to intervene and protect these children from further devastation. With the right kind of help, children can recover completely and live normal and happy lives.

**As a mandatory reporter, you are required by law to report when there is a reason to suspect that a child has been sexually abused. To make a report:**

Call ChildLine (**1-800-932-0313**), a 24-hour toll free telephone reporting system operated by the Pennsylvania Department of Public Welfare to receive reports of suspected child abuse. ChildLine forwards the report of suspected child abuse to the local county children and youth agency, which investigates the report to determine if the allegations can be substantiated as child abuse/neglect and also arranges for or provides the services that are needed to prevent the further maltreatment of the child and to preserve the family unity.

If the local county children and youth agency deem the suspected child abuse credible, it is forwarded to the proper law enforcement agency.



Trauma-focused therapy is the best kind of treatment for children who have experienced sexual abuse. Trauma-focused therapy includes building skills which will help a child deal with difficult feelings and cope with stress. The child can then use these skills for the rest of his or her life to manage stressful experiences and situations.

AmeriHealth Mercy Health Plan has a dedicated site on our Provider Center ([www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com)) providing many resources and links to assist your practice in the protection of our children. We will continue to support, advocate and partner with you in the battle to eradicate this evil from tainting any child's life.

Children who have been abused need:

- To be told over and over again that the abuse was not their fault and they did nothing wrong
- To be believed and reassured that they were right to tell
- To be informed of what will happen next with realistic and age-appropriate information
- To receive support and love
- To be assessed for counseling

# Tips for Providing Culturally and Linguistically Appropriate Services

The first in a series of Messenger articles to help your practice provide effective health care services to diverse populations

Over the next three issues of Messenger we will offer insight and tips in treating members with diverse backgrounds, whether they are cultural or linguistic in nature. In this issue, our focus will be on how to care for members of the Latino Community.

The 2010 US Census reported that the Latino community is the largest minority in the country. In fact, the AmeriHealth Mercy service area contains over 340,000 people of Latino background alone! With people of Latino heritage being such a large portion of the population, it is very likely that your practice is currently or will soon treat these patients.

**Here are some tips and observations from the University of Washington Medical Center's Culture Clues™ to assist you in communicating with and treating your Latino patients.**

## What Are The Latino Culture's Norms About Touch?

### *Understanding Relationships*

- Take time to develop relationships. Shake hands and greet your patient by name, or ask the patient what they prefer to be called. An older patient may prefer to be called Señor (Mr.) or Señora (Mrs.).

### *Understanding Norms About Eye Contact and Body Language*

- Eye contact with health care professionals or people of authority may be avoided as a sign of respect.
- For some patients, eye contact may be related to evil spirits. An illness may be attributed to receiving an "evil eye" or mal ojo.
- Another example of evil eye is the belief that if you admire a child by looking without actually touching him or her, the child can become very ill.
- When your patient nods his or her head, it does not necessarily signify agreement, but that he or she is listening to you. Silence is more likely a sign of not understanding or disagreement. To ensure understanding, ask open-ended questions and encourage the patient to ask questions.

### *Understanding Norms About Touch, Modesty, and Body Language*

- Consider the modesty of women and girls; having a female provider may be helpful. Ask your patient about her gender preference for providers. Consider having a female attendant present when a male provider is examining a female patient.

## How Are Medical Decisions Made In The Latino Culture?

### *Making Decisions About Health Care*

- The mother may determine when a family member requires medical care; the male head of the household may give permission to go to the medical center.
- The head of household, often the oldest adult male, may be the decision-maker, but important decisions often involve the whole family. The family spokesperson is usually the father or oldest male.
- Ask your patient about whom they want to be included in medical decisions. If the patient does not want to make his or her own medical decisions, let them know they need to prepare a Durable Power of Attorney for health care.

### *Managing Medical News*

- The family would prefer to hear about bad medical news before the patient is informed. The family spokesperson usually delivers information about the severity of illness. The family may want to shield the patient from the bad news.
- If your patient consents, meet with the identified persons to strategize how to communicate medical news.

### *Gaining Family Support*

- **La familia** – the family – is an important source of emotional support during recovery. Patients like to be able to see and embrace their family members. Be aware of the importance of this and consider extending visiting hours. Explain the visitation policy at the time the patient is admitted or before a surgery, so that the family knows what to expect.
- The family may want to allow the patient to remain passive during recovery while they provide complete support for activities of daily living. Educate family members about the importance of the patient's active participation during recovery.



## Helping Patients Become Compliant

### *Explaining the Causes of Illness and Disease*

- Your patient may see illness as an imbalance. The imbalance may be between internal and external sources (for example, hot and cold, natural vs. supernatural, the soul is separate from the body).
- Ask about use of pharmaceuticals or home therapies such as herbal remedies or certain foods. Screen for possible patient use of injectables, especially antibiotics or vitamins. Ask if you can see the home treatment if your patient cannot identify the substance.

### *Helping Your Patient Take an Active Role in Care and Recovery*

- Your patient may believe that God determines the outcome of illness.
- Consider the impact religion will have in your patient's active participation in health care recovery. You can validate your patient's belief by asking, "Will God be served by taking the best care of yourself?"
- Help your patient take an active role in his or her recovery.

## Helping Your Patient Feel Comfortable

- Keep in mind that patients who are new to your practice may not be aware of the role of the Primary Care Provider or the process for getting a referral to a specialist.

### *Understanding Concerns About Depression*

- Depression may not be seen as an illness. It is often seen as a weakness and an embarrassment to family. Treat these issues with respect. You may want to also offer the services of a clergy member.

Our goal, like yours, is to ensure that all members, including those with cultural and linguistic needs have access to the best possible health care and services. It is our intention that these series of articles will help you communicate effectively with your patient and to help both you and your patient make informed, shared decisions. We appreciate the challenges your practice faces on a daily basis and hope these few tips and suggestions assist you in meeting that goal. We look forward to any comments or questions you may have.

AmeriHealth Mercy would like to remind you that Language Service Associates (LSA) provides interpretation services for both you and your patient. For more information, call **215-259-7000 ext. 55316** or visit the Provider Center at [www.amerithealthmercyhp.com](http://www.amerithealthmercyhp.com) > [Initiatives > Cultural Competency](#).

## AmeriHealth Mercy Provider Contracting Representatives

Representative	Counties	Cell	Office	Email
<b>Lisa Elton</b>	Carbon, Lackawanna, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne and Wyoming	610-858-3968	717-651-3560	<a href="mailto:lisa.elton@amerihealthmercyhp.com">lisa.elton@amerihealthmercyhp.com</a>
<b>Sally Hostetter</b>	Lancaster and Lebanon	717-695-1140	717-943-1802	<a href="mailto:sally.hostetter@amerihealthmercyhp.com">sally.hostetter@amerihealthmercyhp.com</a>
<b>Maria Lebo</b>	Berks and Schuylkill	484-269-9766	717-920-8324	<a href="mailto:maria.lebo@amerihealthmercyhp.com">maria.lebo@amerihealthmercyhp.com</a>
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<b>Senna Slack</b>	Lehigh and out of area	610-248-7093	717-920-8331	<a href="mailto:senna.slack@amerihealthmercyhp.com">senna.slack@amerihealthmercyhp.com</a>
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