Delivering the Next **Generation** of Health Care

Provider Forum

Fall 2019

AmeriHealth Caritas™

Delaware

Who We Are

AmeriHealth Caritas Delaware

With Us, **It's About You.**

AmeriHealth Caritas Delaware Helps People:

Get care

Stay well

Build healthy communities

www.amerihealthcaritasde.com

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ACDE-18274667

AmeriHealth Caritas™
Delaware

Who we are

Rooted.

Backed by a national health care leader with more than 35 years of experience.

Committed.

Positioned to serve Delaware's Medicaid communities for years to come.

Stable.

Ready to maintain critical partnerships when times get tough.

Thought leaders.

Succeeding at the forefront of an integrated model of care.

Evolving.

Giving customers innovative, evidence-based products and services.

Multifaceted.

Providing care for Delaware's diverse Medicaid population, including aged, blind, and disabled (ABD), Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), and managed long-term services and supports (MLTSS).

Member Program Highlights

AmeriHealth Caritas
Delaware

Value-Added Benefits

AmeriHealth Caritas Delaware

Enhanced value for members

AmeriHealth Caritas Delaware is making it easier than ever for Delawareans to take control of their lives and live a healthy lifestyle. In addition to our core programs, our members also receive access to:

Adult dental coverage.

Adult vision coverage.

Help in identifying and addressing social determinants of health.

Our fun and vibrant Member Wellness Center for convenient face-to-face care management, fitness classes, and more.

Mission GED® program to help with GED testing expenses and coaching.

Community events such as our award-winning asthma and obesity management program, Healthy Hoops®.

Bright Start® maternity management program to help members improve their prenatal care and deliver healthy, full-term babies.

Women's wellness initiatives to help address whole-person health, while focusing on prevention and treatment of heart disease, breast cancer, and cervical cancer.

Telemedicine services when members are unable to see their regular doctor.

Long-term services and supports (LTSS) to connect some of the state's most vulnerable citizens with the right care, at the right time, and in the right setting.

Make Every Calorie Count Program

AmeriHealth Caritas Delaware

Designed to motivate our members, help them find balance, and set realistic weight loss goals that will help them reach their healthy weight.

- Promotes wellness and healthy lifestyles to members.
- Members who begin the program will be given a welcome kit that includes a tape measure, pedometer, and a daily food and activity log book to use as they get started.
- Care Coordination staff is available to support members every step of the way.

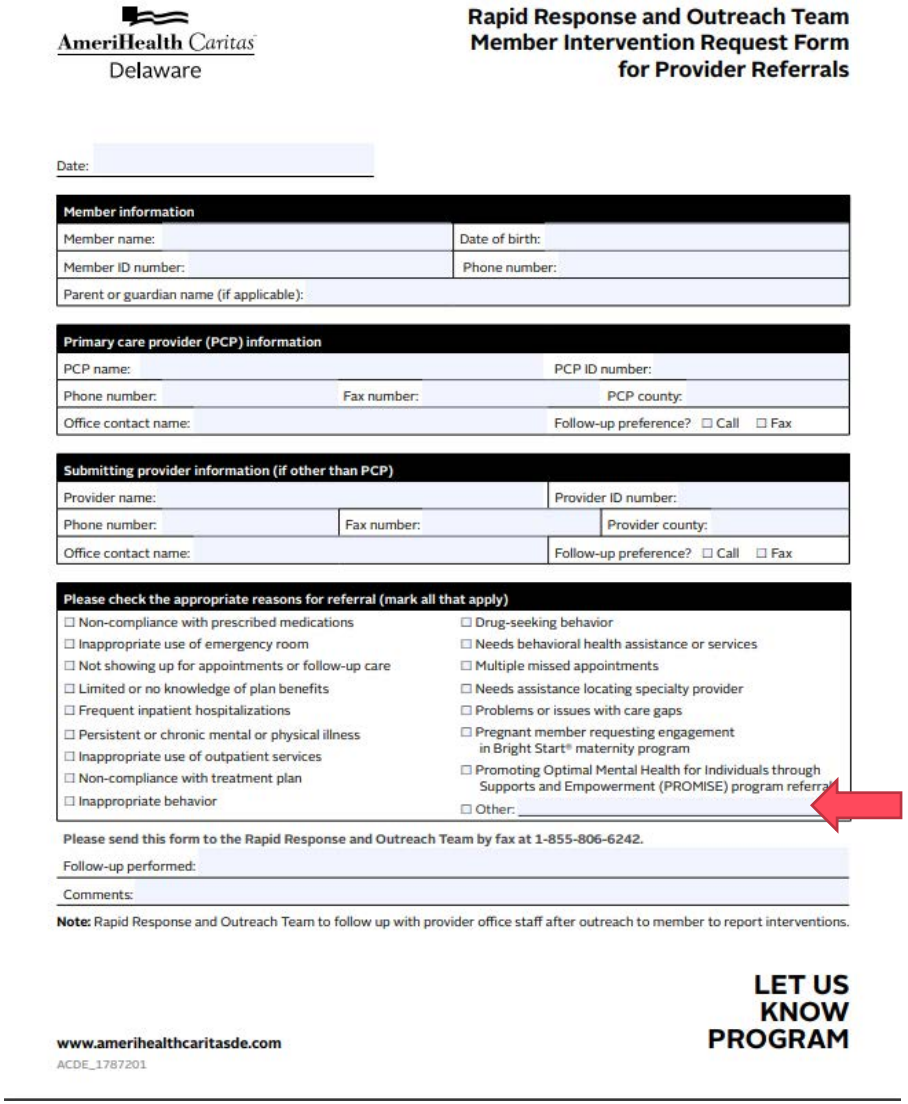
Make Every Calorie Count Program

AmeriHealth Caritas Delaware

Getting Started

If you identify a member with a BMI over 25, offer the Make Every Calorie Count program.

- To get started, complete a Let Us Know form and write **"Make Every Calorie Count"** in the Other section of the form.
- Fax completed forms to **1-855-806-6242** and a member of our Rapid Response and Outreach Team will contact you.



AmeriHealth Caritas Delaware

Rapid Response and Outreach Team Member Intervention Request Form for Provider Referrals

Date:

Member information

Member name:	Date of birth:
Member ID number:	Phone number:
Parent or guardian name (if applicable):	

Primary care provider (PCP) information

PCP name:		PCP ID number:
Phone number:	Fax number:	PCP county:
Office contact name:		Follow-up preference? ☐ Call ☐ Fax

Submitting provider information (if other than PCP)

Provider name:		Provider ID number:
Phone number:	Fax number:	Provider county:
Office contact name:		Follow-up preference? ☐ Call ☐ Fax

Please check the appropriate reasons for referral (mark all that apply)

- ☐ Non-compliance with prescribed medications
- ☐ Inappropriate use of emergency room
- ☐ Not showing up for appointments or follow-up care
- ☐ Limited or no knowledge of plan benefits
- ☐ Frequent inpatient hospitalizations
- ☐ Persistent or chronic mental or physical illness
- ☐ Inappropriate use of outpatient services
- ☐ Non-compliance with treatment plan
- ☐ Inappropriate behavior
- ☐ Drug-seeking behavior
- ☐ Needs behavioral health assistance or services
- ☐ Multiple missed appointments
- ☐ Needs assistance locating specialty provider
- ☐ Problems or issues with care gaps
- ☐ Pregnant member requesting engagement in Bright Start® maternity program
- ☐ Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) program referral
- ☐ Other:

Please send this form to the Rapid Response and Outreach Team by fax at 1-855-806-6242.

Follow-up performed:

Comments:

Note: Rapid Response and Outreach Team to follow up with provider office staff after outreach to member to report interventions.

LET US KNOW PROGRAM

www.amerihealthcaritasde.com

ACDE_1787201

YMCA Diabetes Prevention Program

AmeriHealth Caritas Delaware

AmeriHealth Caritas Delaware has partnered with the YMCA of Delaware to help our members who are looking to:

- Lose weight.
- Increase physical activity.
- Boost energy.
- Reduce risks of developing chronic conditions, including type 2 diabetes.

YMCA Diabetes Prevention Program

AmeriHealth Caritas Delaware

Program Structure

- Yearlong structured lifestyle and health behavior change program consisting of 25 one-hour group sessions.
- Provided in small group classroom settings.
- Instructed by lifestyle coaches.
- Topics covered include nutrition, getting started with physical activity, overcoming stress, staying motivated, and more.
- Program goals include reducing body weight by 7% and gradually increasing physical activity to at least 150 minutes per week.

YMCA Diabetes Prevention Program

AmeriHealth Caritas Delaware

Program Eligibility

Available at no cost to ACDE members who meet program eligibility criteria:

- 18 years of age or older.
- Not pregnant.
- Overweight (BMI > 25; BMI > 23 for Asian individuals).
- Not diagnosed with Type 1 or Type 2 diabetes or ESRD (End Stage Renal Disease).

And have **ONE** of the following:

- Qualifying risk score of 9 or greater.
- Diagnosed within the last year with prediabetes via a qualifying blood test value.
- Previous diagnosis of gestational diabetes.

YMCA Diabetes Prevention Program

AmeriHealth Caritas Delaware

Additional Information

- To learn more about the program, contact the YMCA of Delaware's Healthy Living Department at **1-302-572-9622** or **healthyliving@ymcade.org**.
- Providers may also refer members to the program by completing the Healthcare Provider Referral form found at www.ymcade.org/preventdiabetes.
- Please visit www.ymcade.org/preventdiabetes for a full overview of the program, eligibility criteria, class locations and schedules, and additional diabetes prevention resources.

Questions?

AmeriHealth Caritas
Delaware

Quality Management

Member Incentives

Did you know AmeriHealth Caritas Delaware offers incentives to our members for completing certain health screenings?

- Our Member Incentive Program encourages members to get healthy and stay healthy by engaging in healthy behaviors.
- Members will be rewarded with a gift card or other incentives for completing important health care activities such as annual exams, BMI screenings, retinal eye exams, and more.

Member Incentives

AmeriHealth Caritas Delaware

Maternity health:

- Go to four prenatal appointments by week 24 for a $15 gift card.
- Go to eight prenatal appointments by week 36 for a Pack ‘n Play, high chair, or car seat.
- Go to a postpartum visit within 21-56 days of delivery for two packs of diapers or a $25 gift card.

Infant and children’s health:

- Get a $10 gift card for each of the following checkups: 2, 4, 6, 9, 12, and 15 months. Get an additional $20 for completing all six visits.
- Lead screening prior to age 2 for a $10 gift card.
- Yearly dental screening (ages 2-20) for a $10 gift card.
- One well-child visit per year (ages 2-21) for a $20 gift card.

Member Incentives

AmeriHealth Caritas Delaware

Women's health:

- Annual cervical cancer screening (ages 21-64) for a $15 gift card.
- Annual breast cancer screening (ages 54-70) for a $15 gift card.
- Chlamydia screening (eligible females ages 16-24) for a $15 gift card.

Diabetes:

- Get a $10 gift card for each of the following screenings: HbA1c, retinal eye exam, and microalbumin.

Behavioral health:

- Members (ages 6 or older) hospitalized for certain mental illnesses may get a $25 gift card for a follow-up visit within seven days and another 30 days after discharge.

Community Outreach

AmeriHealth Caritas Delaware Community Wellness Center

Programs offered:

- Healthy cooking demonstrations.
- Zumba and Yoga classes.
- Meet the Pharmacist.
- Behavioral health presentations.
- GED tutoring.

Programs facilitated by ACDE trained associates:

- Diabetes self-management program – a six week long program.
- Better Breathers club – coming soon!

Community Outreach

AmeriHealth Caritas Delaware Community Wellness Center:

Location
Glendale Plaza Shopping Center
1142 Pulaski Highway (Route 40)
Bear, DE 19701

Hours of operation
Monday through Friday, 10 a.m. to 6 p.m.

Phone
1-302-525-3760

All programming at the Wellness Center is open to the community, at no cost. Monthly calendars are available on our website.

Community Outreach

AmeriHealth Caritas Delaware

Community Health Navigators (CHNs)

CHNs visit members at their home or in the community:

- If unable to reach members by phone, CHNs may receive referrals for emergency room, pre-natal, post-partum, complex issues and the Let Us Know program.
- While meeting with members, CHNs update contact information, including PCP attribution, and address any care gaps members may have.
- Assist members with scheduling appointments and/or transportation, as needed.

HEDIS®

AmeriHealth Caritas Delaware

What is HEDIS®?

- A group of more than 90 data-centric measures for clinical and evidenced based care that determine if members access preventive or routine care are managing their illness well, or whether members are taking medication as prescribed.
- Quality Management programs at ACDE monitor the progress of HEDIS measures. HEDIS scores are finalized every year, reported to NCQA and Health Plan Ratings are publicly released in September.
- HEDIS scores are 37% of ACDE's first accreditation score. ACDE will be assigned an accreditation status, as well as determine if members received needed care.
- Refer to the HEDIS Provider Guides (child and adult), available on the ACDE website. Hard copies are also available for you today.

HEDIS®

AmeriHealth Caritas Delaware

HEDIS® domains of care:

- Effectiveness of care (largest domain).
- Access to care.
- Utilization of services.
- Experience of care/member satisfaction.

EPSDT Program
Periodicity Schedule and Coding Matrix

AmeriHealth Caritas Delaware

Services	Newborn (inpatient)	3–5 days	By 1 month	2–3 months	4–5 months	6–8 months	9–11 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years
Complete screen[1,2,3]	A complete screen requires all codes indicated for each periodicity be completed and reported. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.													
New patient	99460 EP[4]/ 99463 EP[5]	99381 EP[5]	99381 EP[5]	99381 EP[5]	99381 EP[5]	99381 EP[5]	99381 EP[5]	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP
Established patient		99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP
Delaware newborn screening panel	●[6]	●[7] →	→	→										
Newborn bilirubin	●													
Critical congenital heart defect screening[8]	●													
Developmental surveillance[9]	●	●	●	●	●	●		●	●		●		●	●
Psychosocial or behavioral assessment[10]	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, alcohol, or drug use assessment														
Developmental screening							96110			96110		96110		
Autism screening										96110 U1	96110 U1			
Vision[11]	Assessed through observation, health history, or physical.													
• Visual acuity screen													99173	99173
• Instrument-based screening[12]													99174 99177	99174 99177
Hearing[11,13]	●	●[14]			Assessed through observation, health history, or physical.									
• Audio screen		→	→	→									★	92551
• Pure tone-air only														92552
Oral health[15]						●	●	★		★	★	★	◊[16]	◊[16]
Anemia[11,17]														
• Hematocrit (spun)					★[18]		85013[16]	85013[14]	If indicated by risk assessment and/or symptoms.					
• Hemoglobin							85018[16]	85018[14]						
Lead[11,17,19]						★	83655	83655[14]	83655[14]	83655[14]	83655	83655[14]	83655[14]	83655[14]
Tuberculin test[11]	If indicated by history and/or symptoms.													
Sickle cell														
Sexually transmitted infections[20]														
Dyslipidemia[11,17]														
Immunizations	Administer immunizations according to the Advisory Committee on Immunization Practices (ACIP) schedule. Every visit should be considered an opportunity to bring a child's immunizations up to date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules at https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.													

Please refer to the EPSDT Program Periodicity Schedule and Coding Matrix Footnotes.

● = To be performed ◊ = Referral to a dental home ★ = Risk assessment to be performed with appropriate action to follow, if positive → = Range during which a service may be performed

EPSDT Program
Periodicity Schedule and Coding Matrix

AmeriHealth Caritas Delaware

Services	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years
Complete screen[1,2,3]	A complete screen requires all codes indicated for each periodicity be completed and reported. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.															
New patient	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99385 EP	99385 EP	99385 EP
Established patient	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99395 EP	99395 EP	99395 EP
Developmental surveillance[9]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial or behavioral assessment[10]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, alcohol, or drug use assessment							★	★	★	★	★	★	★	★	★	★
Developmental screening	If indicated by risk assessment and/or symptoms.															
Autism screening																
Depression screening								●	●	●	●	●	●	●	●	●
Vision[11]																
• Visual acuity screen	99173	99173	★	99173	★	99173	★	99173	★	★	99173	★	★	★	★	★
• Instrument-based screening[12]	99174 99177	99174 99177		99174 99177		99174 99177		99174 99177			99174 99177					
Hearing[11]																
• Audio screen	92551	92551	★	92551	★	92551	←		92551	→	←	92551	→	←		92551
• Pure tone-air only	92552	92552		92552		92552			92552			92552				92552
Oral health	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]	◊[16]
Anemia[11,17]	If indicated by risk assessment and/or symptoms. See recommendations to prevent and control iron deficiency in the United States. *MMR.* 1998; 47 (RR-3): 1 – 36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.															
• Hematocrit (spun)																
• Hemoglobin																
Lead[11,17,19]	83655[14]	83655[14]														
Tuberculin test[11]	If indicated by history and/or symptoms.															
Sickle cell																
Sexually transmitted infections[20]																
HIV screening[21]							★	★	★	★	←		●	→	★	★
Dyslipidemia[11,17]		★		★	80061[†]	80061[14]	80061[14]						80061	80061[14]	80061[14]	80061[14]
Immunizations	Administer immunizations according to the Advisory Committee on Immunization Practices (ACIP) schedule. Every visit should be considered an opportunity to bring a child's immunizations up to date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules at https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.															

Please refer to the EPSDT Program Periodicity Schedule and Coding Matrix Footnotes.

● = To be performed ◊ = Referral to a dental home ★ = Risk assessment to be performed with appropriate action to follow, if positive ⟷ = Range during which a service may be performed

Y Modifiers

AmeriHealth Caritas Delaware

Y modifiers:

- Informational modifiers used when identifying EPSDT services.
- **Not required.** Providers are encouraged to submit when appropriate:
  - **YD** – Dental (Required for ages 3 and over)
  - **YO** – Other*
  - **YV** – Vision
  - **YH** – Hearing
  - **YB** – Behavioral
  - **YM** – Medical

Critical Incidents

A critical incident includes, but is not limited to, the following incidents:

- Unexpected death of a member, including deaths occurring in any suspicious or unusual manner, or suddenly when the deceased was not attended by a physician.
- Suspected physical, mental, or sexual mistreatment or abuse and/or neglect of a member.
- Suspected theft or financial exploitation of a member.
- Severe injury sustained by a member.
- Medication error involving a member.
- Inappropriate or unprofessional conduct by a provider involving a member.

Investigative Agencies

AmeriHealth Caritas Delaware

Providers are expected to report all critical incidents immediately to AmeriHealth Caritas Delaware and notify the appropriate investigative agencies:

Agency	Contact information
Adult Protective Services (APS)	**1-302-424-7310**
DHSS Long-Term Care Office of the State Ombudsman	**1-800-223-9074**
Division of Health Care Quality (DHCQ)	**1-877-453-0012**
Office of Health Facilities and Certification (OHFLC)	**1-302-292-3930** or **1-800-942-7373**
The Division of Family Services (DFS)	**1-800-292-9582**
24-Hour Child Abuse and Neglect Hotline	**1-800-292-9582**

Reporting a Critical Incident

AmeriHealth Caritas Delaware

Please include the following information for each critical incident:

- Provider first and last name.
- Provider phone number.
- Member first and last name.
- Member ID.
- Date and time of the critical incident.
- Type of critical incident.
- Date and time of notification to the investigative agency.
- Details of the critical incident.
- Name of investigative agency to which the critical incident was reported, if applicable.

To report a critical incident, please call or email us a completed critical incidents form:	
Phone	**1-302-286-5896**
Email	**acdecriticalincidents@amerihealthcaritas.com**
Critical incidents form	www.amerihealthcaritasde.com → **Provider** → **Provider Manuals and Forms**

Quality of Care (QOC)

Quality of care concerns are any issues **impacting the quality of care that a member receives**, including issues affecting safety, access to services, member health care outcomes, or the member experience.

Quality of care concerns can be reported by:

- Any individual.
- A family member.
- A provider.
- The state.
- Any AmeriHealth Caritas Delaware staff.

Quality of Care (QOC)

AmeriHealth Caritas Delaware

1. Upon receipt of a quality of care concern, a written request for records is sent to the practitioner or facility.
2. Upon receipt of the requested medical records, the Clinical Quality Performance Specialist reviews and completes a case summary for the Medical Director's review.
3. The Plan's Medical Director renders an outcome determination.
4. When appropriate, systems issues are identified and corrective action plans developed to prevent recurrence of the event. The corrective action plan will identify the strategies that the organization intends to implement in order to reduce the risk of similar events occurring in the future.
5. All cases are tracked and trended as part of the Quality Management process.

Performance Improvement Projects (PIPs)

AmeriHealth Caritas Delaware

- **Benzodiazepines and Opioids Use – PH & BH PIP**
  - Does education of providers and members on the risks of benzos and opioids decrease the number of members receiving benzos and decrease ER visits for overdose?
- **ADHD (ages 6-12) – Pediatric PIP**
  - Will providers (pediatric PCPs, NP's, Neurologists, Licensed Clinical Social Workers, and BH providers) educated on the American Academy of pediatrics CPG for ADHD of members (ages 6-12) increase member compliance to both stimulant medication and OP BH therapy every four weeks?
- **Oral Health – HCBS and SNF – State Mandated PIP**
  - Does education of HCBS and SNF providers on the importance of daily oral care increase the number of DSHP Plus members receiving daily oral care?

Performance Improvement Projects (PIPs)

AmeriHealth Caritas Delaware

- **Timely Notification of Critical Incidents (retiring PIP)**
  - Will education of ACDE HCBS members, CM's, Personal Care Coordinator and contracted HCBS providers increase timely reporting to ACDE of critical incidents within the same business day that the critical incident occurred?
- **LTSS CM Outreach Unable to Reach HCBS Members (retiring PIP)**
  - Will face to face visits and education on CM services by LTSS CHNs for unable to reach HCBS members increase contact and completion of service planning visits by the LTSS CM?
- **New PIP Topics Being Developed**
  - LTSS nursing facility transition.
  - Utilization of Suboxones.

CAHPS Survey

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CAHPS (Consumer Assessment of the Healthcare Providers and Systems) survey, which seeks feedback directly from health plan members.

Questions are grouped into categories to reflect satisfaction with service and care as follows:

- Customer service.
- Doctor communication.
- Getting care quickly.
- Rating of personal doctor or nurse.
- Rating of health care.
- Courteous office staff.
- Getting needed care.
- Rating of health plan.
- Rating of specialist.

Questions?

AmeriHealth Caritas
Delaware

Claims and Billing

Common Claim Denials, Important Claim Reminders

AmeriHealth Caritas™
Delaware

Top Five Claim Denials

AmeriHealth Caritas Delaware

Top five claim denials:

- CDD - Duplicate Claim
- TFO - Timely Filing
- X01 - Authorization
- ST - Member Eligibility
- Z11 - Third Party Liability

Denial Code:
CDD - Duplicate Claims

AmeriHealth Caritas Delaware

A Duplicate Claim is defined as:

A claim that is billed for the same member by the same provider on the same date of service.

OR

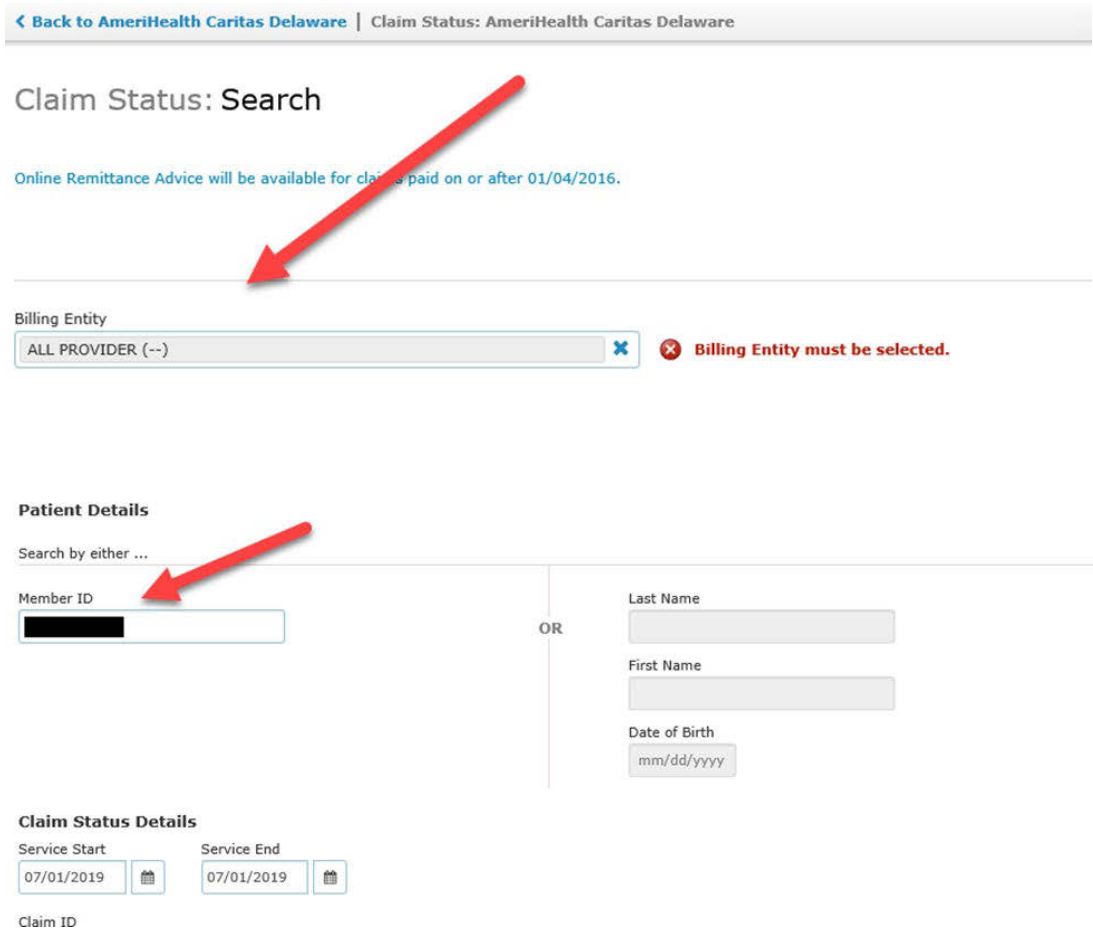
A claim that is billed for the same member on the same date of service by a provider of the same specialty.

NaviNet® Claims Inquiry (Duplicate Claim)

AmeriHealth Caritas Delaware

Claim status search:

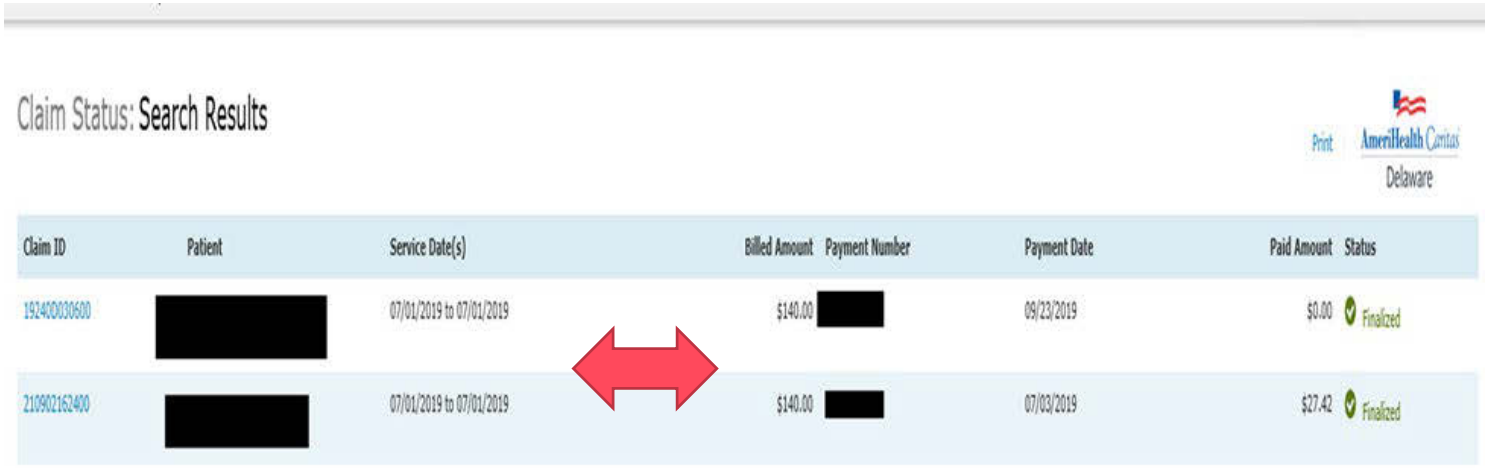
1. Enter billing entity.
   - Will only show providers associated with your tax ID.
2. Enter ACDE member ID.
3. Enter DOS.
   - Must enter dates for services rendered by the same provider on the same date of service, not the same specialty.



NaviNet® Claims Inquiry (Duplicate Claim)

Results show:

- All claims billed by your group.
- Same DOS.
- Same billed amount.



Denial Code:
TFO - Timely Filing

AmeriHealth Caritas Delaware

The TFO denial code is received when services are billed outside of timely filing limits.

Please refer to the AmeriHealth Caritas Delaware Claims and Billing Guide for timely filing requirements:

In network:

- Original submission: no more than 120 days from the date of service.
- Rejected claims: no more than 120 days from the date of service.
- Denied claims: 365 days from the date of service.
- Third-party liability (TPL) claims: 120 days from the date of the primary insurer's explanation of benefits (EOB).

Out of network:

- Within 120 days of the date of service.

Denial Code:
ST – Member Eligibility

The ST denial code is received when member eligibility with the Plan for services under the Plan during the time period in which services were provided can not be verified.

To resolve, verify member eligibility via:

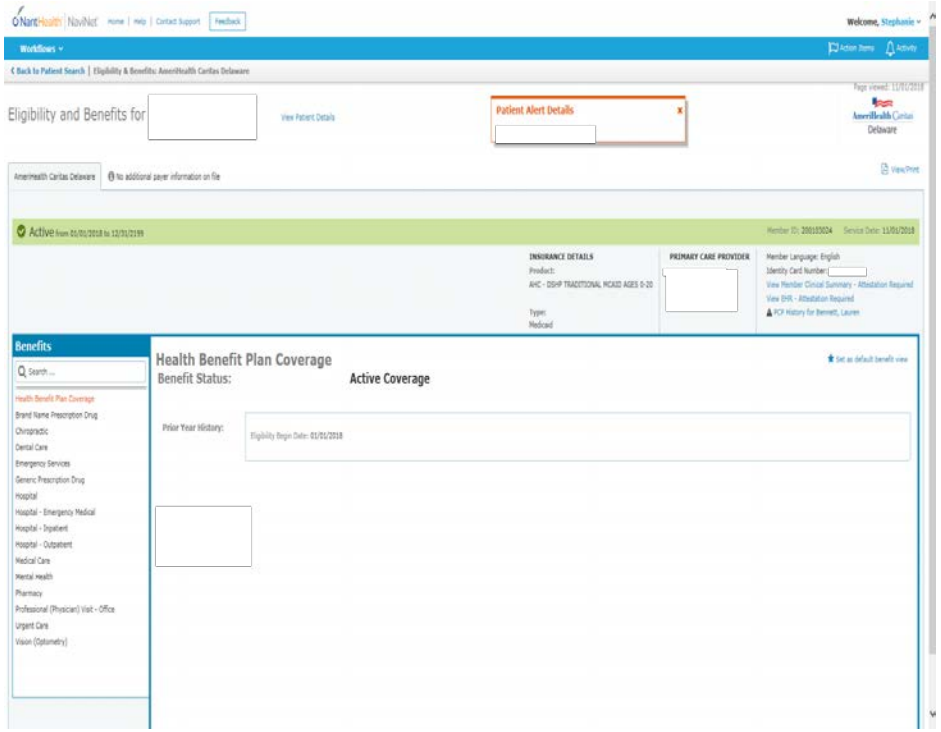
- NaviNet®.
- Delaware Medicaid Enterprise System (DMES).
  - https://medicaid.dhss.delaware.gov/provider

Verify Eligibility and Benefits via NaviNet®

AmeriHealth Caritas Delaware

The Health Benefit Plan Coverage screen highlights the following member eligibility and benefit details:

- Member ID number.
- Name, gender, and date of birth.
- Current eligibility status.
- Original eligibility date.
- Insurance plan and product details.
- Member's PCP.
- Provider group details.
- Patient alert details (care gaps and PCP history).



Denial Code:
X01-No Pre-cert/Pre-authorization/Notification

AmeriHealth Caritas Delaware

The X01 denial code is received when services billed required prior authorization and no prior authorization was obtained.

May result if:

- Authorization was not obtained within a timely manner.
- Authorization was denied.
- Provider is not participating with ACDE.
- Provider did not notify ACDE of all locations where services are provided to members on provider data intake (PDI) or provider change forms.

Obtain Prior Authorization via UM

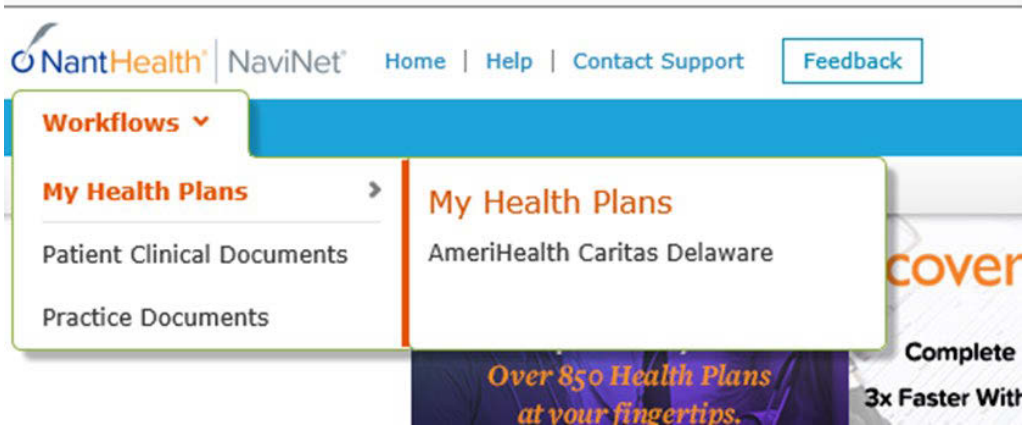
AmeriHealth Caritas Delaware

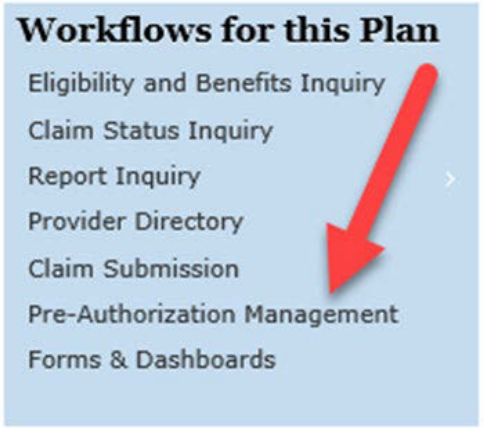
Hours of operations	Contact information	
8 a.m. – 5 p.m. ET, Monday – Friday except on Delaware state holidays **On weekends and holidays, call:** DSHP Member Services: **1-844-211-0966** DSHP-Plus Member Services: **1-855-777-6617**	**Physical health**	Phone: **1-855-396-5770** Fax: **1-866-773-7892** Admissions notification fax: **1-866-773-7892** Discharge planning (or concurrent review) fax: **1-866-773-7892**
	Behavioral health	Phone: **1-855-301-5512** Fax: **1-877-234-4273**
	LTSS	Phone: **1-855-260-9544** Fax: **1-855-843-1177**
	Online	NaviNet (Jiva): **https://navinet.navimedix.com**

Obtaining Authorization: NaviNet®(Jiva)

AmeriHealth Caritas Delaware

1. Log on to NaviNet®.
2. Select **Workflows** –> **My Health Plans** –> **AmeriHealth Caritas Delaware**.
3. Select **Pre-Authorization Management** from the **Workflows** list.

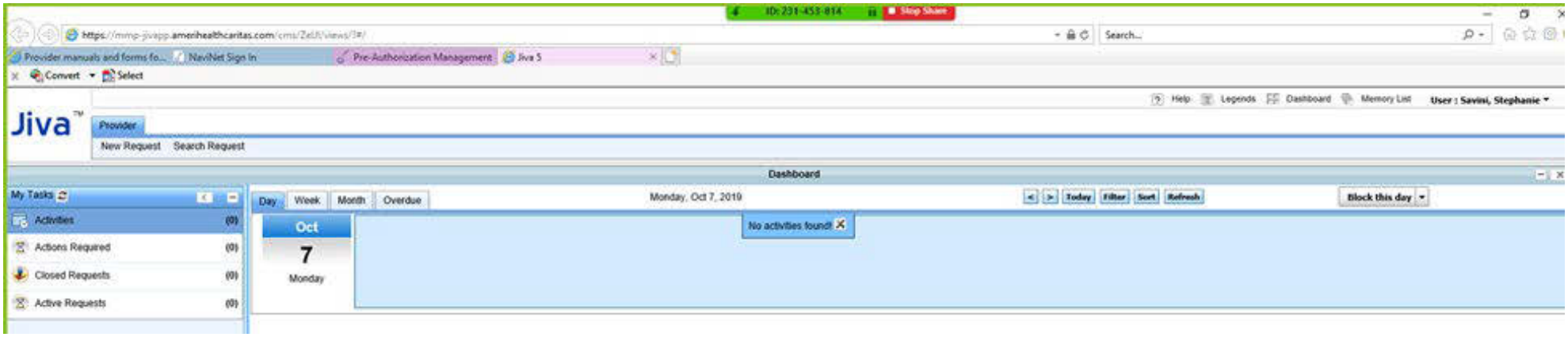


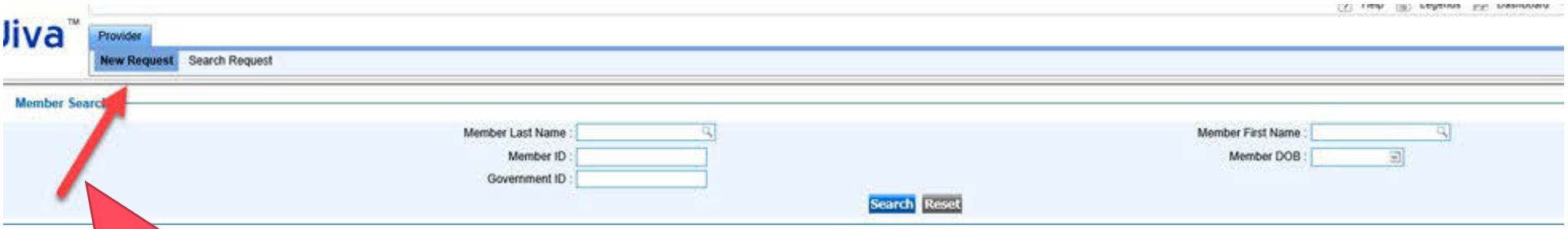


Obtaining Authorization: NaviNet®(Jiva)

AmeriHealth Caritas Delaware

Submit new authorization request:



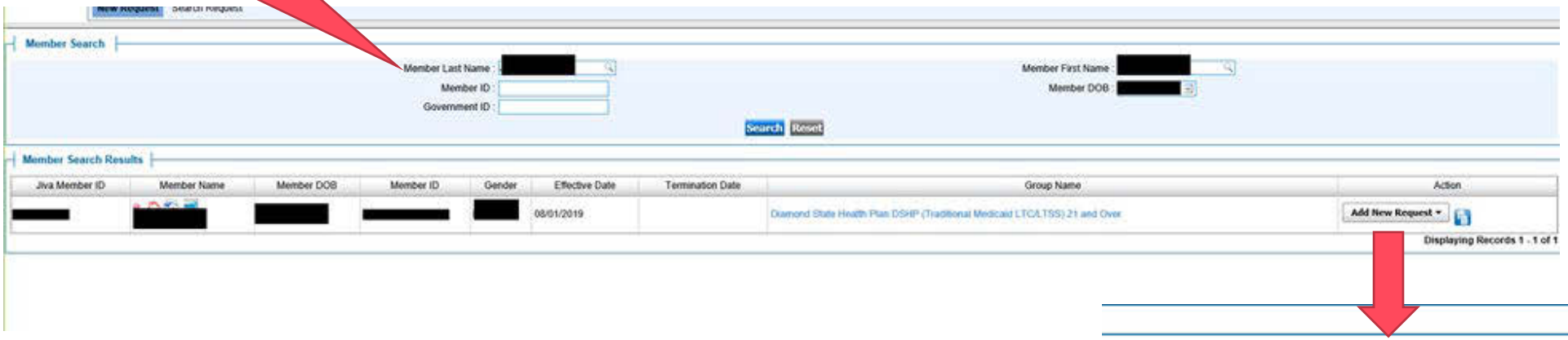


Select **New Request**

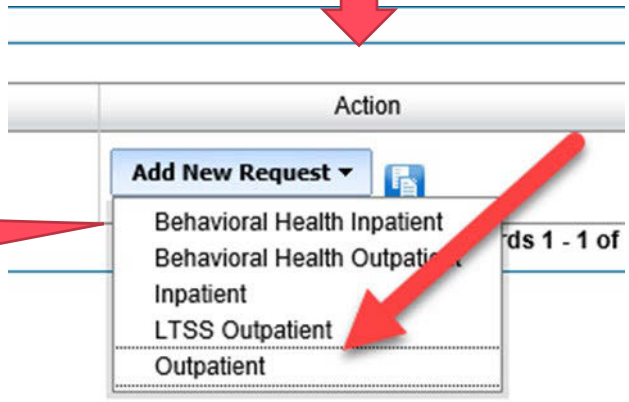
Obtaining Authorization NaviNet®(Jiva)

AmeriHealth Caritas Delaware

Search Member

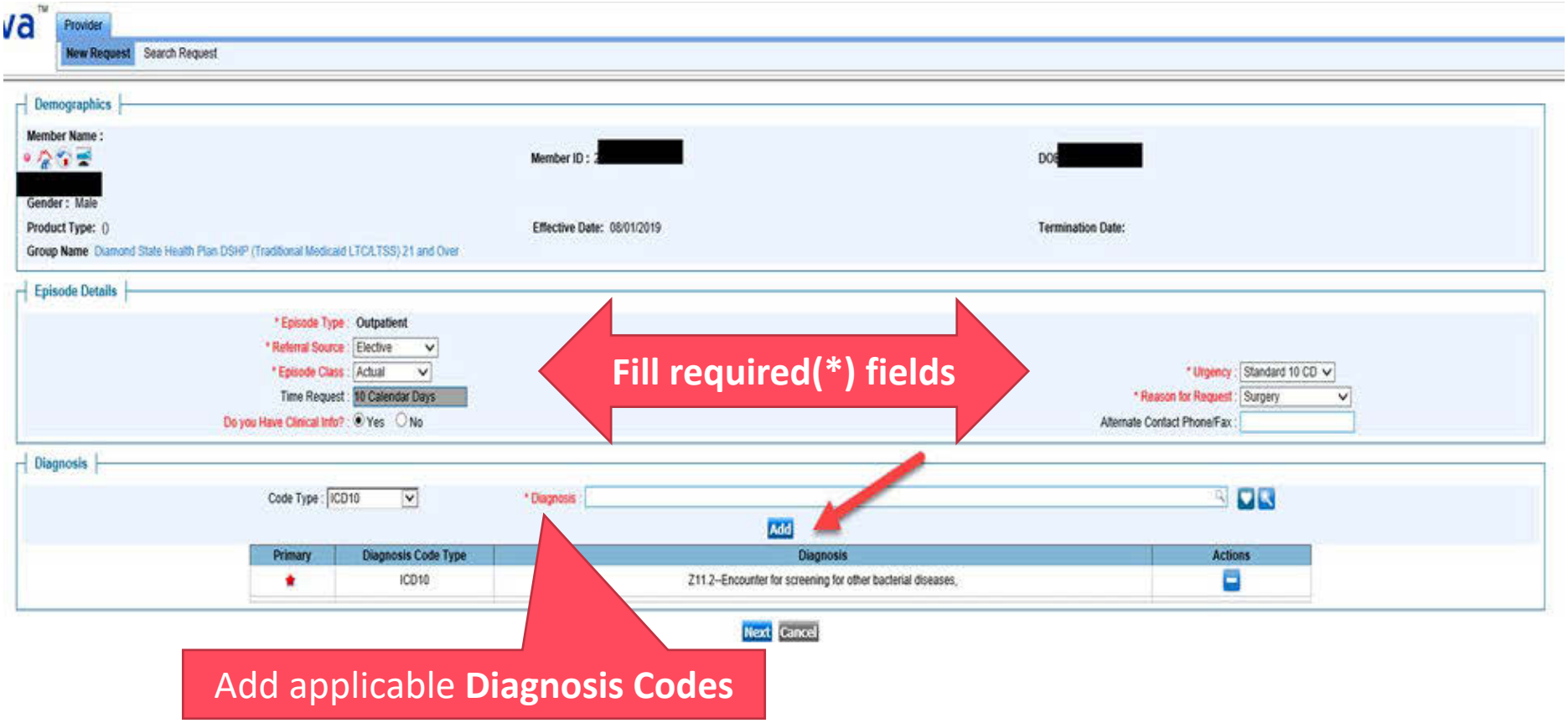


Add new **Request Type**



Obtaining Authorization NaviNet®(Jiva)

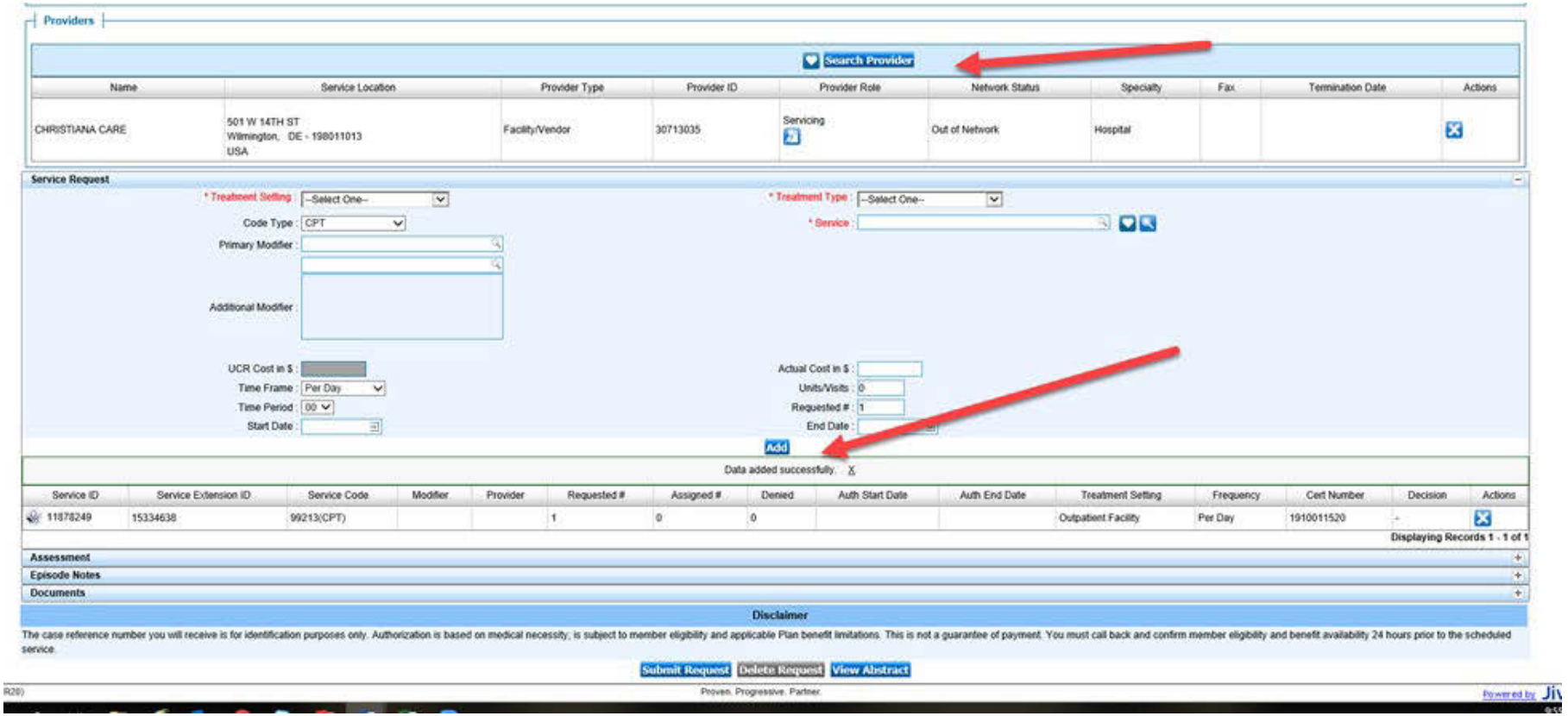
AmeriHealth Caritas Delaware



Obtaining Authorization NaviNet®(Jiva)

AmeriHealth Caritas Delaware

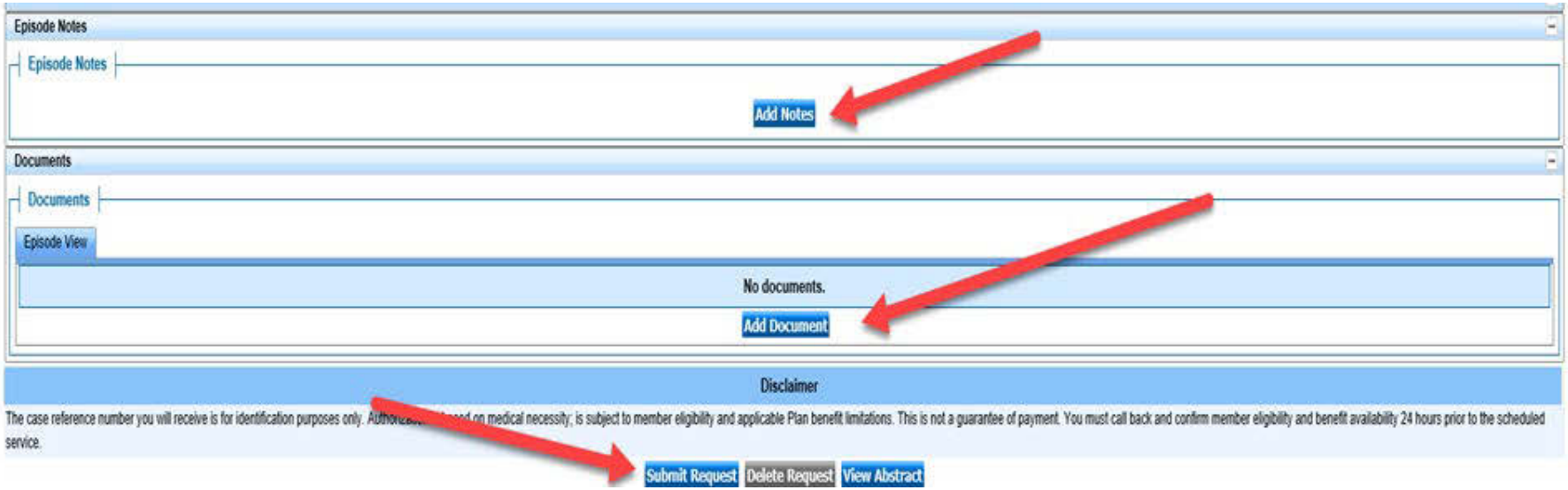
- Search for **Servicing Provider**.
- Enter **Treatment Setting**, **Treatment Type**, and **Service**.
- Select **Add**.



Obtaining Authorization NaviNet®(Jiva)

AmeriHealth Caritas Delaware

- Upload episode **Notes** or **Documents**.
- Select **Submit Request** when complete.

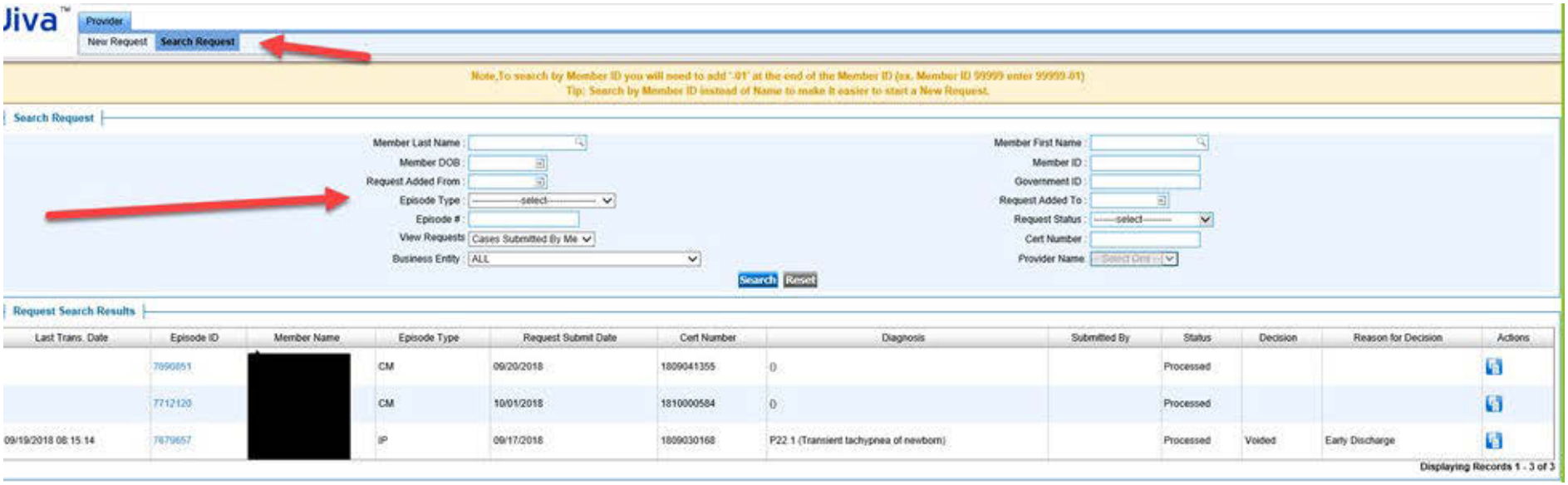


Reviewing Previously Submitted Authorization NaviNet®(Jiva)

AmeriHealth Caritas Delaware

Search processed authorizations:

1. Log on to NaviNet®.
2. Select **Search Request**.
3. Fill required fields.
4. Review search results at the bottom of the screen.



Denial Code:
Z11 – Third Party Liability

AmeriHealth Caritas Delaware

The Z11 denial code is received when any information indicating a work related illness/injury, no fault, or other liability condition must be included on the claim form.

To resolve:

- A copy of the primary insurer's explanation of benefits (EOB) or applicable documentation must be forwarded along with the claim form.
  - May be submitted electronically, OR
  - A paper claim may be mailed.

Corrected Claim:
Electronic Claim Field Indicators

AmeriHealth Caritas Delaware

Requirements for submitting corrected claims electronically:

	EDI 1500	Paper 1500	EDI UB	Paper UB
Use frequency 7 for replacing a claim	2300, CLM05- 3=7	Field 22, 1st character=7	2300, CLM05- 3=7	Field 8, 4th character=7
Use frequency 8 to void or cancel a prior claim	2300, CLM05- 3=8	Field 22, 1st character=8	2300, CLM05- 3=8	Field 8, 4th character=8
Always submit the original claim number	2300, REF01= F8 and REF02= the original claim number from the 835	Field 22, characters 2-13	2320, REF01=F8 and REF02= original claim number from the 835	Field 64, characters 1-12.

Corrected Claim:
Electronic Claim Field Indicators

AmeriHealth Caritas Delaware

	EDI 1500	Paper 1500	EDI UB	Paper UB
	Address the rejection reason(s) and re-submit the claim using the same frequency code originally submitted.	Address the rejection reason(s) and re-submit the claim using the same frequency code originally submitted.	Address the rejection reason(s) and re-submit the claim using the same frequency code originally submitted.	Address the rejection reason(s) and re-submit the claim using the same frequency code originally submitted.

Corrected Claim:
Paper Claim Field Indicators

AmeriHealth Caritas Delaware

Requirements for submitting corrected claims using the UB-04 paper form:

- Use “7” for replacement of a prior claim utilizing bill type in loop 2300, CLM05-03 (837P). Use “8” to void a prior claim.
- Include the original claim number in field 64, “DCN” (Document Control Number).
- Include the plan’s claim number in order to submit your claim with the 7 or 8.
- **Do** use this indicator for claims that were previously processed (approved or denied).
- **Do not** use this indicator if the corrected claim is for a different member ID or Provider Tax ID. The original claim must be voided and a new claim submitted for these situations.
- **Do not** use this indicator for claims that contained errors and were not processed (rejected upfront).
- **Do not** submit corrected claims electronically and via paper at the same time.

Important Claim Reminders

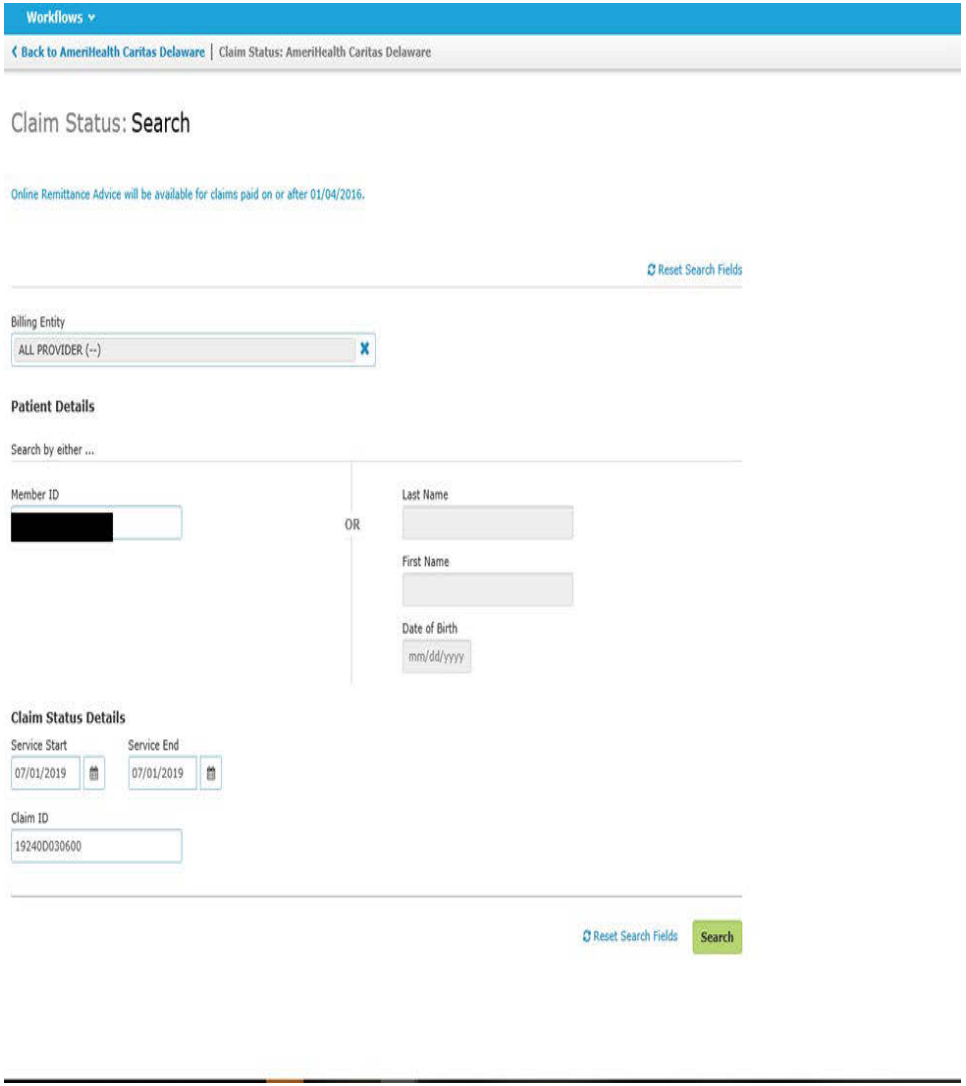
AmeriHealth Caritas Delaware

NaviNet®: Claim Status Inquiry

AmeriHealth Caritas Delaware

Claim status search:

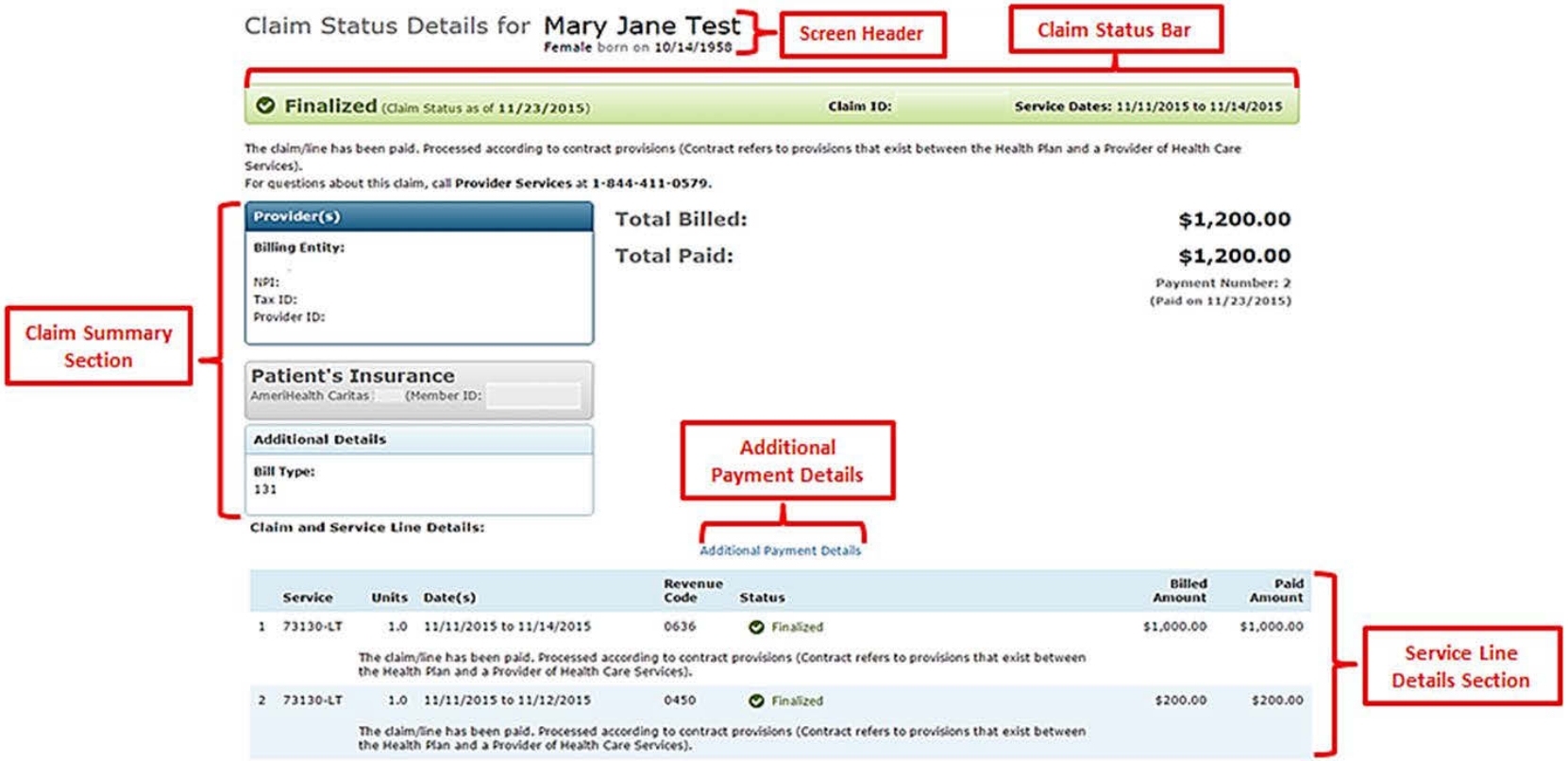
1. Enter billing entity.
   - Will only show providers associated with your tax ID.
2. Enter member ID.
3. Enter DOS.



NaviNet®: Claim Status Inquiry

AmeriHealth Caritas Delaware

Search results:



NaviNet®: Claim Investigation

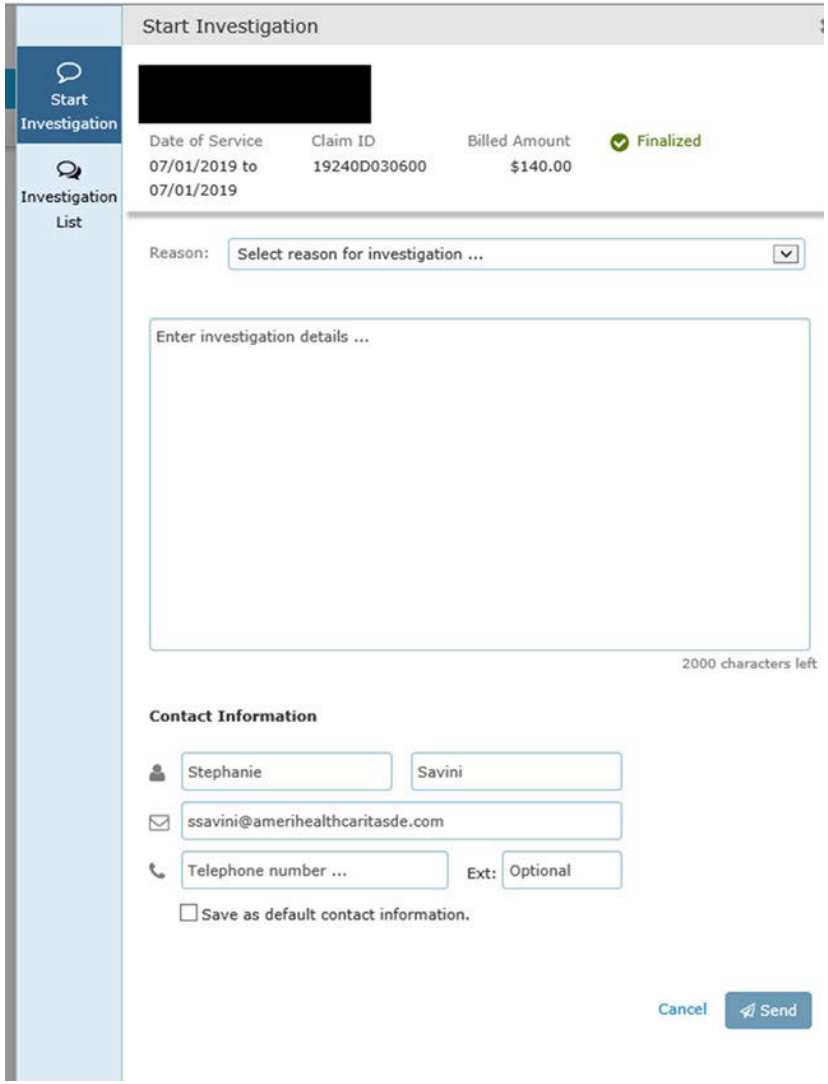
AmeriHealth Caritas Delaware

NaviNet®: Claim Investigation

AmeriHealth Caritas Delaware

Start investigation:

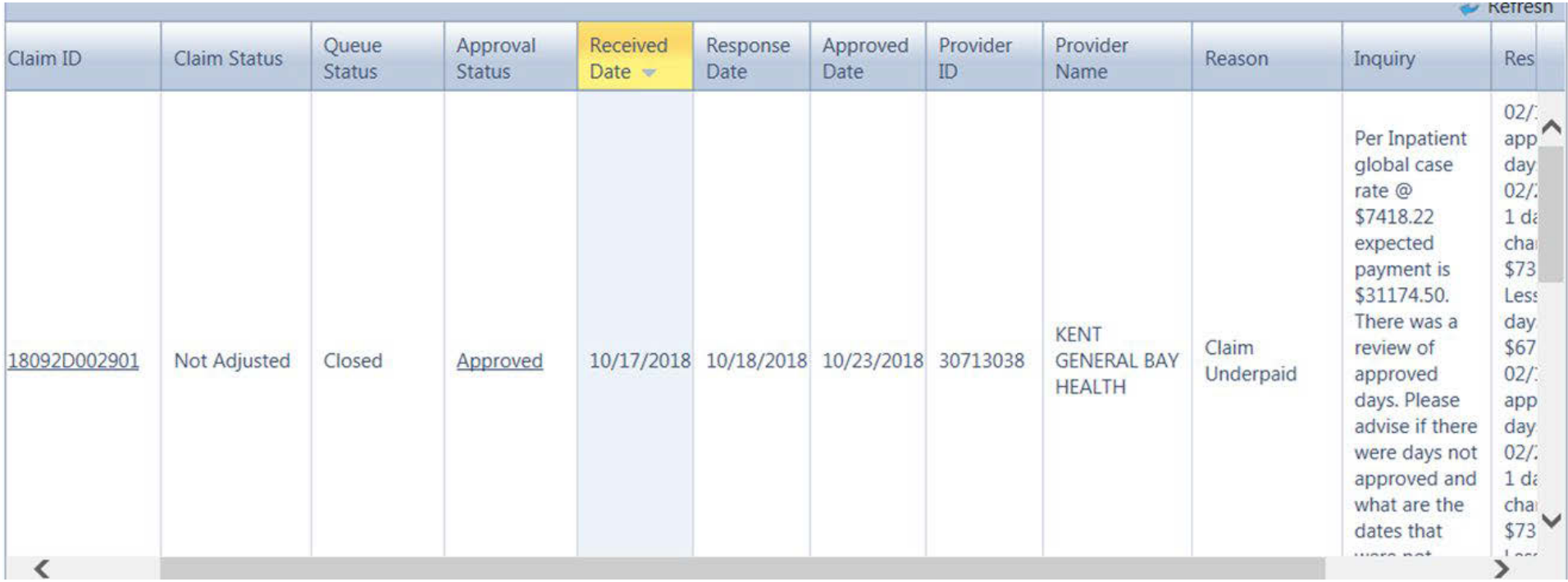
1. Select a reason for the investigation from the dropdown menu.
2. Enter detailed notes.
3. Select **send** when complete.



NaviNet®: Claim Investigation

AmeriHealth Caritas Delaware

- Designated research analysts from the claims teams are assigned to the NaviNet® queue.
- NaviNet® queue is treated as a priority.



Refresh

Claim ID	Claim Status	Queue Status	Approval Status	Received Date	Response Date	Approved Date	Provider ID	Provider Name	Reason	Inquiry	Res
18092D002901	Not Adjusted	Closed	Approved	10/17/2018	10/18/2018	10/23/2018	30713038	KENT GENERAL BAY HEALTH	Claim Underpaid	Per Inpatient global case rate @ $7418.22 expected payment is $31174.50. There was a review of approved days. Please advise if there were days not approved and what are the dates that	02/ app day 02/ 1 da cha $73 Less day $67 02/ app day 02/ 1 da cha $73

Submitting Corrected Claims

Defined as a claim that ACDE paid based on the information submitted, but the provider submits a claim correcting the original data.

Must be submitted within 365 days of the original date of service.

Submit the original claim number as well as the correct frequency code:

- The original claim number is located on the 835 ERA, paper Remittance Advice or from the claim status search in NaviNet®.

Submitting Corrected Claims

May be sent electronically or on paper.

- If sent electronically, the claim frequency code may only contain the values ‘7’ for the Replacement (correction) of a prior claim and ‘8’ for the void of a prior claim. The value ‘6’ should not longer be sent.
- In addition, the submitter must also provide the original claim number in Payer Claim Control Number (found in the 2300 Claim Loop in the REF*F8 segment of the HIPAA Implementation Guide for 837 Claim Files).

Recall Process

AmeriHealth Caritas Delaware

All corrected, replacement, or voided claims resubmitted to the Plan will be subject to rejection if they are missing:

1. A valid, original claim number and/or resubmission or frequency code indicator for corrected, replacement, or voided claims:

- Use one of the following resubmission or frequency codes to indicate that the claim is a corrected, replacement, or voided claim:
  - 7 = Replacement of prior claim.
  - 8 = Void prior claim.
  - Include the resubmission or frequency code and original claim number in the correct location(s) on your claim.

2. A valid member ID and billing provider tax ID that both match the original claim.

- If the Member ID or Billing Provider Tax ID needs to be corrected, void the original claim (using resubmission or frequency code 8) and submit a new claim using the correct member ID or billing provider tax ID.

Behavioral Health Claim Modifiers

AmeriHealth Caritas Delaware

ACDE requires behavioral health providers to bill according to the ACDE Behavioral Health Fee Schedule with applicable modifiers:

- **HN:** The rendering provider has a highest educational attainment of a bachelor's degree.
- **HO:** The rendering provider has a highest educational attainment of a master's degree.
- **HP:** The rendering provider has a highest educational attainment of a doctoral degree.
- **SA:** Use when billing on behalf of a physician assistant (PA), adult nurse practitioner (ANP), or certified registered nurse first assistant (CRNFA) for non-surgical services.
  - (Modifier SA is used when the PA, ANP, or CRNFA is assisting with any other procedure that does not include surgery.)
- **U1:** Medicaid level of care 1, as defined by each state.

Provider Complaint Process

What is a complaint?

A request from a provider to change a decision made by ACDE related to claim payment; policy, procedure, or administrative functions; or denial for services already provided. A provider complaint is not a pre-service appeal of a denied or reduced authorization for services or an administrative complaint.

Examples include, but are not limited to:

- Credentialing concerns, such as timeliness, allegation of a discriminatory practice, or policy.
- Claim-related issues, including inaccurate payment, claim denials, and post-service authorization denials.
- Service issues with AmeriHealth Caritas Delaware, including failure by the plan to return a provider's calls, frequency of site visits, and lack of provider network orientation and education.

Provider Complaint Process

To notify AmeriHealth Caritas Delaware of a complaint, providers may mail or fax a completed provider complaint form, a listing of claims (if applicable), and supporting documentation to:

AmeriHealth Caritas Delaware
P.O. Box 80101
London, KY 40742-0101
Fax number: 1-855-347-0023

- Providers may file a written complaint about the plan's policies, procedures, or any aspects of the plan's administrative functions, other than claims, within 45 calendar days.
- For complaints about claims, providers may file a written complaint no later than 12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claim submission, whichever is latest.
- The provider complaint process/form can be accessed on our website at www.amerihealthcaritasde.com > Providers > Resources > Provider Complaints

Provider Complaint Form

AmeriHealth Caritas Delaware

AmeriHealth Caritas Delaware

Provider Complaint Form

A complaint is a request from a health care provider to change a decision made by AmeriHealth Caritas Delaware related to claim payment, policy procedure or administrative functions, or denial for services already provided. A provider complaint is not a pre-service appeal of a denied or reduced authorization for services or an administrative complaint.

A provider may file a written complaint no later than 12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claims submission, whichever is latest.

Submitter contact information

Name (last, first):	Phone:

Provider information

Name (last, first):		
Phone:	NPI number:	Tax ID:
☐ I am a participating provider	☐ I am not a participating provider	

Member information

Name (last, first):	
Member date of birth:	Member ID:

Claim information

Claim number:	Dates of services:
Billed amount: $	If your expectation is a claim payment, please provide the claim number:

Claim-related issue

To ensure timely and accurate processing of your request, please complete the payment inquiry section below by checking the applicable reason for your inquiry.

- ☐ Inaccurate payment
- ☐ Post-service authorization denial
- ☐ Denied as a duplicate
- ☐ Clinical edit limitation or denial
- ☐ Denied for no primary payer EOB (EOB attached)
- ☐ Denied for no authorization (service does not require authorization)
- ☐ Denied for no authorization (authorization #_____ on file)
- ☐ Untimely filing (proof of timely filing attached)
- ☐ Complaint for issue not about claims

Provider Complaint Form

Claim-related issues

Non-claim-related issues

Signature:	Date:

Mail or fax this form, a listing of claims (if applicable), and supporting documentation to:

AmeriHealth Caritas Delaware
Attn: Provider Complaints
P.O. Box 80101
London, KY 40742-0101

Fax number: **1-855-347-0023**

Important note: A provider may file a written complaint no later than 12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claims submission, whichever is latest.

Questions?

AmeriHealth Caritas
Delaware

Bright Start®
(Care Coordination for Pregnant Members)

AmeriHealth Caritas™
Delaware

Bright Start® (Care Coordination for Pregnant Members)

AmeriHealth Caritas Delaware

Bright Start is AmeriHealth Caritas Delaware's maternity care coordination program. The Bright Start program helps members have the healthiest pregnancies possible.

Bright Start can:

- Help members arrange prenatal and postpartum visits.
- Help members receive services such as transportation; Women, Infants, and Children (WIC) program services; home care; and breast pumps.

Obstetrical Needs Assessment Form (ONAF) and Care Authorization

AmeriHealth Caritas Delaware

- Members may obtain prenatal care without a referral from their primary care provider (PCP).
- The OB provider is responsible for contacting AmeriHealth Caritas Delaware to obtain an authorization for prenatal care.
- Prenatal care authorization covers all prenatal and postpartum services (e.g., exams or testing) given by the OB provider in the OB office setting.
- Fetal biophysical profiles, non-stress tests, and amniocentesis are allowed when medically necessary.
- Three ultrasounds are allowed without authorization. Four or more ultrasounds, while they still do not require authorization, will need a high-risk diagnosis.

How to Obtain Authorization

AmeriHealth Caritas Delaware

- To obtain the prenatal care authorization, OB providers are asked to fax a completed ONAF:
  - Fax: **1-855-558-0488**.
- Additional authorization is required for inpatient hospital care (including the delivery) and other services (including testing) provided outside of the OB provider's office. OB providers may call AmeriHealth Caritas Delaware's Medical Management department to secure any additional authorizations for service:
  - Phone: **1-855-396-5770**.
- For prior authorization requirements for 17-P or Makena infusion for pregnancy-related complications, contact PerformRx℠:
  - Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): **1-855-251-0966.**
  - DSHP-Plus and DSHP-Plus LTSS: **1-888-987-6396**.

Questions?

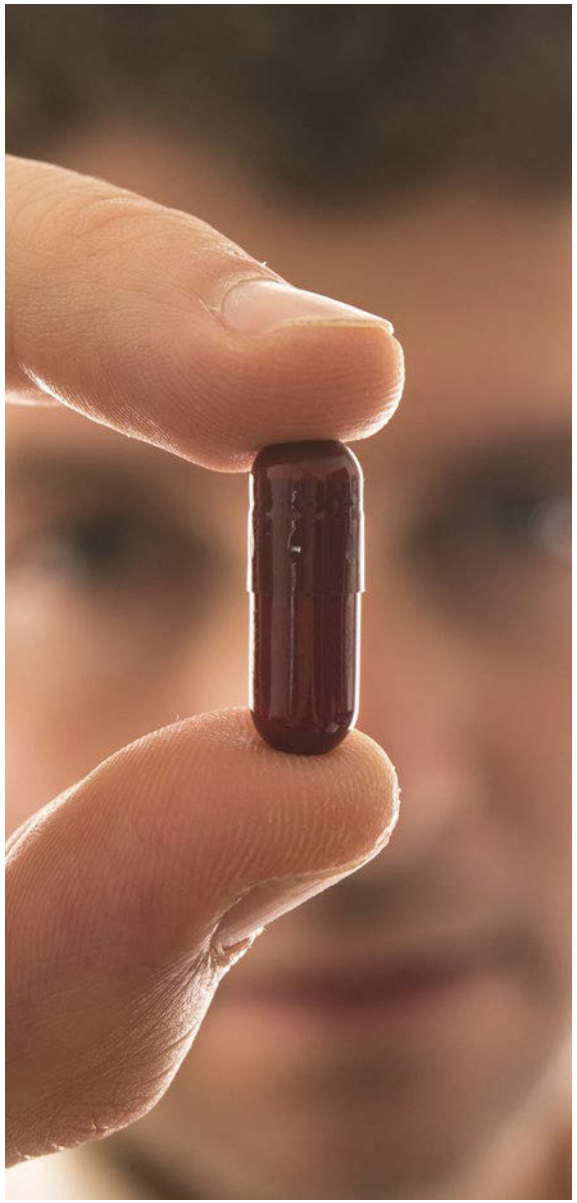
AmeriHealth Caritas
Delaware

Pharmacy Services

General Updates

AmeriHealth Caritas Delaware

- Pharmacy Services in Delaware operate off a single state PDL for over 110 drug classes that both MCOs must follow.
  - Changes go into effect once a year on January 1st.
  - Please refer to the state PDL on our website for questions on drug coverage.
- Effective September 1, 2019, drugs billed medically that require prior authorization now go directly to PerformRx.
- For process improvement – a comprehensive HCPC list is now available on our website in the pharmacy section.



Continued Work and Update on Controlled Substances

AmeriHealth Caritas Delaware

- On October 1, 2018, ACDE implemented CDC recommended limitations on opiates.
    - Includes limiting members starting opiates to a 7-day supply on first time fills.
- Continued outreach to providers on members taking opiates and benzodiazepines concurrently as this therapy increases the risks of accidental overdoses.
- Narcan prescriptions increased 300% during the year in 2018 and has helped decrease overdose deaths.
- Based upon a Delaware Substance Abuse and Mental Health recommendation through the state DUR Board, starting October 1, 2019, initial starts on benzodiazepines will now be limited to 2 weeks and any further duration will require prior authorization.

Questions?

AmeriHealth Caritas
Delaware

General Plan Reminders

AmeriHealth Caritas Delaware

Appointment Availability Standards

AmeriHealth Caritas Delaware

Measurement for **Getting Care Quickly** is based on the following **Primary Care Access standards**:

- Routine visits should be scheduled within 4 weeks.
- Urgent, non-emergency visits (including walk-ins) should be scheduled within 48 hours.
- Waiting time for scheduled, routine appointments should not exceed 45 minutes.
- For emergency visits, members should be seen immediately.

Appointment Availability Standards

AmeriHealth Caritas Delaware

After-Hours Access standards:

Primary care providers must be accessible 24 hours a day, 7 days a week:

- Personally or through coverage arrangements with a designated contracted primary care physician, OR
- Answering service or answering machine that provides information on how to reach the physician on call.

Specialist must be available 24 hours a day, 7 days a week through:

- On-call arrangements, OR
- Emergency department call rotations.

Late and Missed Shift Reporting

ACDE developed a form for home and community based service (HCBS), private-duty nursing (PDN), and skilled home health providers to routinely report information on late and missed care services for AmeriHealth Caritas Delaware members.

- The Late and Missed Shift Reporting form allows providers to:
  - Report the total number of hours that have been authorized for attendant care (AC), skilled nursing (SN), home health aide (HHA), homemaker (HMR), PDN, and therapy (THY) services each week.
  - Report the number of authorized hours late or missed and a written explanation of why the shift was late or missed.

If you suspect it, report it: Help us fight fraud, waste, and abuse

AmeriHealth Caritas Delaware

We recognize the importance of detecting, investigating, and preventing fraud, waste, and abuse.

Examples of fraud, waste, and abuse include:

- Accepting kickbacks for patient referrals.
- Violating physician self-referral prohibitions.
- Billing for services not furnished.
- Providing medically unnecessary care.

Report FWA to ACDE:

- Hotline: **1-866-833-9718.**
- Email: **fraudtip@amerihealthcaritas.com**
- Write: Special Investigations Unit, 200 Stevens Drive, Philadelphia, PA 19113

Network News - Email Alerts

AmeriHealth Caritas Delaware

Network News is our free, subscription e-mail service for AmeriHealth Caritas Delaware providers.

With Network News, you'll be able to:

- Choose to receive information on your preferred topics.
- Keep, retrieve, and share information electronically.
- Link directly to other resources on the web.

Go to www.amerihealthcaritasde.com > Providers > Newsletters and Updates to sign up.

Wellness Resources

AmeriHealth Caritas
Delaware

Online Wellness Registry

AmeriHealth Caritas Delaware

To make it easier for you to assist your patients in meeting both their health and social needs:

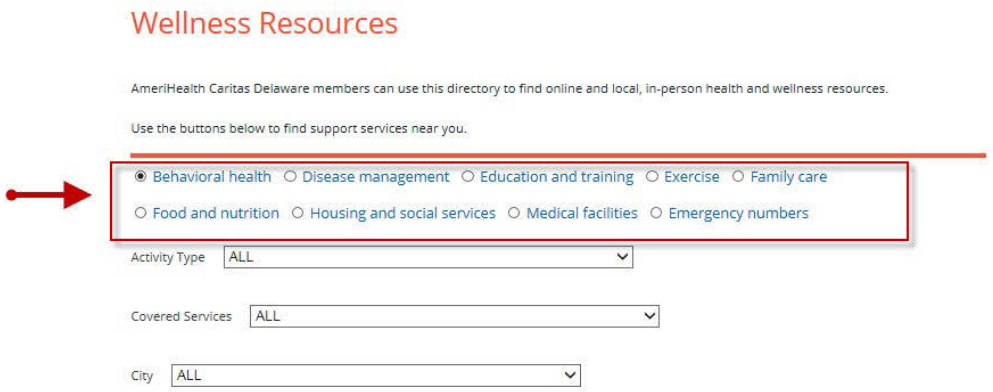
- AmeriHealth Caritas Delaware maintains an up-to-date registry of wellness, health education, disease management, and self-management programs and activities available for our members.
- Many of these programs are available at no cost to the member.

Wellness Registry Resources

AmeriHealth Caritas Delaware

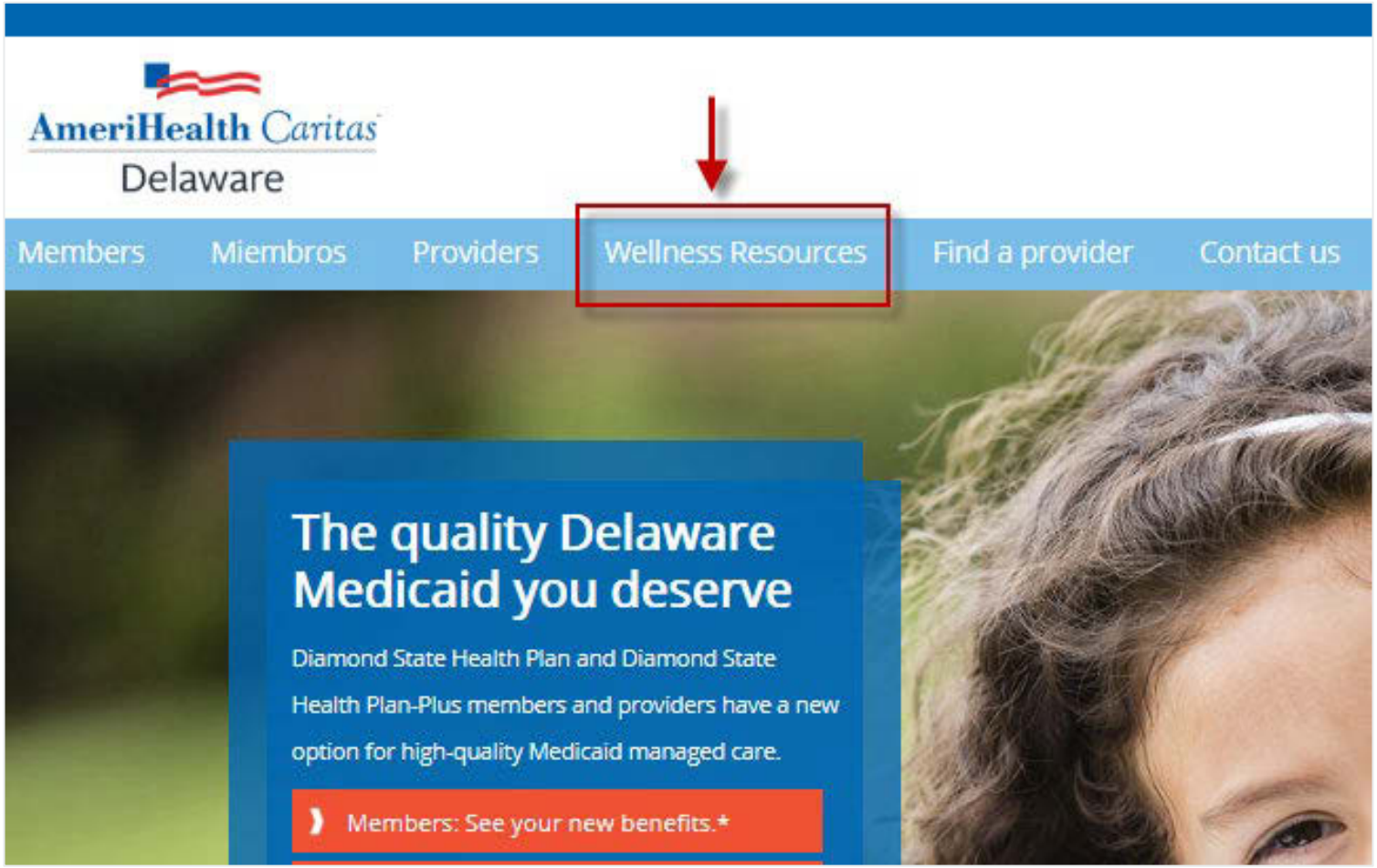
Services and programs include, but are not limited to:

- Behavioral health.
- Disease management.
- Education and training.
- Exercise, food, and nutrition.
- Family care.
- Housing and social services.



How to Access the Wellness Registry

To access the registry, visit **www.amerihealthcaritasde.com** and select **Wellness Resources**, or simply click on the **eButton** in the center of your Wellness Registry computer mouse.



Learning the Wellness Registry

AmeriHealth Caritas Delaware

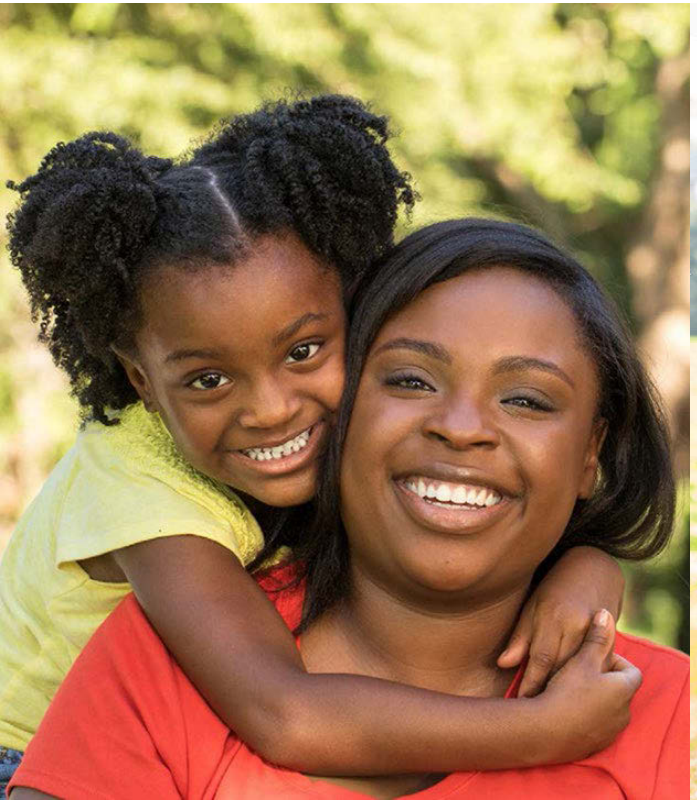
Providers can now access an interactive training to learn more about using the portal.

On successful completion of the training, providers will be able to:

- Locate the Wellness Registry on the AmeriHealth Caritas Delaware website.
- Find resources for a member using the Wellness Registry.
- Demonstrate the use of the Wellness Registry website to a member.

Visit our Provider **Training and Education** webpage to complete the training.

How to Reach Us



AmeriHealth Caritas Delaware

www.amerihealthcaritasde.com

1-855-707-5818

220 Continental Drive, Newark, DE 19713

Provider Network Account Executives

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More than

35 YEARS

of making

care the **heart**

of our **work.**

AmeriHealth Caritas™

Delaware

ACDE-18375084

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