



Delivering the Next
Generation
of Health Care



Provider Forum
Fall 2020



AmeriHealth Caritas[™]

Delaware



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.

Who we are

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).

Provider Network Management

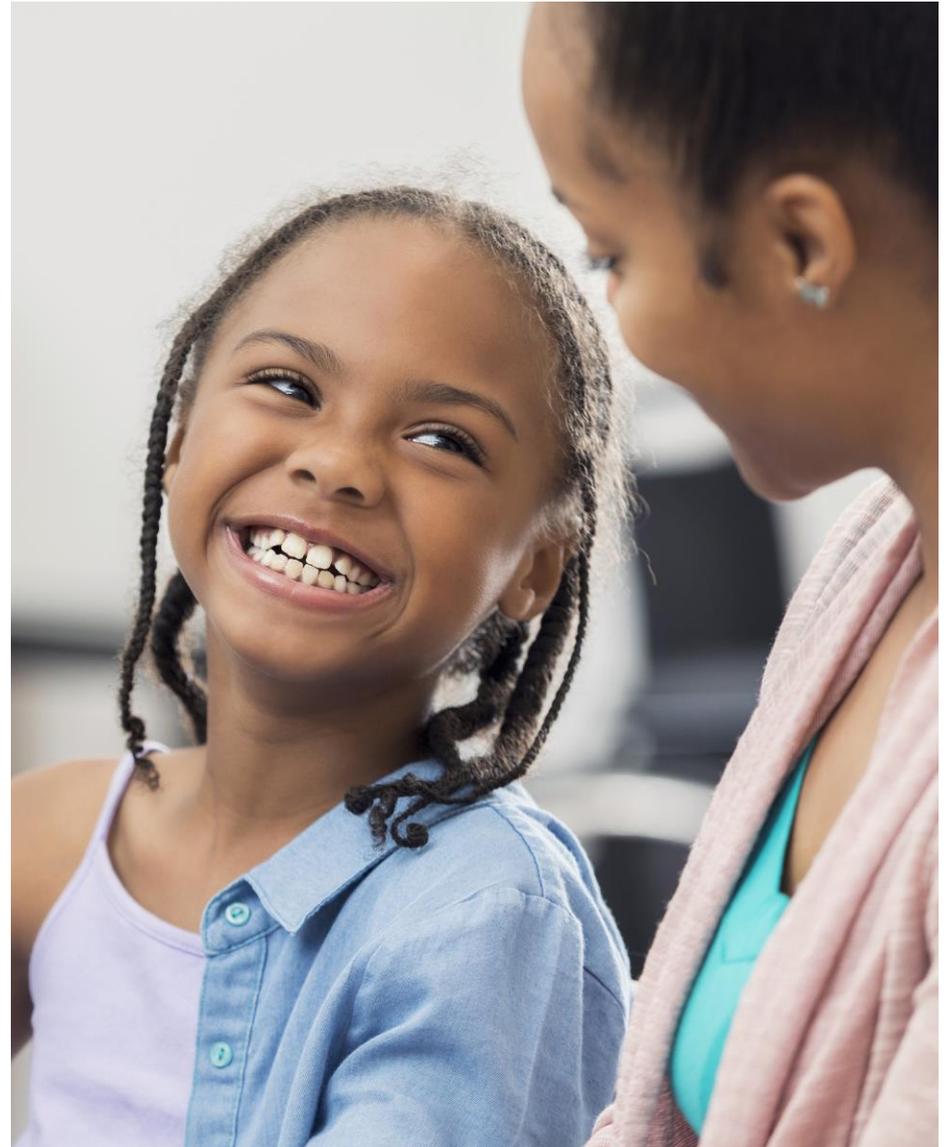
Stephanie Miller, Manager, Provider Network Management



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Provider Network Management

- Authorization reminders.
- COVID-19 and Telehealth.
- CLAS reminder.
- Claim Investigations and complaints.
- Provider Network Management Updates
- Top Claim Denials — Claim Investigations and Disputes
- Virtual Credit Card



Authorization reminders

Urgent versus nonurgent

- An authorization request should only be marked as urgent if it meets the clinical definition of urgent as outlined in our provider manual:
 - Urgent — treatment of a condition that is potentially harmful to a patient’s health and for which it is medically necessary for the patient to receive treatment within 48 hours to prevent deterioration.

Turnaround times

- Standard — 10 calendar days.
- Urgent — 3 calendar days.

Online submission tool

- AmeriHealth Caritas Delaware utilizes and encourages providers to submit authorization requests via Jiva, our online provider portal. For individualized training sessions, please contact your Account Executive.

COVID-19 and Telehealth

In response to the COVID-19 public health emergency, AmeriHealth Caritas Delaware is expanding its telehealth policies. We're closely monitoring updates from Delaware Division of Medicaid & Medical Assistance (DMMA), the CDC, and CMS to adjust our policies as needed.

- Claim should reflect the designated Place of Service (POS) code 02 – Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.
- The claim must include the appropriate modifier when billing for audio and video:
 - **Modifier GQ:** Via an asynchronous telecommunications system.
 - **Modifier GT:** Via interactive audio and video telecommunications systems.
 - **Modifier 95:** Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system.
- If video services are not available, AmeriHealth Caritas Delaware will reimburse participating providers for telephonic services billed using the following CPT codes:
 - **99441 – 99443** — Telephone evaluation and management service by a physician or other qualified health care professional.
 - **98966 – 98968** — Telephone assessment and management service provided by a qualified non-physician health care professional.

Culturally and Linguistically Appropriate Services (CLAS) Reminder

The goal of our cultural competency program is to ensure that all of our members, regardless of their culture, country of origin, language, race, or ethnicity, are able to access quality health care services.

AmeriHealth Caritas Delaware provides telephonic interpretation services, free of charge, to any AmeriHealth Caritas Delaware member through Language Access Services associates.

For help serving members with limited English knowledge, low literacy proficiency, or sensory impairments, contact Member Services at:

- Diamond State Health Plan:
1-844-211-0966 (TTY 1-855-349-6281).
- Diamond State Health Plan-Plus:
1-855-777-6617 (TTY 1-855-362-5769).



Claim Investigations and Complaints

Any requests for adjustments of a payment must be made in accordance with the provider manual, AmeriHealth Caritas Delaware policies and procedures, and, in any case, must be received by AmeriHealth Caritas Delaware within 60 days of original payment or denial.

Claim investigations:

- Must be submitted via NaviNet.
- Must be detailed.
- Will receive an Initial response within 10 business days.

Provider Complaints process:

To notify AmeriHealth Caritas Delaware of a complaint, mail or fax a completed provider complaint form 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 Network Management Updates

PCP assignment:

- Member selection.
- Auto assignment.

Provider termination:

- Must be submitted in writing.
 - Acceptable forms of notification:
 - Provider change form:
<http://www.amerihealthcaritasde.com/assets/pdf/provider/provider-change-form.pdf>
 - Letter on group letterhead.
 - Email notification.
- Must include practitioner name, NPI, group name, TIN and date provider is leaving practice.
 - If PCP, must provide the name of the provider members may transition to.

Credentialing and CAQH updates:

- Provider data intake form and state ownership disclosure form must be submitted for provider credentialing.
- AmeriHealth Caritas Delaware utilizes Council for Affordable Quality Healthcare Inc. (CAQH) for provider credentialing documents.
 - Missing information in CAQH will result in practitioner application being returned unprocessed.
- Practitioner is not considered participating and claims will process as out-of-network until credentialing is complete.
 - Providers will be credentialed and loaded to the AmeriHealth Caritas Delaware systems within 45 days of receipt of complete application.

Top Claim Denials

Top claim denials

- Termination
 - Claims submitted for a patient who does not have active coverage on date of service (DOS) billed.
- Timely filing
 - 120 days from the DOS when ACDE is primary or 365 days from DOS or 60 days from primary payer Explanation of Benefits (EOB).
- Missing primary EOB
 - AmeriHealth Caritas Delaware is the payer of last resort, when a member has a primary insurer. The primary insurance EOB must be attached at time of claim submission.
- Invalid member date of birth (DOB)
 - The member's DOB does not match the date in the AmeriHealth Caritas Delaware system.

Virtual Credit Card

Effective September 17, 2020 ACDE implemented virtual credit card.

- Providers not signed up for EFT now receive virtual credit card.
 - This is an opt-out program.
- ACDE EFT deposit information now comes from ECHO.
 - Deposit reads EPC-TRUST.
 - ACDE is working with PNC Bank to change deposit name to PNC-ECHO.
- To access remittance advice, providers must sign-up for the ECHO payment provider portal:
 - www.providerpayments.com
 - For assistance, please call the ECHO Provider Portal assistance line **1-888-686-3260**.

Quality Management

Brooke Balan, Manager, Quality Management



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Quality Management

- Community Health Navigators.
- Member outreach programs.
- Member incentives.
- Online Wellness Registry.
- Flu and COVID-19.
- Healthcare Effectiveness Data and Information Set (HEDIS).
- Quality Performance Measures.
- Critical Incidents.
- Performance Incentive Payments.
- Quality of Care.



Community Health Navigators

Community Health Navigators (CHNs) outreach to members telephonically. When CHNs have a successful contact with a member, they will:

- Verify contact information and PCP attribution.
- Address any care gaps the member has.
- Assist with calling the physician's office to make an in-person or telehealth visit, as well as scheduling a ride with Logisticare.
- Complete any needed assessments, such as the Health Risk Assessment, Low Risk Maternity Assessment, and the Edinburgh Postnatal Depression Scale.
- Access the family link tab in Jiva and, if the member is willing, address all family members possible.
- Inform eligible members they may qualify for an incentive for obtaining a preventive screening.
- Assist members with any Social Determinants of Health (SDoH) resources that are needed, utilizing AmeriHealth Caritas Delaware's internal Aunt Bertha search engine.

If unable to reach members by telephone, CHNs will visit members in their home or in the community. CHNs may receive visit referrals for Low-Acuity, Nonemergent (LANE) emergency department visits, prenatal, postpartum, and complex care issues and the Let Us Know program.

Member Outreach Programs

- Ongoing member outreach to close gaps in care.
- Initiatives currently on hold due to COVID-19.



Member Incentives

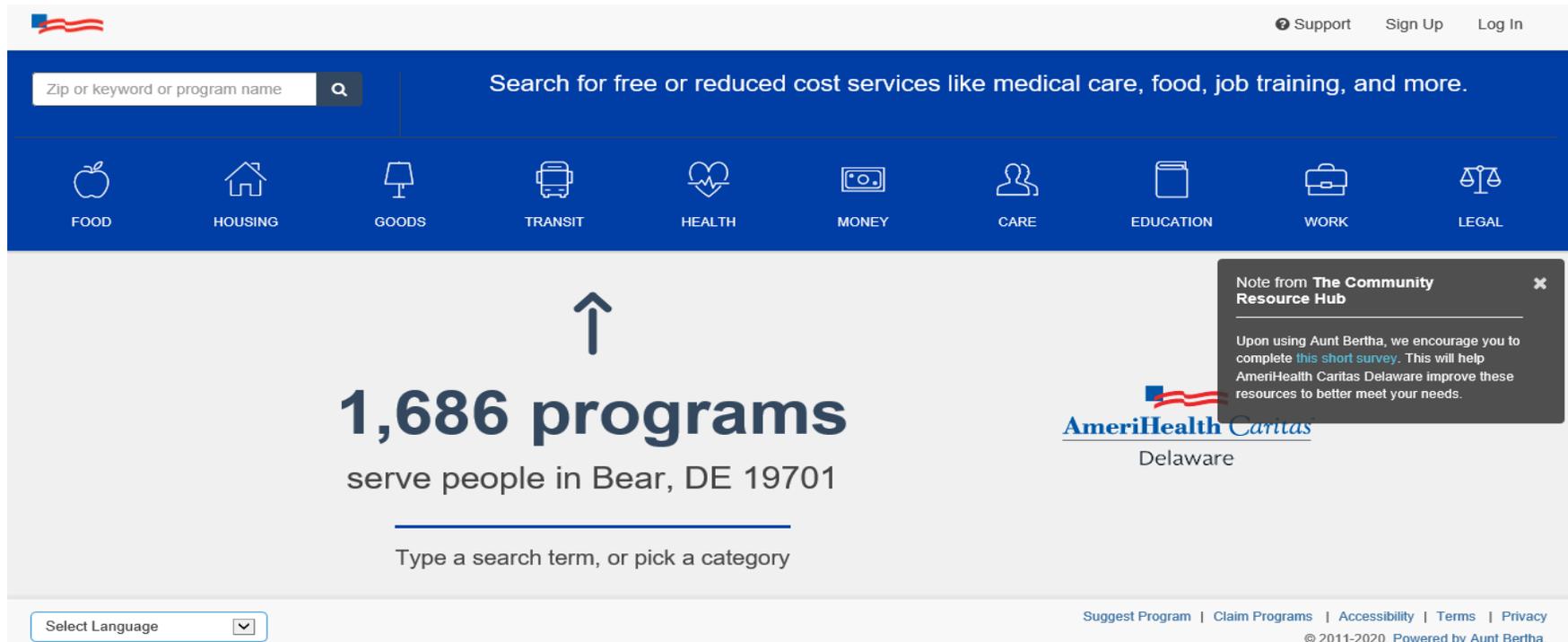
Did you know AmeriHealth Caritas Delaware offers incentives to our members for completing certain health screenings?

- 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.
- Our member incentive program is in the process of being updated. Details will be communicated to providers once the program has been finalized.

Online Wellness Registry

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

- AmeriHealth Caritas Delaware utilizes a branded Aunt Bertha site to provide links to community organizations providing assistance.
- Many programs are available at no cost to the member.
- We encourage you to take a short survey after visiting our Wellness Registry.



The screenshot shows the Aunt Bertha Wellness Registry website. At the top right, there are links for 'Support', 'Sign Up', and 'Log In'. Below this is a search bar with the placeholder text 'Zip or keyword or program name' and a magnifying glass icon. To the right of the search bar, it says 'Search for free or reduced cost services like medical care, food, job training, and more.' Below the search bar is a horizontal menu with ten categories, each represented by an icon and a label: FOOD (apple), HOUSING (house), GOODS (television), TRANSIT (bus), HEALTH (heart with pulse), MONEY (dollar bill), CARE (two people), EDUCATION (book), WORK (briefcase), and LEGAL (scales). The main content area features a large upward-pointing arrow above the text '1,686 programs' and 'serve people in Bear, DE 19701'. Below this is a search prompt: 'Type a search term, or pick a category'. At the bottom left, there is a 'Select Language' dropdown menu. At the bottom right, there is a footer with links for 'Suggest Program', 'Claim Programs', 'Accessibility', 'Terms', and 'Privacy', along with the copyright notice '© 2011-2020. Powered by Aunt Bertha.' A dark grey notification box on the right side of the page reads: 'Note from The Community Resource Hub. Upon using Aunt Bertha, we encourage you to complete this short survey. This will help AmeriHealth Caritas Delaware improve these resources to better meet your needs.'

AmeriHealth Caritas Delaware's 2020 Flu Awareness and Flu Vaccine Initiatives

- COVID-19 precautions can negatively impact flu vaccination due to reduced direct patient contact and office visits. It is important that providers take every opportunity to educate and vaccinate their patients.
 - Member and provider outreach.
 - Provider reminders.



Healthcare Effectiveness Data and Information Set

What is HEDIS® 2020?

- Includes 96 measures within 6 domains:
 - ✓ **Effectiveness of Care**
 - ✓ **Utilization and Risk Adjusted Utilization**
 - ✓ **Access/Availability of Care**
 - ✓ **Health Plan Descriptive Information**
 - ✓ **Experience of Care**
 - ✓ **Measures Collected Using Electronic Clinical Data Systems**
 - Quality Management programs at AmeriHealth Caritas Delaware monitor the progress of HEDIS measures. HEDIS scores are finalized every year and reported to the National Committee for Quality Assurance (NCQA).
 - For more information, the Adult and Child HEDIS Provider Guides are available on the AmeriHealth Caritas Delaware website.
-

Quality Performance Measures

The AmeriHealth Caritas Delaware Quality Performance Measures (QPM) are as follows:

- QPM #1: Comprehensive Diabetes Care HbA1c control <8% (HEDIS CDC).
 - QPM #2: Medication Management for People with Asthma—Medication Compliance 75% (modified HEDIS MMA ages 5 – 11, 12 – 18).
 - QPM #3: Cervical Cancer Screening (HEDIS CCS).
 - QPM #4: Breast Cancer Screening (HEDIS BCS).
 - QPM #5: Adult BMI Assessment (HEDIS ABA).
 - QPM #6: Prenatal and Postpartum Care—Timeliness of Prenatal Care (HEDIS PPC).
 - QPM #7: 30-day Hospital Readmission Rate (Delaware measure).
-

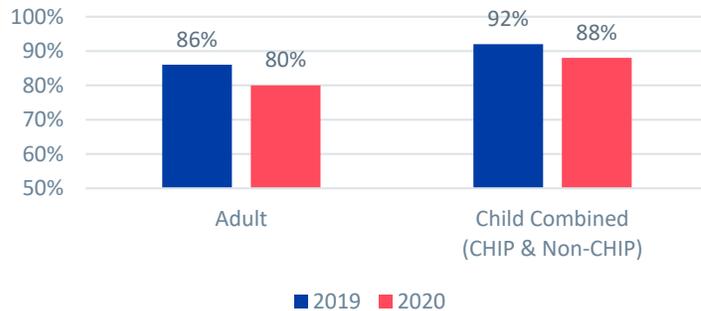
CAHPS® Survey

- Member satisfaction is measured through the Consumer Assessment of the Healthcare Providers and Systems (CAHPS®) 5.0H Questionnaire for Medicaid. The survey seeks feedback directly from health plan members.
 - CAHPS 5.0H® Questionnaires for Medicaid Adult and Child with Children with Chronic Conditions (CCC).
- The CAHPS® survey is conducted by the plan in the spring and is administered by an NCQA-accredited vendor (SPH Analytics).
- 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.

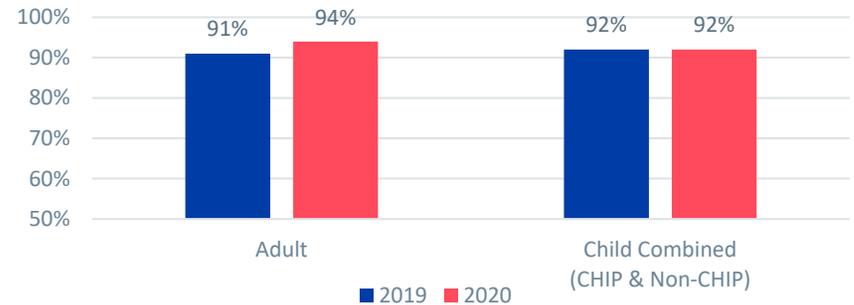
CAHPS® Survey Scores

The CAHPS Summary Scores for 2019 and 2020 are listed below and indicate the proportion of members (patients) who rate the health plan favorably on a measure.

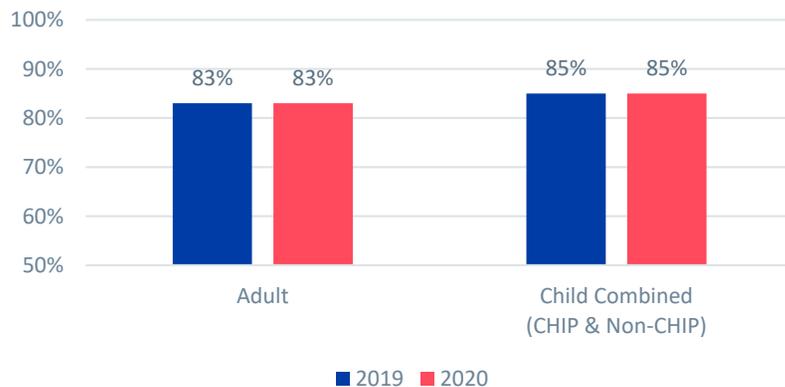
Getting Care Quickly



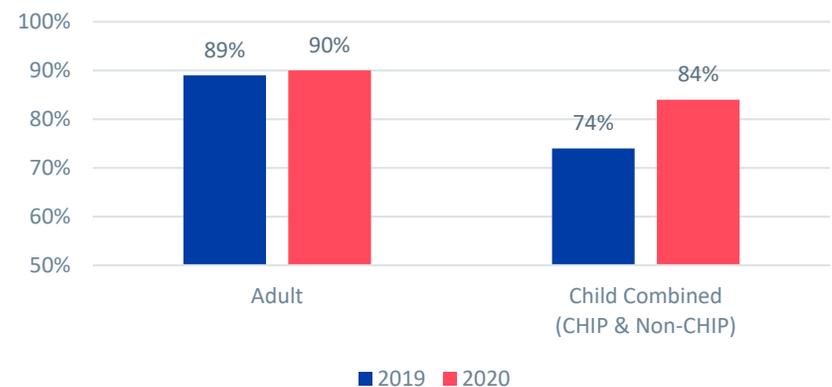
How Well Doctors Communicate



Getting Needed Care



Coordination of Care



Medical Record Reviews

- Compliance with AmeriHealth Caritas Delaware medical record standards and preventive health guidelines are evaluated annually based on a random selection process and/or as determined by AmeriHealth Caritas Delaware for Primary Care Providers (PCPs), Obstetrics and Gynecology (OB/GYN) practitioners, high-volume/high-impact specialists, and other practitioners as deemed appropriate.
- Medical Record Review (MRR) audits are conducted by AmeriHealth Caritas Delaware Quality Management staff annually to ensure adherence to AmeriHealth Caritas Delaware's Medical Record Standards and Guidelines.
- AmeriHealth Caritas Delaware's Medical Record Standards and Guidelines are available to practitioners in the Provider Manual, which is available on AmeriHealth Caritas Delaware's website and include:
 - Guidelines pertaining to medical record content, organization, and ease of retrieving medical records.
 - Medical records must be legible, signed, and dated.
 - Practitioners are required to achieve a medical record review audit score of 90% or greater to meet the AmeriHealth Caritas Delaware's MRR standards.
 - Practitioners that do not achieve the score of 90% will have a re-audit within 120 days of the initial review to ensure that the deficiencies are corrected.

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.

Reporting a Critical Incident

Critical incidents should be reported to the AmeriHealth Caritas Delaware's Quality Management Department at **1-302-286-5896** as soon as possible. Please be prepared to provide 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.
- Details of the critical incident.
- Date and time of notification to the investigative agency, if applicable.

Critical incidents will be reported to the Delaware Division of Medicaid & Medical Assistance (DMMA) and other appropriate investigative agencies as required.

Quality of Care Concerns

- Quality of care (QOC) 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.
 - QOC concerns can be reported by multiple sources.
 - QOC concerns are processed and action is taken according to the severity and potential for future harm associated with the incident.
 - All potential QOC issues will be referred to the Quality Management department and further investigated.
 - AmeriHealth Caritas Delaware resolves the issue within 30 calendar days of receiving notification of the issue.
 - Upon receipt of a QOC concern, a written request for records is sent to the practitioner or facility.
-

Quality of Care Concerns (continued)

- The plan's Chief Medical Officer reviews the QOC concern case and renders an outcome determination within five (5) business days of receipt of all pertinent information required for review.
 - An outcome letter is sent to the provider within one (1) week of the determination date.
 - When appropriate, corrective action plans may be put in place to prevent recurrence of the event. The corrective action plan will identify the strategies the provider will implement in order to reduce the risk of similar events occurring in the future.
 - All QOC concern cases assigned an Outcome Determination level of 1 or above, are summarized and reported to the Quality Assessment Performance Improvement Committee (QAPIC).
 - For QOC concern cases that warrant, if the practitioner/provider is an AmeriHealth Caritas Delaware provider, the Clinical QPS also includes this information in the practitioner/provider's file for review by AmeriHealth Caritas Delaware's Credentialing Committee.
 - The QM department tracks and trends all QOC concern cases.
-

Performance Improvement Projects (PIPs)

AmeriHealth Caritas Delaware's 2020 PIPs include the following:

- **Opioids and Muscle Relaxers Use – Physical Health and Behavioral Health PIP**
 - Does education of providers and members on the risks of opioids and muscle relaxers decrease the number of members receiving muscle relaxers and opiates concurrently and decrease ER visits?
- **ADHD (ages 6 – 12) – Pediatric PIP**
 - Will Pediatric Primary Care Providers, Nurse Practitioners, Psychologists, Psychiatrists, Licensed Professional Counselors and Licensed Clinical Social Workers, and Neurologists educated on the American Academy of Pediatrics' (AAP) Clinical Practice Guidelines for Attention Deficit Hyperactivity Disorder (ADHD) increase member compliance to both stimulant medication and outpatient (OP) behavioral health (BH) therapy at least once every four weeks in the 6- to 12-year-old population of AmeriHealth Caritas Delaware membership?
- **Oral Health – HCBS and SNF – State-mandated PIP**
 - Does education of home- and community-based services (HCBS) and skilled nursing facility (SNF) providers on the importance of daily oral care increase the number of Diamond State Health Plan-Plus (DSHP-Plus) members receiving daily oral care?
- **Nursing Facility (NF) Transition to Community PIP**
 - Does adding LOR (level of reimbursement) indicator to the AmeriHealth Caritas Delaware NF transition referral process enhance the opportunity to identify candidates; thereby increasing the number of transitions?

Behavioral Health

Jordan Weisman, Behavioral Health Chief Medical Officer



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Behavioral Health and Substance Abuse Services

Utilization trends

- Outpatient services
- Inpatient hospitalization
- Telehealth
- Psychopharmacology and MAT

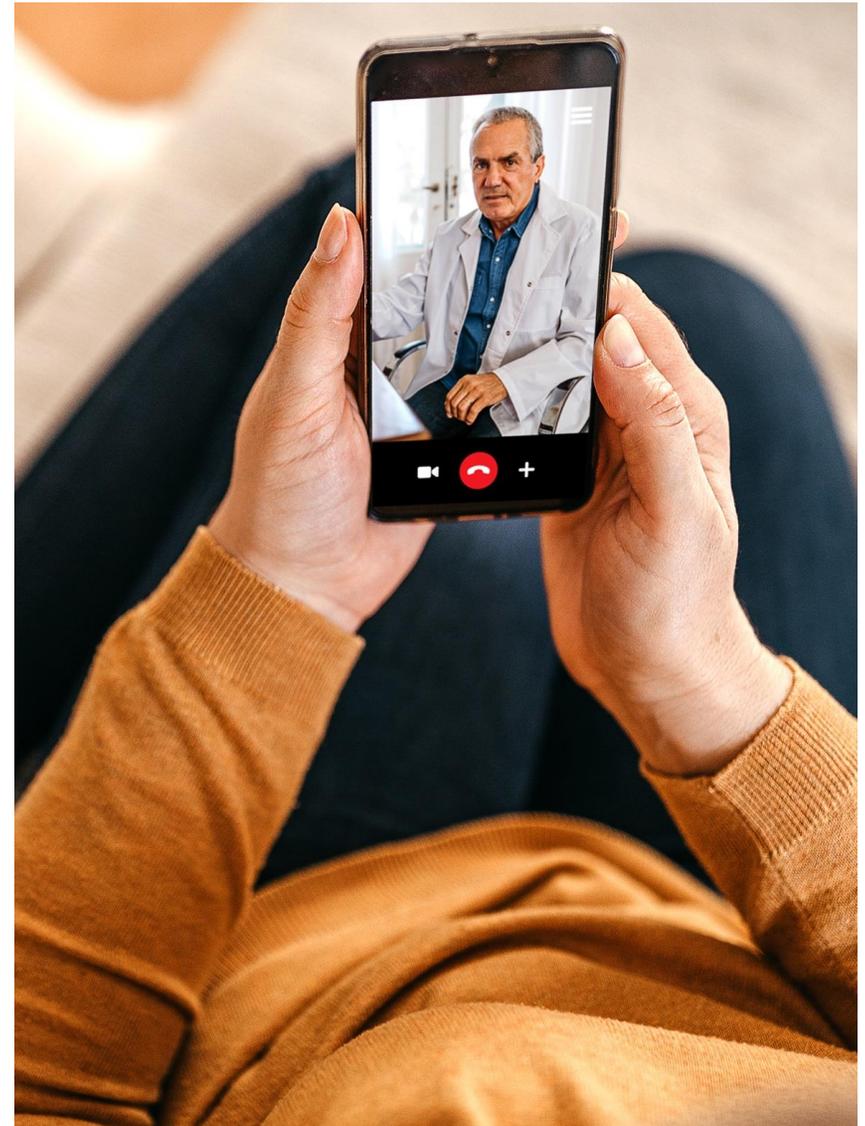
Aggressive outreach

- Phone and in-person contact
- Texting and technology
- Engaging our provider partners for help

Collaboration

- Member engagement
- Discharge planning

Value-based contracting



Management of Pharmacy Benefit

Fury Fecondo, Pharm D



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Provider and Member Services

Pharmacy Services (PerformRx)

PerformRx Pharmacy Member Services

- DSHP and Delaware Healthy Children Program (DHCP).....1-877-759-6257
(TTY 1-855-809-9206 or 711)
- DSHP-Plus and DSHP-Plus LTSS.....1-855-294-7048
(TTY 1-885-809-9206 or 711)

PerformRx Pharmacy Provider Services

Hours of operation: 8 a.m. to 7 p.m.

- DSHP and DHCP.....1-855-251-0966
- DSHP-Plus and DSHP-Plus LTSS.....1-888-987-6396
- Pharmacy fax.....1-855-829-2872
- Formulary and forms.....www.amerihealthcaritasde.com

Updates from the Past Year

- Based on input from Delaware Substance Abuse and Mental Health Society, benzodiazepine new starts limited to 2 weeks started October 2019.
- Drug-related J-codes prior authorizations moved to under pharmacy benefits management (PBM) September 1, 2019. Full list is available at the below address under the HCPCS coding list:
<http://www.amerihealthcaritasde.com/provider/resources/pharmacy-prior-auth.aspx>

HCPCS Medication Codes Requiring Prior Authorization



| Procedure code | Authorization required | Brand name for reference only | HCPCS description | Additional notes |
|----------------|------------------------|-------------------------------|-----------------------------------|--|
| J2469 | PA required | Aloxi | Palonosetron | |
| J2501 | No PA required | Zemplar | Paricalcitol | |
| J2502 | PA required | Signafor LAR | Pasireotide long-acting injection | |
| J2503 | PA required | Macugen | Pegaptanib sodium | |
| J2504 | PA required | Adagen | Pegademase bovine, 25 IU | |
| J2505 | PA required | Neulasta | Pegfilgrastim | Ziextenzo (billed under J3590) is the preferred pegfilgrastim agent. Full class requires PA. |

- COVID-19 adjustments were made to address albuterol inhaler and buprenorphine shortages, and prior authorizations that expired March 2020 through June 2020 on noncontrolled chronic medications were extended six months.

Reminders for Future Events

- Delaware uses a preferred drug list (PDL) that can change effective January 1 each year. Members are notified approximately 60 days in advance of any changes to current medications. The full state PDL is available under the pharmacy link on the Delaware Medicaid page: <https://medicaid.dhss.delaware.gov/>
- Opiate interactions provider and member mailing has changed from opiate-benzodiazepine interaction to opiate-muscle relaxant interaction.

News Release

Long-term Use of Muscle Relaxants Has Skyrocketed Since 2005

Penn Medicine researchers found the drugs were prescribed disproportionately to older adults, often concurrently with opioids, despite warnings against this dangerous combination

June 25, 2020

Rapid Response

Cassandra Evans, Supervisor, Rapid Response and Outreach



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What Is the Rapid Response and Outreach Team?

- The Rapid Response and Outreach Team was developed to address the **urgent nonclinical** needs of our members.
- The Rapid Response and Outreach Team is trained to help in the rapid triage of the member's needs.
- The goal is to reduce unnecessary **emergency room visits** and **inpatient stays**, and to help **remove barriers** to needed health care services.
- The team can help members investigate and overcome barriers to achieving their health care goals.

Quality and Controls

Our three major functions are:

1. Call center:

- We service inbound calls from our members, providers, internal departments, and various other people.
- We are held to NCQA call standards of the following:
 - Abandonment < 5%
 - Average Speed To Answer < 30 secs
 - Call Quality Standard > 95%
 - Case Quality Standard > 95%

2. Support case management:

- We collaboratively work with the clinical team of nurses in the management of health care essentials.
- We complete all nonclinical outreaches and other concerns.

3. Special projects:

- Can include outreach calls, data input, inbound sound bites.
 - Example: Hospital and PCP appointment reminders
 - Example: Missing care gaps campaigns
 - Example: ER discharge high user
 - Example: Narcan[®] (naloxone) outreach

What We Do

Goal: To reduce unnecessary emergency department visits and hospital readmissions, through improved coordination with providers and practitioners

Specialized services include helping our members with:

- Assist with making Physician appointments.
- Letters of medical necessity for supplies or services.
- Prior authorization for a medication.
- Coordinating transportation.
- Mission GED.
- Referral to wellness programs,
- Outreach to members that have been seen in the ER to educate them on alternatives such as urgent care centers or PCP.
- Medications.
- Durable medical equipment.
- Dental/vision services.
- Coordination with behavioral health and social service resources.
- Community resources: housing, phone bills, and utilities.
- Overcoming health literacy, spoken language, cultural and socio-economic situations.
- Assist with finding a PCP or specialist.

Support and Collaboration

Let Us Know program

A program to help PCPs engage chronically ill members and manage their health care needs.

How can you let us know about a member who needs assistance?

- Contact the Rapid Response and Outreach Team by:
 - Phoning **1-844-623-7090** from 8 a.m. to 5 p.m., Monday through Friday.
 - Faxing the Member Intervention Request Form to **1-855-806-6242**.
- Refer a member to the Complex Case Management program:
 - Voluntary program to support your plan of care for members with chronic disease and educate on prevention and adherence to the treatment plan.

How to Reach Us



Provider Network Management Account Executives Territory Assignment



Ancillary Providers:

Katrina Tillman

Phone: 1-302-233-1544

Email: ktillman@amerihealthcaritasde.com

Behavioral Health Providers and Facilities:

Karen Lysinger

Phone: 1-302-233-5700

Email: klysinger@amerihealthcaritasde.com

Hospitals:

Tiara Goodmond

Phone: 1-302-270-6750

Email: tgoodmond@amerihealthcaritasde.com

Long-term Services and Supports Providers, Skilled Nursing Facilities and Home Health Agencies:

Deneka Smith

Phone: 1-302-286-5927

Email: dsmith3@amerihealthcaritasde.com

Physical Health Providers:

**United Medical, MedNet, Delaware Chiropractic Services Network
(DCSN), Dental and Vision Providers:**

Kristina Peden

Phone: 1-302-256-6254

Email: kpeden@amerihealthcaritasde.com

New Castle County and Sussex County Physician Groups:

Latasha Smith

Phone: 1-302-268-0424

Email: lsmith@amerihealthcaritasde.com

Kent County Physician Groups:

Katrina Tillman

Phone: 1-302-233-1544

Email: ktillman@amerihealthcaritasde.com

Management:

Stephanie Miller

Phone: 1-302-270-6788

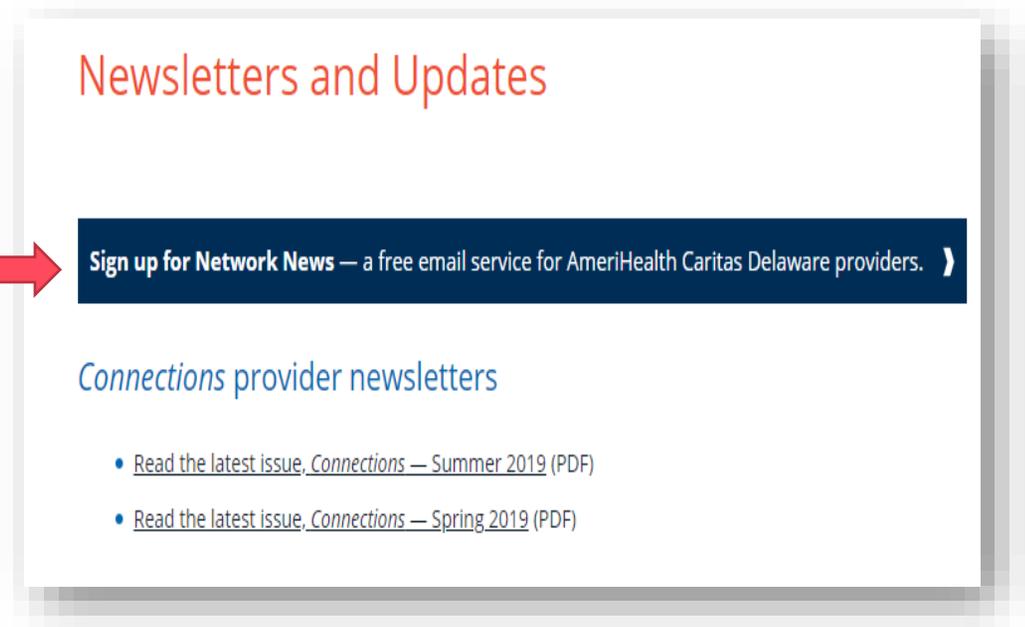
Email: smiller@amerihealthcaritasde.com

Network News Email Alerts

Network News is our free, subscription email 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.



Newsletters and Updates

Sign up for Network News — a free email service for AmeriHealth Caritas Delaware providers. >

Connections provider newsletters

- [Read the latest issue, *Connections* — Summer 2019 \(PDF\)](#)
- [Read the latest issue, *Connections* — Spring 2019 \(PDF\)](#)

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

More than
35 YEARS
of making
care the heart
of our **work.**



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