

Winter 2023



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Balance Billing Members

AmeriHealth Delaware members should not be balance billed by any participating provider. AmeriHealth Caritas Delaware continues to receive numerous complaints from our members who have been inappropriately balance billed for services rendered by a participating provider. As a reminder, please reference the below language from the AmeriHealth Caritas Delaware Provider Manual — Section IX: Claims Submission Protocols and Standards.

Balance Billing Members

- Under the requirements of the Social Security Act, all payments from AmeriHealth Caritas Delaware to participating Plan providers must be accepted as payment in full for services rendered. Members may not be balanced billed for medically necessary covered services under any circumstances. All providers are encouraged to use the claims provider complaint processes to resolve any outstanding claims payment issues.



Transitions of Care

This program coordinates services for adult and pediatric members with transitions of care needs. Program staff includes Care Managers who are licensed registered nurses (RN) or licensed mental health professionals. Program staff supports members by providing resolution for issues relating to access, care coordination and follow up care with the provider after discharge. Program staff also provide member-centered plan of care support by performing comprehensive member assessments, addressing member goals, and setting priorities. Program staff will monitor a member's condition(s) for a short-term period of time. If program staff feels the member's condition requires long term/complex care, a referral will be made to program staff in Complex Care Management.

Complex Care Management (CCM)

This program serves members identified as needing comprehensive and disease-specific assessments, and reassessments, along with the development of member-centered prioritized goals that are incorporated into the member-centered plan of care, developed in collaboration with the member, the caregiver(s) and the member's primary care provider (PCP) and supporting service providers when applicable with appropriate consents. Program staff includes Care Managers

who are licensed RNs or licensed mental health professionals.

Members in the CCM program are screened for the following as part of standard protocol:

- All members receive a comprehensive initial assessment that meets NCQA requirements.
- Adult members age 18 years and older and adolescents age 11 through 17 receive a depression screening to assess for symptoms of depression. Based on the results, the member receives education and is offered a referral to the appropriate behavioral health services

Subsequent reassessments are performed for any item that screens positive in the initial assessment.

“Let Us Know” Program

Providers are encouraged to refer members to the Integrated Health Care Management (IHCM) as needs arise or are identified through our “Let Us Know” program. If you recognize a member with a special, chronic, or complex health condition who may need the support of one of our programs, contact the Rapid Response Outreach Team **1-844-623-7090**.

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Transitions of Care (continued)

Providers can also complete a “Let Us Know” intervention form and fax to our Rapid Response Outreach Team fax line for members who have missed appointments, need transportation services, or further education on their treatment plan or chronic condition. This form can be downloaded from our website at www.amerihealthcaritasde.com.

Members are also referred to the IHCM program through internal Plan processes. Identified issues and diagnoses that result in a referral to the IHCM program may include:

- Multiple diagnoses (three or more actual or potential major diagnoses).
- Risk score indicating over- or under-utilization of care and services
- Pediatric members requiring assistance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and/or Individuals with Disabilities Education Act (IDEA) services.
- Pediatric members in foster care or receiving adoption assistance.
- Infants receiving care in the NICU.
- Members with dual medical and behavioral health needs.
- Members with substance use disorder-related conditions.
- Members who are developmentally or cognitively challenged.
- Members with a special health care need.
- Member with polypharmacy use.
- Pregnant members.
- Members in need of long-term services and supports to avoid hospital or institutional admission.

Care Coordination with the PCP

AmeriHealth Caritas Delaware recognizes that the PCP is the cornerstone of the member’s care coordination and delivery system. Our care management staff contacts each PCP during a member’s initial enrollment

into the chronic care management program, as part of a comprehensive assessment and member-centered plan of care development process. Program staff creates a member-centered plan of care. Program staff complements the PCP’s recommendations in developing an enhanced and holistic plan of care specific to the members’ needs. The Care Manager remains in close communication with the PCP during the implementation of the plan of care, should issues or new concerns arise.

Care Coordination with Other Providers

Program staff also contacts the member’s providers, such as behavioral health care providers, to determine the best process to support the member. This process eliminates redundancies and supports efficiencies for both programs. Program staff may also engage other providers in developing the member-centered plan of care. As the member is reassessed, a copy of the care plan goals is supplied to both the provider and member.

Integrating Behavioral and Physical Health Care

Members with behavioral health and substance use disorders often experience physical health conditions that complicate the treatment and diagnosis of behavioral and physical health conditions. AmeriHealth Caritas Delaware understands that coordination of care for these members is imperative. To meet this need, AmeriHealth Caritas Delaware has an integrated Medical Management department. Under this collaboration, the Plan’s integrated platform coordinates member care across the physical and behavioral health and social service areas.

Plan staff work with the primary care and behavioral health providers to develop an integrated plan of care for members in need of physical and behavioral health care coordination. Care Managers will also ensure that communication between the two disciplines — providers and organizations — occurs routinely for all members with physical and behavioral health issues. Care Managers will also coordinate with substance use disorder providers and community resources with appropriate member consent, as needed. Care Managers

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Transitions of Care (continued)

will proactively and regularly follow-up on required physical and behavioral health services, joint treatment planning, and provider-to-provider communication to ensure that member needs are continuously reviewed, assessed, and updated.

Member-Centered Plan of Care

Through the Integrated Health Care Management program, AmeriHealth Caritas Delaware works with practitioners, members, and outside agencies to develop a member-centered plan of care for those with special or complex health care needs. AmeriHealth Caritas Delaware's plan of care specifies agreed upon goals, medically necessary services, mental health, and substance use services (as shared with the member's consent), as well as any support services needed to carry out or maintain the plan of care, and planned care coordination activities. The member-centered plan of care also considers the cultural values and any special communication needs of the member, family and/or the child.

AmeriHealth Caritas Delaware care planning is based on a comprehensive assessment of each member's condition and needs. Each care plan is appropriately planned with active involvement and informed consent of the member, and their family or caregiver, as clinically appropriate and legally permissible, and as determined by the member's practitioner and standards of practice.

AmeriHealth Caritas Delaware also utilizes EPSDT guidelines in developing treatment plans for members under age 21. AmeriHealth Caritas Delaware works with practitioners to coordinate care with other treatment services provided by state agencies.

Through AmeriHealth Caritas Delaware's Integrated Health Care Management program, the member is assisted in accessing any support needed to maintain the plan of care. The Plan and the PCP ensure that members and their families (as clinically appropriate) are informed of all covered and non-covered treatment options, as well as the recommended options, their expected effects, and any risks or side effects of each



option. To make decisions and give informed consent, treatment for members will include the option to refuse treatment and shall include all treatments that are medically available, regardless of whether AmeriHealth Caritas Delaware provides coverage.

Plans of care for members with special health care needs are reviewed and updated every 12 months, at a minimum, or as determined by the PCP's assessment of the member's health and developmental needs. The revised plan of care is then incorporated into the member's medical record following each update.

Coordinating Care through Transitions and Discharge Planning

An important function of a managed care organization is to assist in the coordination of care during transitions. This includes:

- Changes in care settings, such as from hospital to home or hospital to rehab;
- Changes in health status due to a new chronic, sometimes life-threatening condition;
- Temporary or permanent changes in the fulcrum of care when a patient must change from a primary care physician to a specialist due to a surgical need or exacerbated by a chronic condition;
- Changes in a living situation for more independence or the need for greater support; or,
- Caregiver and family changes.

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Transitions of Care (continued)

During inpatient transitions, members are supported through the IHCM department. Members receive, at minimum, three outreach calls starting within 24 - 48 business hours of discharge. These calls are strategically placed to ensure the member has appropriate resources and has follow up appointments scheduled and kept with their provider.

IDEA & Care Coordination for Children with Special Health Care Needs

The Individuals with Disabilities Education Act (IDEA), a federal law passed in 1975 and reauthorized in 1990, mandates that all children receive a free, public education regardless of the level or severity of their disability. IDEA provides funds for states to provide a public education to students with disabilities. Under IDEA, students with disabilities receive public education because the law provides for individualized education programs (IEP) that meet the unique needs in the least restrictive environment for each child in the IDEA program. The law also provides guidelines for determining what related services are necessary and outlines a “due process” procedure to make sure these needs are adequately met.

Children age three to 21 who have been assessed as needing special education services because of a disabling condition are eligible for the program. Through the program, comprehensive evaluations are performed by a multidisciplinary professional team and shared with the parent, PCP, teachers, and other stakeholders who are involved with the child’s learning.

AmeriHealth Caritas Delaware is a participant in the coordination of wrap-around services needed to support the child’s educational process. The Plan notifies the PCP when a child receiving IDEA services is identified. However, because school health personnel do not necessarily know

AmeriHealth Caritas Delaware as the child’s insurance carrier, the Plan is often placed in a position of not being aware of the children or their needs. Therefore, AmeriHealth Caritas Delaware also relies on the practitioner to inform the Plan of children who are receiving special education services. The Plan’s Care

Connectors work with the practitioner to obtain services that are needed to support the educational process.

IDEA, Part B, explains eligibility criteria and services under the IDEA program that support an appropriate, free public education. Practitioners are advised to contact AmeriHealth Caritas Delaware’s Rapid Response and Outreach team for assistance in obtaining support services for children receiving IDEA educational services.

IDEA, Part C, explains services for children from birth to three years who either have, or are “at risk” for a developmental, educational, or behavioral or physical care delay. These children are likely not receiving special education services. Delaware’s Child Development Watch (CDW) program and AmeriHealth Caritas Delaware monitor the progress of children who are eligible for IDEA Part C. Plan practitioners are asked to report any child they perceive may be eligible for services under this program.

AmeriHealth Caritas Delaware Care Connectors assist the member/caregiver to speak with the early intervention programs and school professionals who will direct the member to work with practitioners to obtain evaluative services for any child who has a screening procedure that indicates the potential need for services under IDEA. Practitioners are expected to contact the Plan’s Rapid Response and Outreach team at 1-844-623-7090 to support coordination of services for children who are eligible or who have been identified as eligible for the IDEA education program.

Identifying Children with Special Health Care Needs

PCPs are required to use a valid and standardized developmental tool to screen for child-development delays during well child visits or episodic care visits (stand-alone visits qualify as episodic visits). If a child is identified as having a delay that is significantly different than an expected variation, within the norm of age-appropriate development, the PCP is required to refer the child for a comprehensive developmental evaluation.

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Transitions of Care (continued)

Practitioners must contact the Plan's Rapid Response team at 1-844-623-7090 to support coordination of services for children who may be eligible or who have been identified as eligible for the IDEA education program.

Once the need for evaluation is established, an evaluation appointment must be scheduled as soon as possible to meet federal guidelines on the timing of referral, evaluation, treatment planning, and the initiation of rehabilitative services for children identified as having special needs.

Once the evaluation is complete, a multidisciplinary case meeting will be arranged to discuss the findings and treatment recommendations. Upon the recommendations, the Care Connector and/or Care Manager will help arrange services consistent with the treatment plan and as covered by AmeriHealth Caritas Delaware. For services not covered by the Plan, the Care Connector will assist in locating services and assisting in coordination.

After the initiation of recommended services, the provider and Care Manager should receive periodic progress updates. The Care Manager will assist the PCP with receiving regular progress updates. Progress monitoring continues until the child has demonstrated substantial progress and is released from the program.

Examples of children who may require a referral include:

- Children diagnosed with hyperactivity, attention deficit disorders, autism spectrum disorder, severe attachment disorders, or other behavioral health disorders.
- Children with delay or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration.
- Children with persistent failure to initiate or respond to most social interactions.
- Children with fearfulness or other distress that do not respond to comforting by caregivers.



- Children with indiscriminate sociability, for example, excessive familiarity with relative strangers; self-injurious or other aggressive behavior.
- Children who have experienced substantiated physical/emotional abuse or sexual abuse
- Environmental situations that raise concern regarding the children's emotional being.

Examples of clinical conditions or environmental situations that warrant referral for evaluation:

Clinical conditions:

- Chromosomal Abnormality or Genetic Disorder.
- Metabolic Disorder.
- Infectious Disease.
- Neurological Disease.
- Congenital Malformation.
- Sensory Disorder (vision and hearing).
- Toxic Exposure.
- ATOD (alcohol, tobacco, and other).
- Exposure to HIV.

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Transitions of Care (continued)

Neonatal conditions:

- Birth weight 2000 grams - Infant's Birth weight less than 2000 grams.
- Premature birth – Gestational age less than or equal to 34 weeks.
- Respiratory distress - Infant experienced respiratory distress requiring mechanical ventilation for more than six hours.
- Asphyxia - Infant experienced Asphyxia using APGAR score as an indicator.
- Hypoglycemia - Newborn has a serum glucose level less than 25 mg/dl.
- Hyperbilirubinemia - Newborn has had a bilirubin blood level of greater than 20 mg/dl
- Intracranial Hemorrhage - Newborn or infant has had a subdural, subarachnoid, intraparenchymal or intraventricular hemorrhage (grade II-IV).
- Neonatal Seizures Newborn or infant has had neonatal seizures.
- Major Congenital Abnormalities - Various genetic dysmorphic, or metabolic disorders; including anatomic malfunctions involving the head or neck (e.g., atypical appearance, including syndromal and non-syndromal abnormalities, overt or submucous cleft palate, morphological abnormalities of the pinna), Spina Bifida, congenital heart defects.
- Central Nervous System (CNS) Infection or trauma - Bacterial or viral infection of the brain, such as encephalitis or meningitis; or clinical evidence of central nervous system abnormality, abnormal muscle tone (persistent hypertonia or hypotonia), multiple apneic episodes inappropriate for gestational age, or inability to feed orally in a full-term infant or sustained in a premature infant.
- Congenital Acquired Infection - Congenital or prenatal acquired infection (i.e., cytomegalo- virus, rubella, herpes, toxoplasmosis, HIV, syphilis).

Post-neonatal conditions:

- Suspected Visual Impairment - Infant is not able to make eye contact or to track visually after the first few weeks of life.
- Suspected Hearing Impairment - Infant 1) fails newborn hearing screen, 2) presents with unresolved otitis media, or 3) presents with physical abnormality of the ear or oral-facial anomalies.

Newborn situations:

- Detailed pregnancy, labor, delivery, and infant hospital stay history.
- Delayed first well-care visit and/or delayed first immunization visit.
- Frequently missed well care visits within the first year of life.
- Expression of parental concern.
- Suspicion of abuse/neglect.

Childhood situations:

- Frequently missed well care visits.
- Expression of parental concern.
- Screening failure demonstrated on administration of developmental assessment tool (Ages and Stages is recommended, however practitioners may use Denver Developmental Tool).
- Physical and/or laboratory results findings (example lead result >10 ng/dl).
- Inappropriate adaptation to school environment; teacher or counselor expresses concerns about child's ability to adapt to school environment or learning.
- Report/suspicion of abuse/neglect.

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Transitions of Care (continued)

Adolescence situations:

- Behavioral risk assessment indication.
- Failing grades or difficulty learning.
- Demonstration of behavior significantly different from the usual norm.
- Report suspicion of abuse /neglect.

Providers are encouraged to refer for evaluation when any of these conditions and/or situations, or other conditions and/or situations are present, or when the concern varies from what is expected at the member's age or stage of development. If the provider detects a minor variation, the provider may use discretion in the

timing of the referral. If the provider perceives that the area of concern may be due to a normal variation in development, the provider may choose to have the child return within a specified timeframe and re-administer the screening tool. However, when choosing to re-administer the screening, providers should consider factors that may impact the child's return to the office:

- Reliability of the parent to return.
- Transportation.
- Competing priorities of parent that may prohibit return on the scheduled date.
- Eligibility issues.





Provider Credentialing Rights

Are you awaiting credentialing? Health care providers who have submitted a credentialing or recredentialing application to AmeriHealth Caritas Delaware have the right to:

- Review the information submitted to support their credentialing application, except for recommendations and peer-protected information obtained by the plan.
- Correct erroneous information. When information is obtained by the Credentialing department that varies substantially from the information the provider gave, the Credentialing department will notify the health care provider to correct the discrepancy. Corrections must be made within 10 business days of notification and can be submitted via fax to 1-215-863-6369 or mailed to the AmeriHealth Caritas Delaware Credentialing department:
AmeriHealth Caritas Delaware
Attn: Credentialing Department
220 Continental Drive, Suite 300
Newark, DE 19713
- Received notification, upon request, of their credentialing status or recredentialing application.

The Credentialing department will share all information with the provider, except for references, recommendations, or protected peer-review information (e.g., information received from the National Practitioner Data Bank). Requests can be made via phone, email, or in writing. The Credentialing department will respond to all requests within 24 business hours of receipt. Responses will be via email or phone to the provider.

- Receive notification from a Credentialing Committee or Medical Director review decision, within 30 calendar days for PCPs, and within 45 calendar days for specialty providers, of receipt of a clean and complete application. Providers may appeal the initial or recredentialing denial within 30 calendar days of receiving written notification of the decision.

To request any of this information, providers should contact AmeriHealth Caritas Delaware Credentialing department at **1-866-423-1444**.

Member Rights and Responsibilities

AmeriHealth Caritas Delaware is committed to treating our member with dignity and respect. AmeriHealth Caritas Delaware, its network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law.

Our members also have specific rights and responsibilities. A complete list is available on our website at www.amerihealthcaritasde.com. Go to the provider homepage, select Resources and you'll find the link to Member Rights and Responsibilities under Member Care.

New Solution for Online Prior Authorizations.

AmeriHealth Caritas Delaware has partnered with NantHealth | NaviNet to bring you, Medical Authorizations, a robust, intuitive, and streamlined online authorizations workflow.

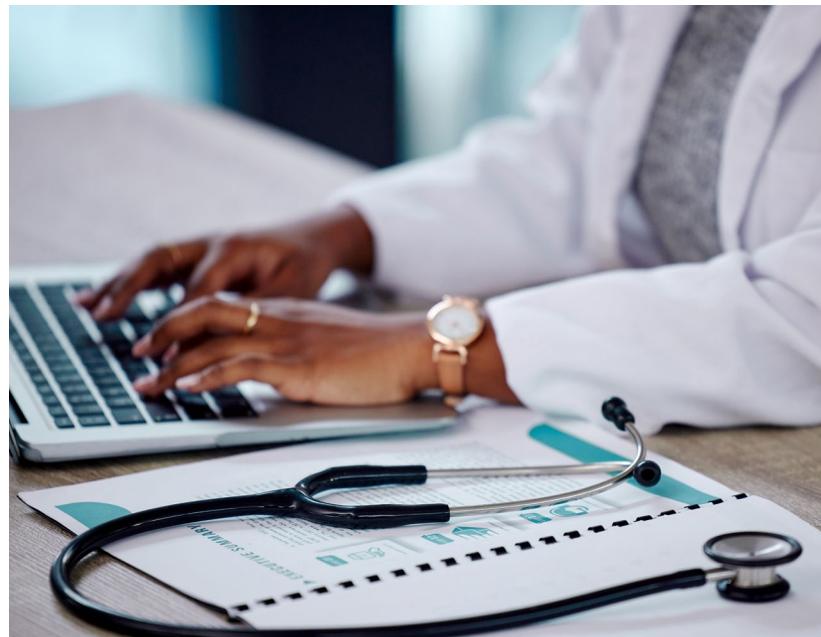
In addition to submitting and inquiring on existing Authorizations, you will also be able to:

- Verify if No Authorization is Required
- Receive Auto Approvals, in some circumstances
- Submit Amended Authorization
- Attach supplemental documentation
- Sign up for in-app status change notifications directly from the health plan
- Access a multi-payer Authorization log
- Submit inpatient concurrent reviews online if you have Health Information Exchange (HIE) capabilities (fax is no longer required)
- Review inpatient admission notifications and provide supporting clinical documentation

Want to learn more about Medical Authorizations? Video tutorials and step-by-step instructions will be available via the NaviNet Plan Central page and the NantHealth Help Center.

Will training be offered?

AmeriHealth Caritas Delaware will offer training on the new system. Provider Network Management Account Executives will contact providers with training dates and times.



21st Century Cures Act

To comply with provisions of the Affordable Care Act (ACA) regarding enrollment and screening of providers, all Delaware network providers must be enrolled in the Delaware Medical Assistance Program (DMAP). This applies to all AmeriHealth Caritas Delaware providers who furnish, order, refer, or prescribe items or services to Delaware Medicaid members. Providers can expect to receive a notice from DMAP to complete a Provider Enrollment Application.

If you have multiple Provider Service/Provider Practice locations, you must enroll each location separately in DMAP. You will receive the MCD ID after completing enrollment.

What does a Medicaid identifier (MCD ID) mean?

The Medicaid Identifier (MCD ID) is a nine-digit, all-numeric identification number assigned by the Delaware Medicaid Enterprise System (DMES) to uniquely identify a provider by NPI, Provider Taxonomy, and Provider Service Location.

A provider can have more than one MCD ID based on the number of unique combinations of NPI, Taxonomy and Service locations. An active MCD ID is required for payment.

The MCD ID you receive is specific to a defined Provider Service/Provider Practice Location.

Example: If you have three practice locations (i.e., Wilmington, Dover, and Newark), you must enroll each location separately and will be assigned three unique MCD IDs.

- Providers have 60 calendar days to complete the application from the notice date.
- Failure to timely fulfill this requirement will result in termination.

For questions you can contact Gainwell by calling **1-800-999-3371, select option 0, then option 4**, or by emailing DelawarePret@GainwellTechnologies.com.



Culturally and Linguistically Appropriate Services (CLAS) Education

AmeriHealth Caritas Delaware launched a campaign focused on the impact of language access services on patient satisfaction, quality, and care outcomes.

Objectives:

- Describe the importance of interpretation and translation services.
- Best practices for communication and language assistance.
- Identify the difference between interpretation and translation.
- Review key terms in language communication.
- Demonstrate the importance of utilizing language access services in practice.
- Identify provider requirements and patient rights.
- Illustrate the processes of requesting language access services.
- Offer best practices when communicating through an interpreter and use of translation services.
- Provide useful tips and considerations for providers.



Provider Advisory Council Charter

It is important to AmeriHealth Caritas Delaware that our providers are engaged and express their views, as their input is important to providing the highest quality of care for our members.

The Provider Advisory Council (PAC), a subcommittee of AmeriHealth Caritas Delaware's Quality of Service Committee (QSC), provides a regional forum for providers to give input on AmeriHealth Caritas Delaware's clinical policy development and provider operations. The Council promotes collaborative efforts to enhance the service delivery system, improve provider satisfaction and member experience, and promote data sharing* and value-based payment strategies.

Provider Advisory Council opportunities:

PAC members serve in an advisory setting that allows freedom to communicate.

The goals for AmeriHealth Caritas Delaware's PAC:

1. Identify feedback from providers to set utilization standards for reporting tools to improve member outcomes and for providers to continue qualifying for program participation.
2. Gather feedback to assess standards setting for reporting tools to ensure data is demonstrating meaningful outcome reporting.
3. Contribute to the development, implementation, and review of provider education strategies and efforts. This includes input from providers on training topics, provider education materials, dates/locations of provider education workshops and events.
4. Demonstrate compliance with NCQA and HEDIS standards for involving members by identifying and prioritizing opportunities for improvement



Provider Complaint System

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 later. Any complaint that is not related to claims payment (Administrative Complaints) must be submitted in writing no later than 45 days from the date of the occurrence.

The Provider Complaint System can be found in the AmeriHealth Caritas Delaware Provider Manual on pages 59 and 60

<https://www.amerhealthcaritasde.com/assets/pdf/provider/provider-manual.pdf>

Medical Record Reviews

- Compliance with AmeriHealth Caritas Delaware medical record standards and preventive health guidelines are evaluated and audited 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.
- 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 who do not achieve a score of 90% will have a re-audit within 120 days of the initial review to ensure that the deficiencies are corrected.
- AmeriHealth Caritas DE'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 records content, organization, and ease of retrieving medical records.
- The timing of the medical records review audit overlaps with AmeriHealth Caritas Delaware's HEDIS requests for medical records so you may receive multiple medical records requests during the same time frame for the same members. Unfortunately, the requests for these projects are different, and each are looking at different measures so the same records cannot be used for both projects.

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.

Critical incidents should be reported to the AmeriHealth Caritas Delaware's Quality Management Department at **1-302-286-5896** as soon as possible.

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.



Rapid Response Outreach Team

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.

What We Do

Reduce unnecessary emergency department visits and hospital readmissions through improved coordination with providers and practitioners.

Specialized services include helping members with:

- Making physician appointments.
- Providing letters of medical necessity for supplies or services.
- Prior authorization for a medication.
- Coordinating transportation.
- Mission GED®.
- Referral to wellness programs.
- Outreach to members who were seen in the ER to educate them on alternatives such as urgent care centers or their 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 socioeconomic 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:
 - Call **1-844-623-7090** from 8 a.m. to 5 p.m., Monday through Friday.
 - Fax 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.

Provider Wellness Program

AmeriHealth Caritas Delaware offers virtual and/or in-person Wellness Programs designed to prevent disease or injury, improve health outcomes, enhance well-being, reduce health disparities, or enhance quality of life.

<https://www.amerihhealthcaritasde.com/assets/pdf/provider/provider-wellness-programs.pdf>



Healthy Heart Ambassador Blood Pressure Self-Monitoring Program

AmeriHealth Caritas Delaware is collaborating with Delaware's Division of Public Health to promote the Healthy Heart Ambassador blood pressure (BP) self-monitoring program. This four-month program includes biweekly sessions with an AmeriHealth Caritas Delaware coach, four nutritional education sessions, and three healthy cooking demonstrations.

In this exciting no-cost program from the Delaware Division of Public Health, trained health coaches teach simple, yet proven ways, for patients to:

- Manage and understand BP.
- Measure and track their BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity

Your patients will receive (at no cost):

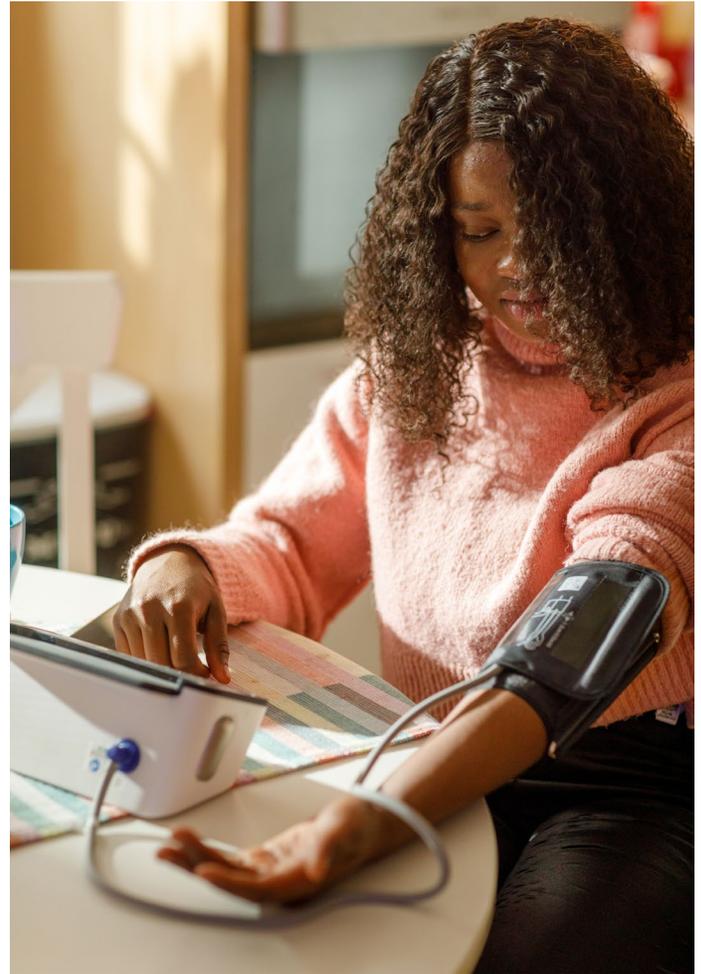
- A BP monitor (if needed) and training on how to measure and track BP at home.
- Virtual one-on-one support from specially trained facilitators and virtual learning sessions over a four-month period.
- Cooking demonstrations and nutritional education that will build confidence to buy, prepare, and cook affordable, delicious heart-healthy meals.
- Support to help your patients make real changes for heart health.

Participation requirements:

- Over 18 years old.
- High BP diagnosis or prescribed a medication for high BP.
- No cardiac events in the last year.
- No atrial fibrillation or other arrhythmias.
- No lymphedema or risk for lymphedema.

Program referrals: You can refer patients to this program via a direct referral by calling 1-302-208-9097, using the patient portal or text messaging, or getting a referral letter.

For more information visit www.healthydelaware.org/Individuals/Heart/Healthy-Heart-Ambassador-Program.



Members who complete a blood pressure screening with a result of 140/90 or lower are eligible for a \$25 incentive. One per year (Incentive distributed based on receipt of claim with CPT II code).

Encourage Your Patients to Get their Cervical Cancer Screenings.

An estimated 13,900 women in the United States will be diagnosed with Cervical Cancer in 2023. Cervical cancer screenings can detect and prevent what was once the leading cause of cancer deaths among women in America. Both the American Cancer Society (ACS) and the American College of Obstetricians and Gynecologists (ACOG) provide guidelines for cervical cancer screening, but there are some differences between the two sets of recommendations which can lead to confusion.

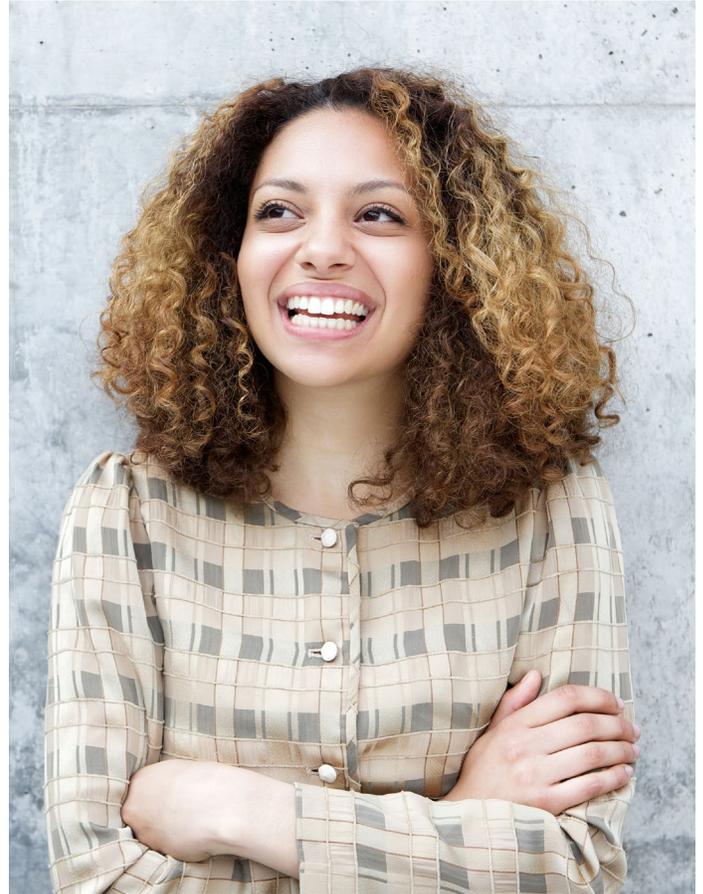
The Delaware Department of Public Health recommends all women age 21 and older have a pelvic exam annually and women ages 21 - 65 have cervical cancer screening with either a PAP test every three years or PAP test with HPV co-testing every five years (women ages 30-65 only). Women who received the HPV vaccination should still be screened.

Health Equity in Cervical Cancer Screening

Discussions regarding Cervical Cancer Screening can be difficult and complex. Providers should discuss cervical cancer screening in context of individual knowledge and fears, history of trauma, health literacy, language preference, cultural understanding, and other social determinants of health that impact adherence. Evidence-based research indicates:

- Compared to non-Hispanic White women, Asian women were 85% less likely to have a PAP screening, Native Americans were 34% less likely to have a PAP screening, and Hispanic women were 27 % less likely to have a PAP screening.
- Women tend to decrease frequency of cervical cancer screening as they age.
- Lower income and education levels are socioeconomic factors that influence cervical cancer screening.
- Women with disabilities have lower rates of cervical cancer screening.

AmeriHealth Caritas Delaware encourages PCPs and other health care providers to discuss Cervical Cancer Screening with patients assigned female at birth. This discussion can be included as part of the annual wellness visit and/or follow up visits as a gap in care.



Members ages 21 - 64 are eligible for a \$25 incentive for Cervical Cancer Screening. One every three years (Incentive distributed based on receipt of claim).

1 American Cancer Society. (n.d.). Cervical cancer statistics: Key Facts About Cervical Cancer. Cervical Cancer Statistics | Key Facts About Cervical Cancer. (n.d.). Retrieved February 20, 2023, from <https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>

2 Delaware Cancer Consortium, Delaware Health and Social Services. (n.d.). Retrieved February 20, 2023, from <https://www.healthylidelaware.org/Individuals/Cancer/Cervical/Screening-Prevention>

A Collaborative Approach to Diabetes Care

Twelve percent of Delaware’s population age 18 and older reported a known diagnosis of diabetes in 2020. This is a significant increase when compared to 2012 (9.6%). The Centers for Disease Control and Prevention (CDC) reports that control of certain health measures can prevent or reduce the risk of diabetes related complications. The CDC defined these goals as the ABCs of diabetes management and include an A1C <8%, BP<140/90 mmHg, and non-HDL-C <130 mg/dL, as well as currently not smokers. However, only about 25% of adults with diabetes meet these target goals.

Factors influencing diagnosis and management of diabetes are multifactorial including race and ethnicity, education level, age, income, and other social determinants of health.

- Compared to Whites, Black non-Hispanics, Asian, and American Indian / Alaskan Natives have higher rates for diabetes.
- Hispanics have a higher rate of diabetes than non-Hispanics.
- Diabetes rates increase as levels of education completed decrease.
- Adults with Family Income Levels below the Federal Poverty Level have the highest rate for diabetes.

The complexity of diabetes management requires collaboration between primary care and behavioral health providers (PCPs), specialists, health plans, community resources, and the individual and individual’s support/ system. AmeriHealth Caritas Delaware encourages providers to promote collaboration in care and improved health outcomes.

Steps for improving collaboration between care teams:

- If needed, PCPs should refer members diagnosed with Diabetes to specialists for evaluation and care of medical and/or behavioral health comorbidities and follow-up on consultations to review recommendations. Discuss with the member any concerns regarding coordinating care with other health care practitioners and provide education on how coordination of care can improve health outcomes.
- Specialists who see patients for diabetes management, including eye care, cardiac health, and kidney disease, should ensure the PCP is aware of all care provided. Encourage the member to discuss care with their PCP and send consultation notes to the PCP.
- PCPs and some Specialty providers (i.e., cardiology, renal, endocrine) treating patients with diabetes should complete a mental health assessment for depression and other co-morbidities that could impact compliance. According to the CDC, although people with diabetes are two to three times more likely to have depression, only 25% - 50% of those individuals with diabetes who have depression are diagnosed and receive treatment. Untreated depression can lead to increased feelings of discouragement and failure, possibly leading to a condition known as Diabetes Distress, which may require behavioral health support to change behavior.
- Tailor discussions to the individual patient including exercise, nutrition, access to resources, and health

(continued on page 22)

³ McDaniel, C. C., Hallam, H. H., Cadwallader, T., Lee, H. Y., & Chou, C. (2021). Persistent racial disparities in cervical cancer screening with pap test. *Preventive Medicine Reports*, 24, 101652. <https://doi.org/10.1016/j.pmedr.2021.101652>

⁴ Johnson NL, Head KJ, Scott SF, Zimet GD. Persistent Disparities in Cervical Cancer Screening Uptake: Knowledge and Sociodemographic Determinants of Papanicolaou and Human Papillomavirus Testing Among Women in the United States. *Public Health Reports*. 2020;135(4):483-491. doi:10.1177/0033354920925094

⁵ Iezzoni, L. I., Kurtz, S. G., & Rao, S. R. (2016). Trends in PAP testing over time for women with and without chronic disability. *American Journal of Preventive Medicine*, 50(2), 210–219. <https://doi.org/10.1016/j.amepre.2015.06.031>

⁶ Delaware, T. S. of. (n.d.). BRFSS data: Diabetes prevalence - delaware health and Social Services - State of Delaware. Retrieved February 21, 2023, from <https://dhss.delaware.gov/dhss/dph/dpc/diabetes02.html>

^{7,3} Centers for Disease Control and Prevention. (2022, December 30). Only 1 in 4 adults with diagnosed diabetes achieve combined diabetes care goals. Centers for Disease Control and Prevention. Retrieved February 21, 2023, from <https://www.cdc.gov/diabetes/research/reports/diabetes-abcs.html>.

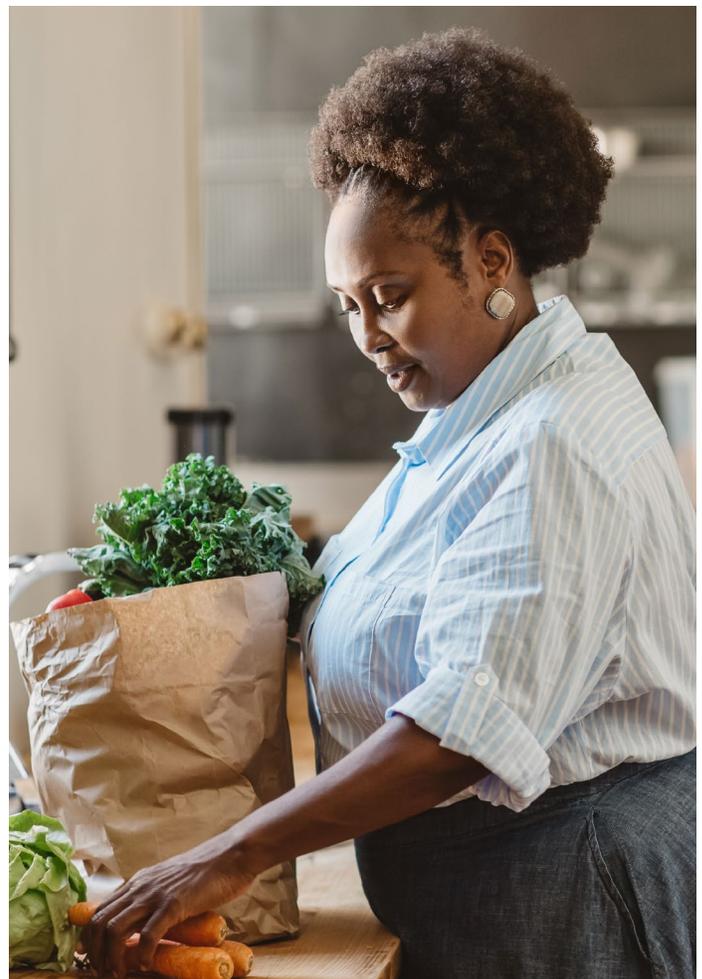
A Collaborative Approach to Diabetes Care (continued)

literacy level. Review all social determinants of health (SDOH) to assess for opportunities to reduce barriers to care. Examples of SDOH include, but are not limited to, financial concerns, access to food, childcare, and transportation. Ask and review any racial, ethnic, or religious concerns the member may have with maintaining compliance with a diabetes regimen.

- Utilize Telehealth for appointments and check-ups when members can't get into the office where applicable.
- AmeriHealth Caritas Delaware has programs to support members with diabetes
- AmeriHealth Caritas Delaware has programs to support members to understand and manage diabetes and other chronic conditions and encourage overall health and wellness for our members.
- Care Coordination and Case Management programs provide support for members and caregivers in managing diabetes. Care Coordination and Case Management staff perform a comprehensive assessment of the member's physical and behavioral health, social, environmental, and cultural needs. Based on the assessment of the member's needs, as well as input from the member and their PCP provider, the care coordinator or case manager develops a plan of care to assist the member in addressing their health and/or social concerns.
- Wellness programs including Make Every Calorie Count and fitness classes at the AmeriHealth Caritas Delaware Wellness Center in Bear, Delaware.
- Diabetes Self-Management Program (DSMP), which is a six-week workshop in collaboration with the Delaware Division of Public Health (DPH), provides education and support to members with or at risk for diabetes.
- Eligible members may qualify for home delivered meals with nutritional counselling sessions through Mom's Meals, as part of the Food as Medicine program. Meals can be tailored to the dietary needs of the member.

If you would like more information on these and other Wellness Programs, please reach out to your AmeriHealth Caritas Delaware Account Executive or visit the AmeriHealth Caritas DE website at <https://www.amerhealthcaritasde.com/member/eng/resources/community-resources.aspx>

Members who complete an HbA1c screening with a result of < (less than) 8% are eligible for a \$25 incentive. One per year (Incentive distributed based on receipt of claim with CPT II code).



AmeriHealth Caritas Delaware Peer Review Process

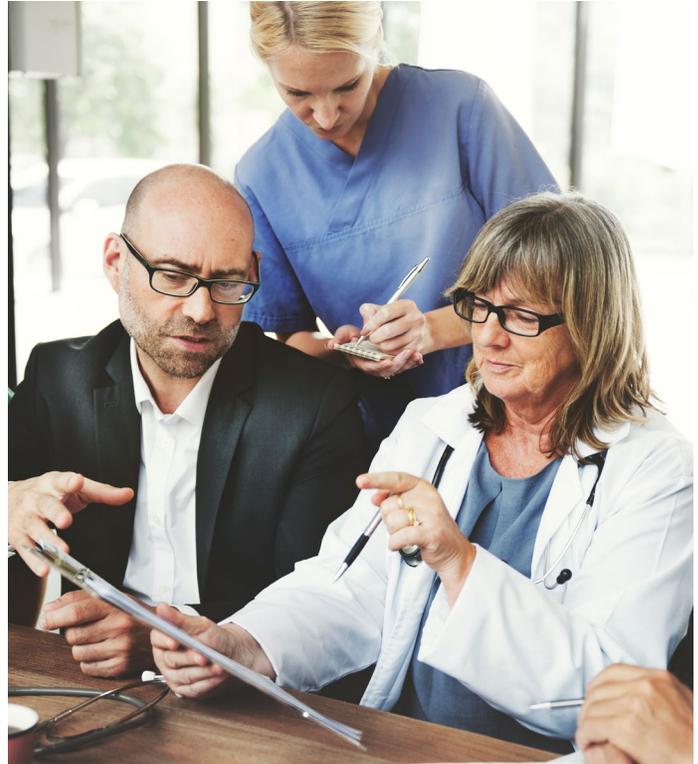
The AmeriHealth Caritas Delaware peer review process focuses on patient safety and quality of medical care provided to all members. Peer review is one component that AmeriHealth Caritas Delaware uses to monitor, evaluate, and improve the quality and appropriateness of care and service delivery to members. Other components include performance improvement projects, medical/case record audits, performance measures, surveys, and related activities.

Peer review is an evaluation of the professional practices of a provider by their peers. The evaluation assesses the necessity, appropriateness, and quality of care furnished by the provider in comparison to care customarily furnished by their peers, and consistency with recognized health care standards.

The AmeriHealth Caritas Delaware Chief Medical Officer (CMO) oversees the peer review process and chairs the Peer Review committee. The Peer Review committee membership is drawn from the provider network and includes peers of the participating provider being reviewed. Members and staff can notify the Peer Review committee of any situations or problems related to providers.

The peer review process includes the following:

- A. **Case review.** The review considers potential grievances and issues with the quality of care or service.
- B. **Thresholds.** AmeriHealth Caritas Delaware has established thresholds for issues with the quality of care or service identified by internal sources to establish off-cycle credentialing reviews and/or referrals to the Peer Review committee. At the discretion of the CMO, a provider or facility can be referred to the Peer Review committee or Credentialing committee for substantiated issues, even if thresholds aren't met.



- C. **Peer Review committee.** This group reviews participating provider performance, when appropriate.
- D. **Tracking and reporting.** All providers will be tracked by the Quality Management department to determine if the established thresholds establish an off-cycle credentialing review and/or referral to the Peer Review committee.
- E. **Training and education.** AmeriHealth Caritas Delaware provides training and education to providers, staff, and members in the peer review process.

If you have questions or need more information about the peer review process, contact Provider Services at **1-855-707-5818**, or speak with your Provider Network Account Executive.



Web Series: Evidence-Based Interventions to Improve Wellness, Disease Management, and Health of Delawareans

Please register for the following live, interactive webinars.

These 60-minute interactive webinars are being brought to you by Quality Insights and AmeriHealth Caritas Delaware and will provide overview of critical topics to the Medicaid population, evidence-based interventions, and case scenarios to support your patients and your practice. The information presented is appropriate for physicians, physician assistants, nurse practitioners, nurses, and other clinical support staff.

SESSION 1:

Addressing Opportunities to Improve Maternal and Child Outcomes
March 22, 2023



Learning Objectives:

- Understand the morbidity and mortality of maternal and infant outcomes in the U.S. and DE
- Describe social determinants of health (SDOH) and their impact on maternal health
- Describe different SDOH tools and how they can help identify at-risk patients

[REGISTER HERE](#)

SESSION 2:

Evidence-Based Opportunities to Improve Hypertension Control and Prevention
April 25, 2023



Learning Objectives:

- Understand social and demographic factors contributing to hypertension challenges in the U.S. and DE
- Describe how patients can address hypertension control at home and leveraging evidence-based programs or self-measured blood pressure (SMBP)

[REGISTER HERE](#)

SESSION 3:

Evidence-Based Opportunities to Improve Diabetes and Prediabetes Control and Prevention
May 30, 2023



Learning Objectives:

- Identify patients who qualify for the National Diabetes Prevention Program and the Diabetes Self-Management Education & Support Program
- Describe the process of referring to these programs
- Identify a SDOH referral platform

[REGISTER HERE](#)



If you have questions about registration, email [Lisa.Gruss](mailto:Lisa.Gruss@qualityinsights.com) at Quality Insights or call **302-299-7284**.

NO-COST CME: The Medical Society of Delaware has approved this continuing medical education activity for AMA PRA Category 1 Credit™

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