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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 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 balance 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 provides 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 (CCM).

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. These are developed in collaboration with the member, the member's 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 ages 18 years and older and adolescents ages 11 through 17 receive a 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 detailed 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) program 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, please contact the Rapid Response Outreach Team **1-844-623-7090**. Providers can also complete a “Let Us Know” intervention form and fax it to our Rapid Response Outreach Team. This is important for any members who may have missed appointments, need transportation services, or further education on their treatment plan or chronic condition. The form is available at:

www.amerihhealthcaritasde.com.

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Transitions of Care (continued)

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, 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 health care delivery. Our care management staff contacts each PCP during a member's initial enrollment into the chronic care management program, as part of the comprehensive assessment and member-centered plan of care development process. Program staff creates the member's plan of care. Program staff complements the PCP's recommendations in the development of an enhanced and holistic plan of care specific to the members' needs. The care manager remains in 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 other providers of care, such as the member's behavioral health providers, to determine the best process to support the member. This process eliminates redundancies and supports efficiencies. Program staff may also engage key providers to be part of the development of the member-centered plan of care. As the member is reassessed, a copy of the care plan goals are supplied to the provider and the 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 both behavioral and physical health conditions. AmeriHealth Caritas Delaware understands that the 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 will seamlessly coordinate member care across the physical and behavioral health and social service areas.

Plan staff will work with the appropriate primary care and behavioral health providers to develop an integrated plan of care for members in need of physical and behavioral health coordination. Care managers will also ensure that communication between providers and organizations occurs routinely for all members with physical and behavioral health issues. Care managers will also work to coordinate with substance use disorder providers and community resources with the appropriate member consent as needed. Care managers 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's needs are continuously reviewed, assessed, and updated.

(continued on page 5)

Transitions of Care (continued)



Member-Centered Plan of Care

Through the IHCM program, AmeriHealth Caritas Delaware works with practitioners, members, and outside agencies to develop a plan of care for members with special or complex health care needs. AmeriHealth Caritas Delaware's plan of care specifies mutually agreed-upon goals, medically-necessary services, mental health and substance use services (as shared with the member's consent). This may include support services necessary to carry out or maintain the plan of care, and care coordination activities. The member-centered plan of care also takes into account the cultural values and any special communication needs of the member, family and/or the child.

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

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

Through AmeriHealth Caritas Delaware's IHCM program, the member is assisted in accessing any support needed to maintain the plan of care. The plan and the PCP are expected to 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. In order to make treatment decisions and give informed consent, available 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 for those treatments.

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

Coordinating Care Through Transitions and Discharge Planning

One of the most important functions of a managed care organization is to assist in the coordination of care during transitions. This includes, but is not limited to:

- Changes in care settings such as from hospital to home or hospital to rehab.
- Changes in health status due to presentation of 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 exacerbation of a chronic condition.
- Changes in a living situation to obtain more independence or because of a need for greater support or,
- Caregiver and family changes.

During inpatient transitions, members are supported

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Transitions of Care (continued)

through the IHCM program. Members receive, at minimum three outreach calls, starting within 24 - 48 business hours after discharge. These calls are strategically placed to ensure the member has the appropriate resources and has scheduled a follow-up appointment and kept it with their provider.

IDEA and 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 to enable states to provide education to students with disabilities. Under IDEA, students with disabilities are able to 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 ages 3 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 involved as 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 these children or their needs. 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 any services that are needed to support the

educational process.

IDEA, Part B, details eligibility criteria and services under the IDEA program that support an appropriate, free public education for this population. 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, specifically details 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 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 screening tool to screen for developmental 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 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.

As a reminder, practitioners are expected to contact

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Transitions of Care (continued)

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 program.

Once the need for evaluation is established, the 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 service.

Once the evaluation is completed, a multidisciplinary case meeting will be arranged, as appropriate, 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 recommended services not covered by the plan, the Care Connector will assist in locating services and assisting in coordination as needed.

After the initiation of recommended services, the provider and care manager should receive periodic progress updates. The care manager will work to 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, but are not limited to, those listed below:

- Children diagnosed with hyperactivity, attention deficit disorders, autism spectrum disorder, severe attachment disorders, or other behavioral health disorders.
- Children with delayed 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 who do not respond to comforting by caregivers.
- Children with indiscriminate sociability, for example, excessive familiarity with relative strangers, or self-injurious or other aggressive behavior.
- Children who have experienced substantiated physical/emotional abuse or sexual abuse, or other
- Environmental situations that raise concern regarding the children's emotional being.



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Transitions of Care (continued)

Examples of clinical conditions or environmental situations that warrant potential 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

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, or 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 fails newborn hearing screen, presents with unresolved otitis media, or 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.

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Transitions of Care (continued)

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; schoolteacher or counselor expresses concerns about child's ability to adapt to school environment or learning
- Report/suspicion of abuse/neglect



Adolescence situations:

- Expression of concern from child, parent, or school authority
- 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 further evaluation when any of these conditions and/or situations, or other conditions and/or situations are present. Especially when the concern varies from what is expected at the child's age or stage of development. If the provider detects what they consider 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 readminister the screening tool. However, when choosing to readminister the screening, providers are expected to consider factors that may impact the child's return to the office:

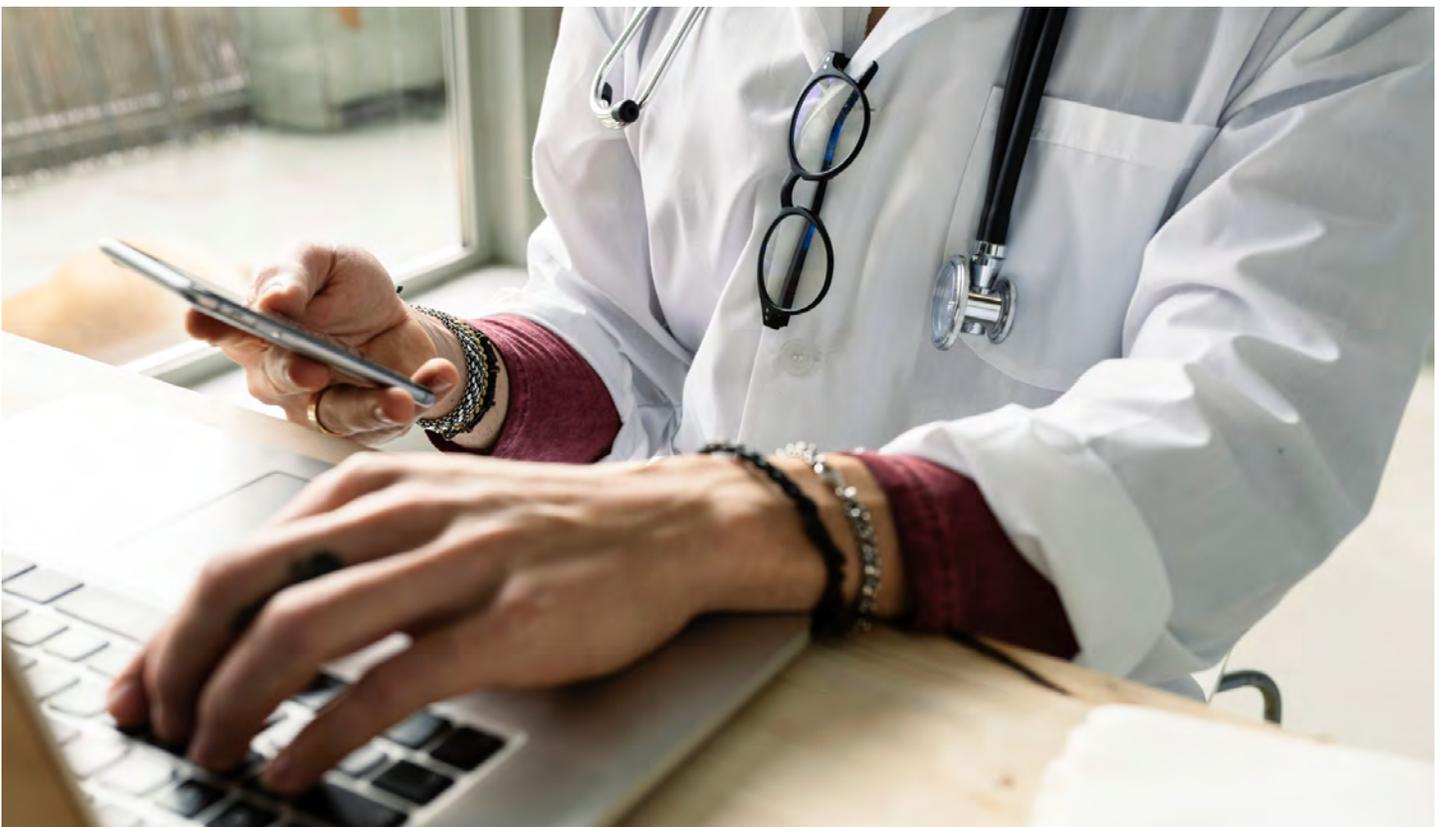
- Reliability of the parent to return
- Transportation
- Competing priorities of parent that may prohibit return on the scheduled date
- Eligibility issues

Provider Credentialing Rights

Are you awaiting credentialing? 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, with the exception of 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 provider to correct the discrepancy. Corrections are to 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
- Be informed, upon request, of the status of their credentialing or recredentialing application. The Credentialing department will share all information with the provider with the exception of 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 call to the provider.
- Be notified of a Credentialing Committee or Medical Director review decision within 30 calendar days for PCPs and 45 calendar days for specialty providers, upon receipt of a clean and complete application. Providers may appeal any initial or recredentialing denials 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 treats its members with dignity and respect. AmeriHealth Caritas Delaware, its network providers, and other providers of services 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. The complete list is available at www.amerhealthcaritasde.com. Go to the provider homepage, select **Resources**, and you'll find the link to **Member Rights and Responsibilities** under **Member Care**.

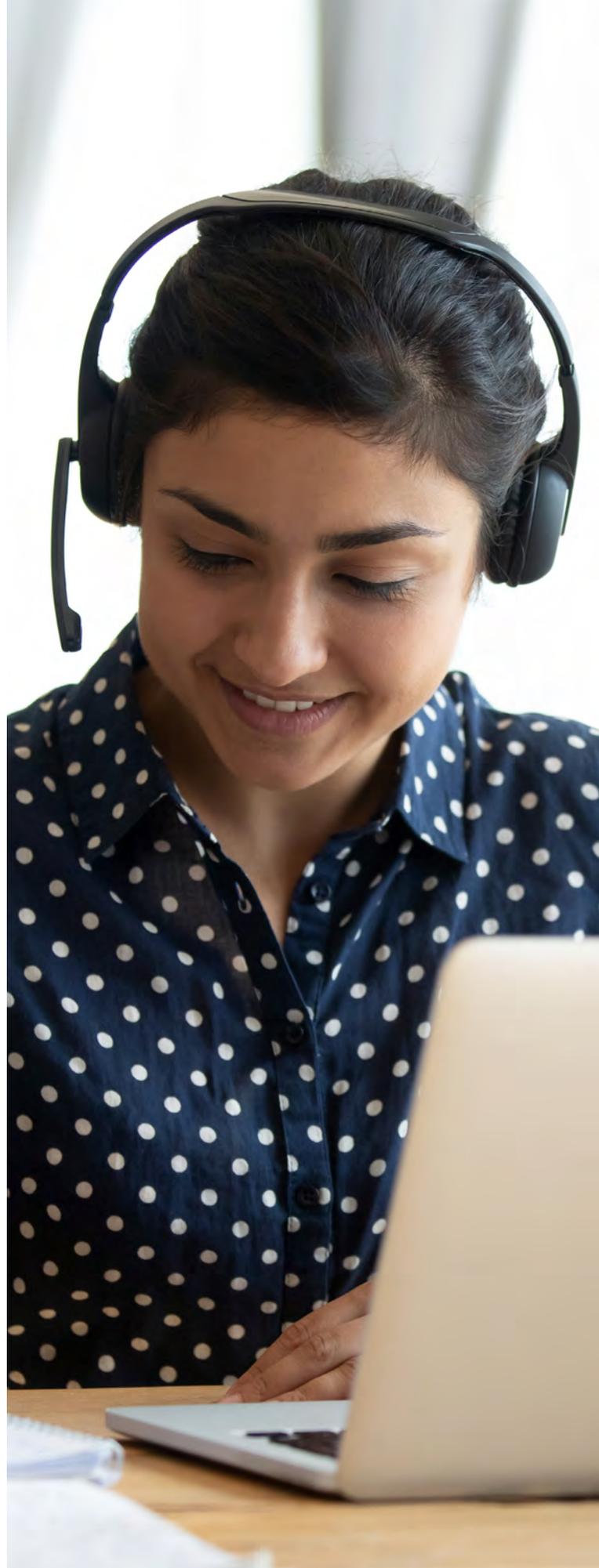


Culturally and Linguistically Appropriate Services (CLAS) Education

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 language communication terms
- Demonstrate the importance of utilizing language access services
- 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 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 latest. 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.amerihhealthcaritasde.com/assets/pdf/provider/provider-manual.pdf>

Medical Record Reviews

Compliance with medical record review (MRR) 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.

- Practitioners are required to achieve an 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 reaudit within 120 days of the initial review to ensure that the deficiencies are corrected.
- 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.
- The timing of the MRR audit may overlap with AmeriHealth Caritas Delaware's HEDIS requests for medical records so you may receive multiple medical record requests during the same time, often for the same members. Unfortunately, the requests for both of 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:

- Unexpected death of a member, including death 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 Quality Management Department at **1-302-286-5896**. Please be prepared to provide the

following information:

- The provider's first and last name
- The provider's phone number
- The member's first and last name
- The member ID
- Date and time of the critical incident
- The type of critical incident
- Details of the critical incident
- Date and time of notification to an 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.

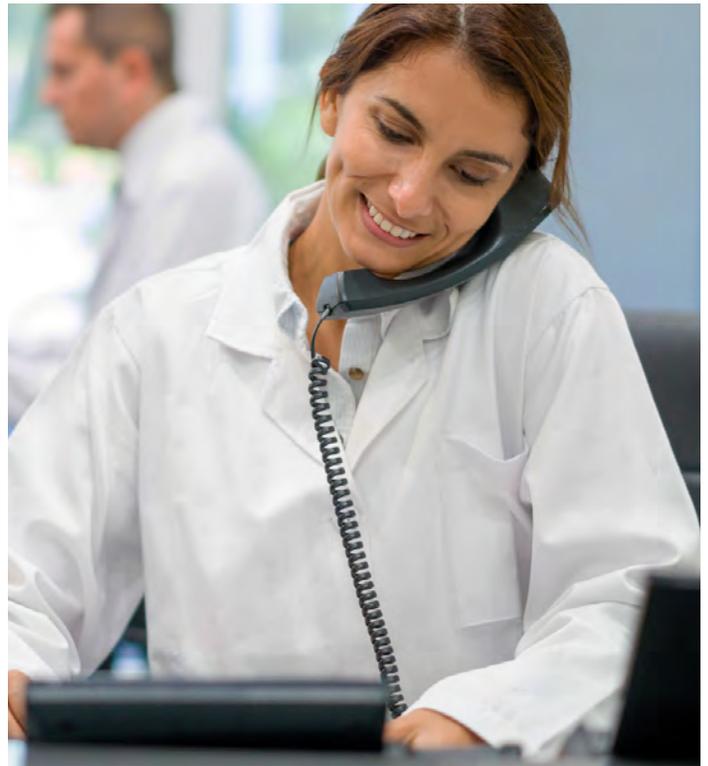
The team can help members investigate and overcome barriers to achieving their health care goals.

What We Do

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

Specialized services include helping members 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 emergency department 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:
 - Phoning **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>



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 2023.⁶ 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.⁷

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.⁸
- 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.⁹
- Women with disabilities have lower rates of cervical cancer screening.¹⁰



AmeriHealth Caritas Delaware encourages PCPs and other 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.)

¹American 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>

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

³McDaniel, 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>

⁴Johnson 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

⁵Iezzoni, 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>

Beware of Phishing Scams — Don't Take the Bait!



An information security risk occurs when an associate at an organization opens a phishing email and clicks on the link. It only takes one associate clicking a phony link to impact an organization's cybersecurity efforts.

Why it's important

Phishing scams are emails that look real but are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information (PHI) and personally identifiable information (PII), as well as a company's confidential and proprietary information, at risk.

It may be a phishing email if it:

- Promises something of value (e.g., "Win a free gift card").

- Asks for money or donations.
- Comes from a sender or company you don't recognize.
- Links to a site that is different from that of the company the sender claims to represent.
- Comes from a trusted business partner that has experienced a security incident. All emails sourcing from outside your organization should be scrutinized.
- Asks you for personal information, such as your username and password/passphrase.
- Includes misspelled words in the site's URL or subject line.

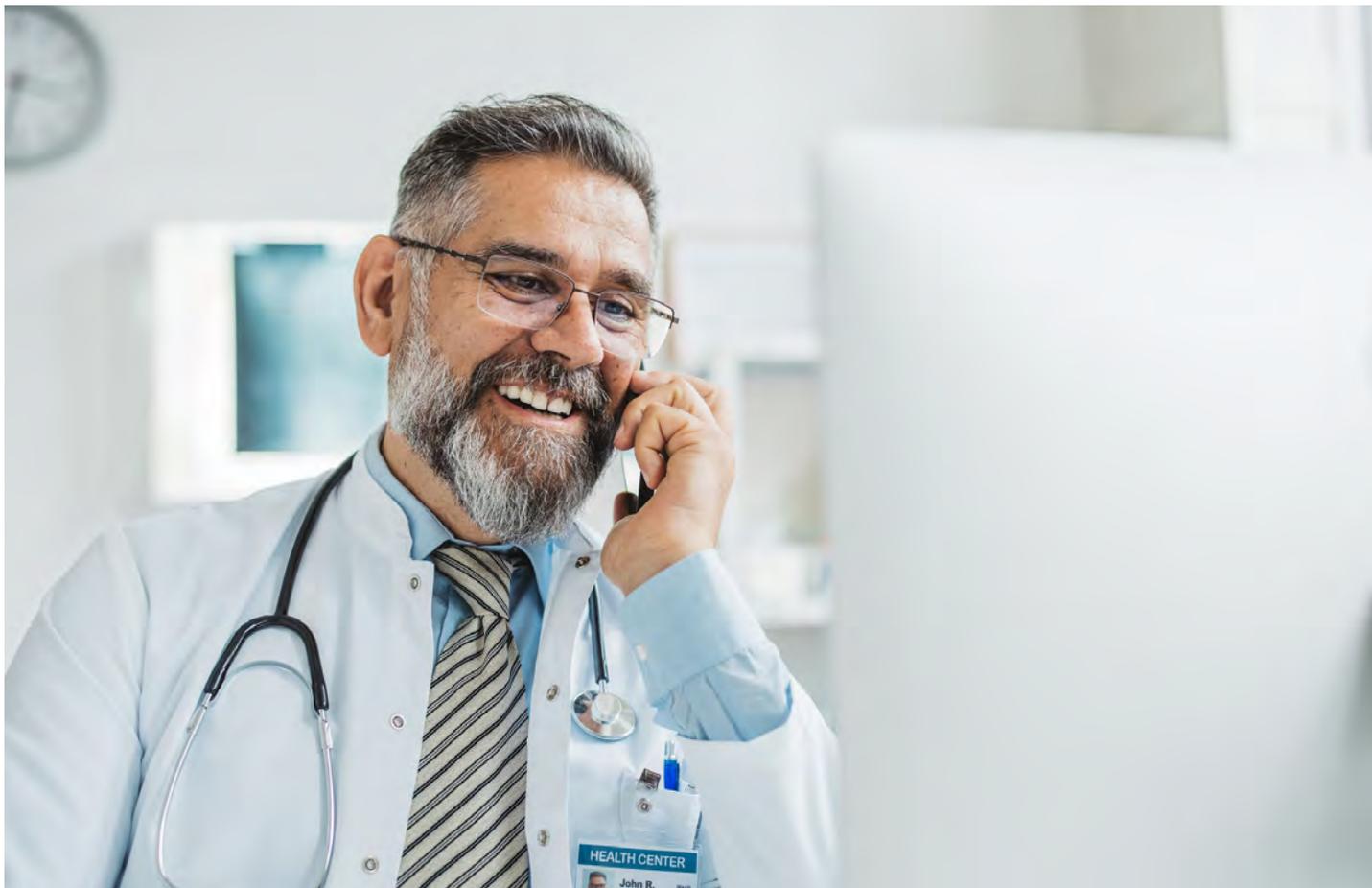
If you suspect an email may be phishing, here are some tips:

- Do not click any links in the email.
- Do not provide your username and password. You should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as retailers (like Amazon) or banks.
- Do not reply or forward the email to anyone within your organization.
- Familiarize yourself with your organization's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- Your organization's information security department may have additional information and guidance on how to protect yourself from phishing scams.

Do You Know Your Account Executive?

Are you aware of who your AmeriHealth Caritas Delaware Account Executive is?

<https://www.amerihhealthcaritasde.com/assets/pdf/provider/account-executives.pdf>



New NaviNet Provider Data Information Form Enhancement

AmeriHealth Caritas Delaware providers now have the ability to attest to the accuracy of practice data and submit demographic changes directly through NaviNet. This functionality is only available to professional provider groups at this time.



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