Delivering the Next
Generation
of Health Care

Provider Forum
Fall 2018

AmeriHealth *Caritas*™
Delaware

Who We Are

AmeriHealth Caritas Delaware

About Us

Independence

Mercy Health System

Mercy Health System joins forces with Independence Blue Cross to form the AmeriHealth Mercy Family of Companies.

Behavioral health services are offered through PerformCare®.

Pharmacy services are offered through PerformRx℠.

Independence Health Group assumes majority ownership of AmeriHealth Mercy with BCBSM joining as a minority owner.

Independence

Blue Cross Blue Shield Blue Care Network of Michigan

AmeriHealth Mercy becomes AmeriHealth Caritas.

Paul A. Tufano named Chairman and CEO of AmeriHealth Caritas.

171,000 members

2.4 million members

5.4 million members

1983 to 1999

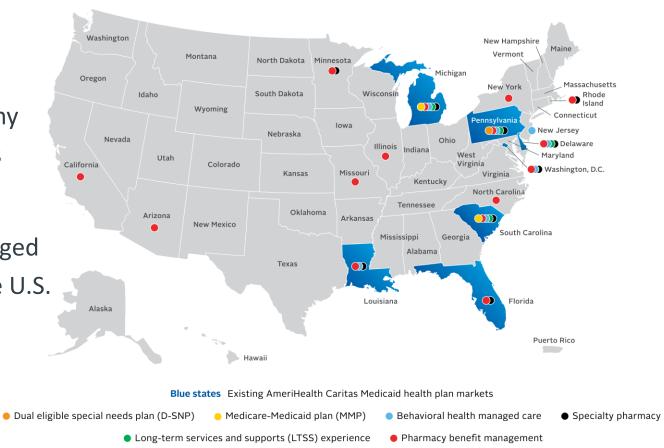**2006 to 2011**

2012 to 2016

About Us

- AmeriHealth Caritas is a well-established company with more than 35 years of experience.

- One of the largest managed care organizations in the U.S.

- In 15 states and the District of Columbia.

Blue states Existing AmeriHealth Caritas Medicaid health plan markets

- Dual eligible special needs plan (D-SNP)
- Medicare-Medicaid plan (MMP)
- Behavioral health managed care
- Specialty pharmacy
- Long-term services and supports (LTSS) experience
- Pharmacy benefit management

About Us

Our mission:

We help people get care, stay well, and build healthy communities.

Our vision:

Leading America in health care solutions for the underserved.

Collaboration Success Stories

Ellen Baker, Director, Member Engagement

AmeriHealth Caritas
Delaware

With Us, It's About You.

AmeriHealth Caritas Delaware Helps People:

Get care

Stay well

Build healthy communities

www.amerihealthcaritasde.com

AmeriHealth *Caritas*™

Delaware

Who we are

Rooted.

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

Committed.

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

Stable.

Ready to maintain critical partnerships when times get tough.

Thought leaders.

Succeeding at the forefront of an integrated model of care.

Evolving.

Giving customers innovative, evidence-based products and services.

Multifaceted.

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

Value-Added Benefits

Enhanced value for members

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

Adult dental coverage.

Adult vision coverage.

Help in identifying and addressing social determinants of health.

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

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

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

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

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

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

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

Health Education Programs

- **4 Your Kids Care** workshops — learn the best ways to care for your children's health.

- **Healthy Hoops®** — an asthma education program.

- **Community baby showers** — free prenatal information hosted by the Bright Start program.

- **Lose to Win** — members with diabetes can learn about healthy choices and diabetes management.

Community Events

- Henrietta Johnson Medical Center.

- La Red.

- Westside Family Health Centers.

- Christiana Health Care Systems.

- Nemours.

- Food Bank of Delaware.

- American Heart Association.

- AIDS Delaware.

Behavioral Health

Jordan Weisman, Psy.D.

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Behavioral Health

Effective June 1, 2018, AmeriHealth Caritas Delaware removed the copay for Narcan.

To date, 145 prescriptions:

- 38 prescriptions through May 2018.

- June 1 to August 31: 78 prescriptions (45 in August).

- September: 34 prescriptions.

- October 1 through October 24: 27 prescriptions.

Narcan prescription policy:

- For members receiving medically assisted treatment (MAT) or prescribed opiates for pain management, please consider a prescription for Narcan.

- Please post notification of availability for a Narcan prescription in waiting areas, and offer to discuss it with patients/clients or their significant others.

- Please consider having Narcan and appropriate trained personnel on-site.

Claim Modifiers

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

HN: The rendering provider has a highest educational attainment of a bachelor's degree.

HO: The rendering provider has a highest educational attainment of a master's degree.

HP: The rendering provider has a highest educational attainment of a doctoral degree.

SA: Use when billing on behalf of a physician assistant (PA), adult nurse practitioner (ANP), or certified registered nurse first assistant (CRNFA) for non-surgical services.

- (Modifier SA is used when the PA, ANP, or CRNFA is assisting with any other procedure that does not include surgery.)

U1: Medicaid level of care 1, as defined by each state.

Pharmacy Services

Fury Fecondo, Pharm.D.

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Delaware

Pharmacy Services

- AmeriHealth Caritas Delaware follows the state-mandated Preferred Drug List (PDL) for all Delaware managed care organizations (MCOs) and the fee-for-service population on the more than 110 classes reviewed annually.

  - Outside the PDL categories, AmeriHealth Caritas Delaware's PDL coverage includes most OTC drugs and some vitamins and supplements.

- AmeriHealth Caritas Delaware uses several programs to help address patient non-adherence and obstacles to care, such as disease therapy management, medication therapy management, and case management.

Pharmacy Services

AmeriHealth Caritas Delaware is implementing several strategies that focus on the opiate epidemic:

- On October 1, we began limitations on opiate-naïve members and chronic higher-dose members.

- Educational letters sent out to providers of members on opiate-benzodiazepine therapy.

- AmeriHealth Caritas Delaware's opiate guidelines are based off the Centers for Disease Control and Prevention recommendations and local provider community feedback.

- Narcan has a zero copay and utilization is reviewed monthly.

Bright Start®
(Care Coordination for Pregnant Members)

Lenaye Lawyer, M.D., FACOG

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Bright Start® (Care Coordination for Pregnant Members)

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

Bright Start can:

- Help members arrange prenatal and postpartum visits.

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

Obstetrical Needs Assessment Form (ONAF) and Care Authorization

- Members may obtain prenatal care without a referral from their primary care provider (PCP).

- The OB provider is responsible for contacting AmeriHealth Caritas Delaware to obtain an authorization for prenatal care.

- Prenatal care authorization covers all prenatal and postpartum services (e.g., exams or testing) given by the OB provider in the OB office setting.

- Fetal biophysical profiles, non-stress tests, and amniocentesis are allowed when medically necessary.

- Three ultrasounds are allowed without authorization. Four or more ultrasounds, while they still do not require authorization, will need a high-risk diagnosis.

How to Obtain Authorization

- To obtain the prenatal care authorization, OB providers are asked to fax a completed ONAF:

  o Fax: **1-855-558-0488**.

- Additional authorization is required for inpatient hospital care (including the delivery) and other services (including testing) provided outside of the OB provider's office. OB providers may call AmeriHealth Caritas Delaware's Medical Management department to secure any additional authorizations for service:

  o Phone: **1-855-396-5770**.

- For prior authorization requirements for 17-P or Makena infusion for pregnancy-related complications, contact PerformRx℠:

  o Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): **1-855-251-0966.**

  o DSHP-Plus and DSHP-Plus LTSS: **1-888-987-6396**.

ONAF Form: http://www.amerihealthcaritasde.com/assets/pdf/provider/ob-needs-form.pdf

NaviNet

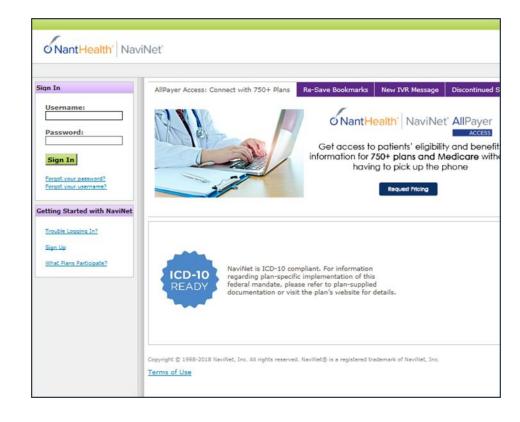Tiara Goodmond, Provider Network Account Executive
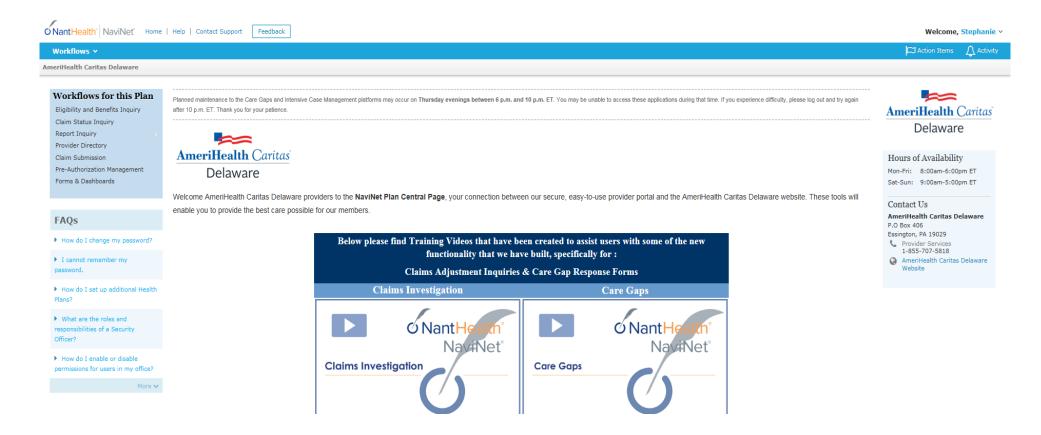
NaviNet

NaviNet features:

- Secure provider portal.

- Plan central page.

- Eligibility and benefits inquiry.

- Claim status inquiry.

- Claims investigation.

- Prior authorization management.

NaviNet Plan Central Page

The NaviNet Plan Central Page is your connection between our secure provider portal and the AmeriHealth Caritas Delaware website.

NaviNet Plan Central Page

Workflows for this plan:

- Eligibility and benefits inquiry.

- Claim status inquiry.

- Report inquiry.

- Provider directory.

- Claim submission.

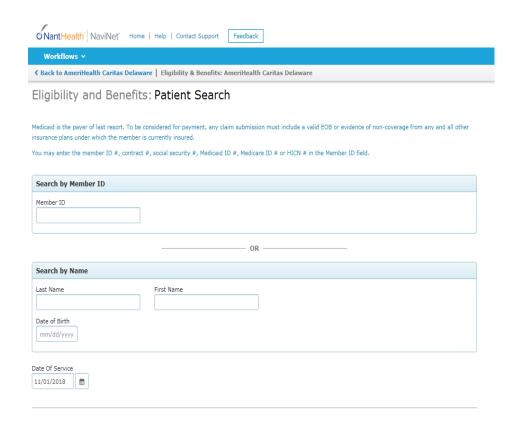- Prior authorization management.

- Forms and dashboards.

Eligibility and Benefits: Patient Search

To search for a patient, enter one of the following:

- Member ID number.

- Contract number.

- Social Security number.

- Medicaid number.

- Medicare ID number.

- Health insurance claim number.

- Last and first name.
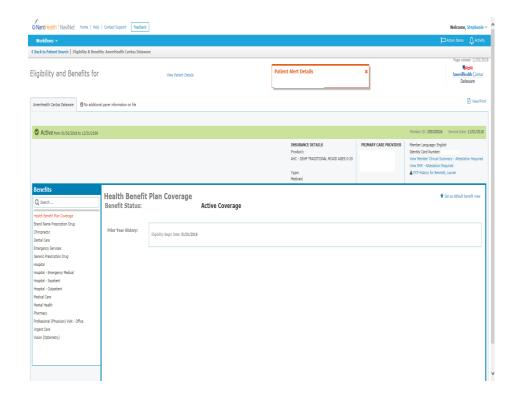
- Date of birth.

- Date of service (required).

Eligibility and Benefits: Active Coverage

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

- Member ID number.

- Name, gender, and date of birth.

- Current eligibility status.

- Original eligibility date.

- Insurance plan and product details.

- Member's PCP.

- Provider group details.

- Patient alert details (care gaps and PCP history).

Claim Status Inquiry

Required search fields:

- Billing entity.

- Patient last name.

- Member ID number.

- Date of birth.

- Claim service start date.

- Claim service end date.

Optional search fields:

- Patient first name.

- Claim ID number.

Claim Status: Search

Billing Entity

Select Billing Entity...

Patient Details

Last Name	First Name
	Optional

Member ID

Date of Birth

mm/dd/yyyy

Claim Status Details

Service Start	Service End
11/03/2015	02/01/2016

Claim ID

Optional

Claim Status Inquiry Search Results Screen

Multiple claims

If multiple claims are returned in the health plan response, the user can select the appropriate claim on the Claims Search Results screen.
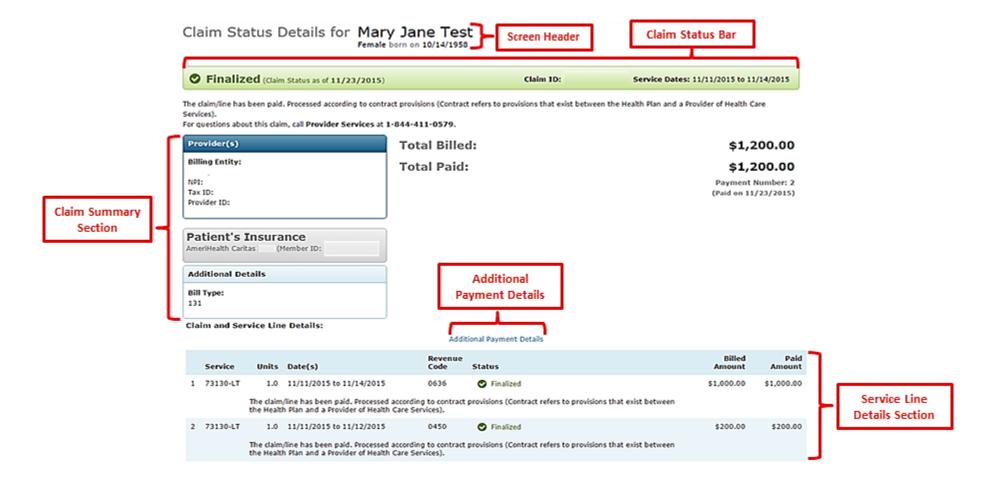
Single claim

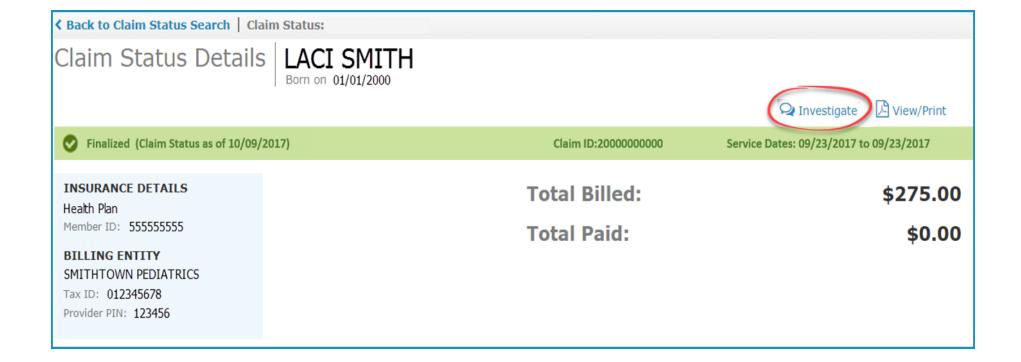If only one claim is returned in the response, the user is taken directly to the Claim Details screen.

Claim Status Inquiry Result Details

Claims Investigation

‹ **Back to Claim Status Search** | **Claim Status:**

Claim Status Details | **LACI SMITH**
Born on 01/01/2000

💬 Investigate   📄 View/Print

✓ **Finalized (Claim Status as of 10/09/2017)**   Claim ID:20000000000   Service Dates: 09/23/2017 to 09/23/2017

INSURANCE DETAILS
Health Plan
Member ID: 555555555

Total Billed: $275.00

BILLING ENTITY
SMITHTOWN PEDIATRICS
Tax ID: 012345678
Provider PIN: 123456

Total Paid: $0.00
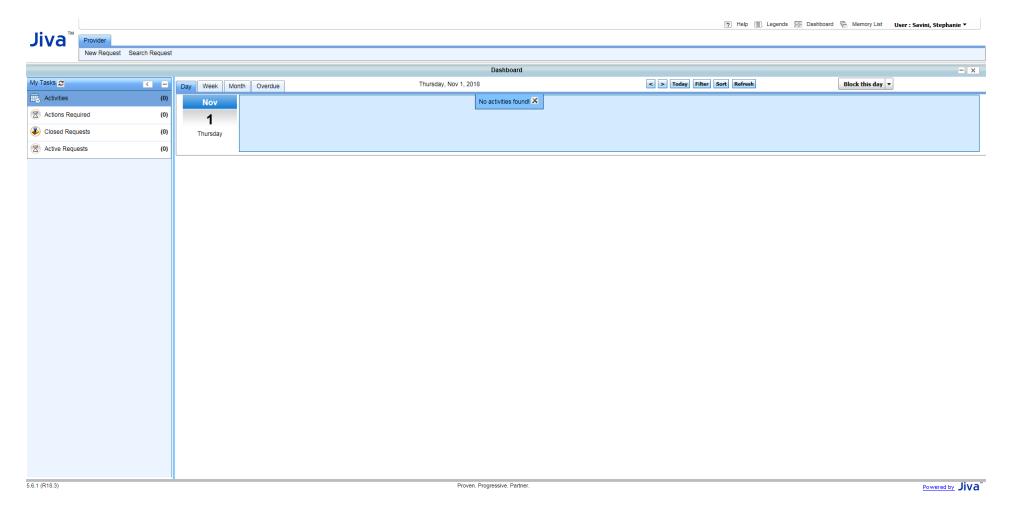
Claims Investigation

- Designated research analysts from the claims teams are assigned to the NaviNet queue.

- NaviNet queue is treated as a priority.

- Turnaround time is 10 business days. Responses can take longer due to:
    - Changes that need to be made to the system.
    - Research based on contracts.

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

Pre-Authorization Management in Jiva

Access Jiva through a single sign-on to NaviNet:

Pre-Authorization Management in Jiva

The Pre-Authorization Management workflow will navigate to the Jiva platform for authorization inquiries.

The platform allows providers to:

- Submit extension-of-service requests.

- Request prior authorization.

- Verify elective admission authorization status.

- Receive admission notifications and view authorization history.

- Submit clinical review for automatic approval of requests for services.

Please note: Authorizations for home- and community-based services (HCBS) are not available through NaviNet.

* Please contact your Account Executive for additional Jiva training.

Quality Management

Marlene Hyman, Quality Performance Specialist
Paul Francisco, Quality Performance Specialist

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HEDIS® Overview

The Healthcare Effectiveness Data and Information Set (HEDIS®) is one of the most commonly used sets of health care performance measures in the United States.

There are six domains of care:

- Effectiveness of care.

- Access to and availability of care.

- Experience of care.

- Utilization and risk-adjusted utilization.

- Health plan descriptive information.

- Measures collected using electronic clinical data systems.

Source: HEDIS® 2019 Technical Specifications

HEDIS Care Gaps

Where does the HEDIS data come from?

- Claims.

- Medical records.

- Electronic health records.

- Laboratory data feeds.

- Immunization registries.

- Transactional data from behavioral health care vendors.

- Provider portals.

- Provider abstraction forms.

HEDIS Spotlight — Adult BMI Assessment

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure/coding tips	Measure description	Documentation required	Coding
Adult BMI assessment (ABA) Code the visit + an ICD-10 BMI code	Members 18 – 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Weight and BMI value, dated during the measurement year or year prior to the measurement year for members ages 20 and older. The weight and BMI must be from the same data source. For members ages 0 – 19 years on the date of service, the following also meets criteria: BMI percentile documented as a value (e.g., 85th percentile) **or** BMI percentile plotted on an age-growth chart. For members ages 20 and older, documentation in the medical record must include the date of the BMI, weight, and **BMI value**. **Common chart deficiencies** • Height and/or weight are documented, but there is no calculation of the BMI. • Ranges and thresholds are no longer acceptable for this measure. A distinct BMI value or percentile is required. **Note:** Documentation of height and weight only does not meet HEDIS® criteria.	**Outpatient CPT codes:** 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404 **HCPCS:** G0438, G0439 (ages 20 years and older on date of service) **BMI ICD-10:** Z68.1 – Z68.45 (ages 18 – 19 years on date of service) **BMI percentile ICD-10:** Z68.51 – Z68.54

HEDIS Care Gaps

Participating PCPs can access and resolve HEDIS care gaps for AmeriHealth Caritas Delaware members via NaviNet.

Care gaps identify missing recommended preventive care services so that you may address them when your patient comes in for an office visit. Care gaps are based on HEDIS measures and may impact your quality scores.

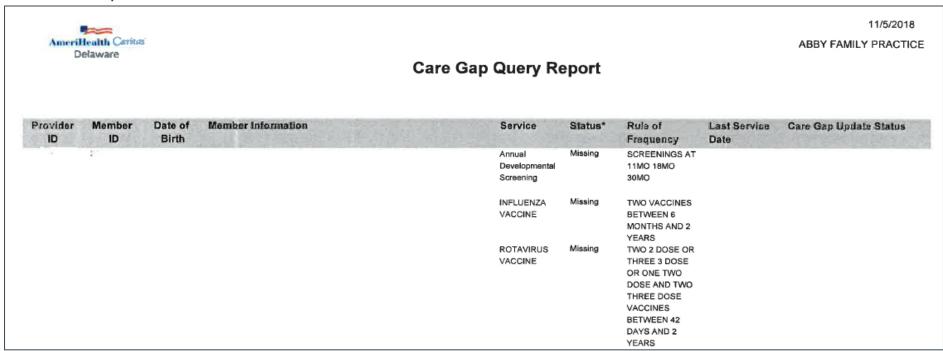Once you've logged in to NaviNet, check the **Activity** tab to see alerts for care gaps that need your response. Alternatively, you can click on **Patient Clinical Documents** under **Workflows** to see the list of members who have care gaps. You will also see care gaps for your patients when using the Eligibility and Benefits Inquiry, and on the **Member Clinical Summary** and **Care Gap Query Report.**

HEDIS Care Gap Reports

Care Gap Reports: NaviNet Portal

- Care Gap Reports identify missing tests, screens, and other preventive services for members.

- Providers can use these reports to get patient care information and note care gaps in patient charts for consideration during visits.

- Providers can submit evidence of care gap closure through NaviNet.

- AmeriHealth Caritas Delaware staff meets with providers to familiarize them with the content of the reports.

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11/5/2018

ABBY FAMILY PRACTICE

Care Gap Query Report

Provider ID	Member ID	Date of Birth	Member Information	Service	Status*	Rule of Frequency	Last Service Date	Care Gap Update Status
				Annual Developmental Screening	Missing	SCREENINGS AT 11MO 18MO 30MO		
				INFLUENZA VACCINE	Missing	TWO VACCINES BETWEEN 6 MONTHS AND 2 YEARS		
				ROTAVIRUS VACCINE	Missing	TWO 2 DOSE OR THREE 3 DOSE OR ONE TWO DOSE AND TWO THREE DOSE VACCINES BETWEEN 42 DAYS AND 2 YEARS		

HEDIS and Care Gap Resources

HEDIS resources are available at AmeriHealth Caritas Delaware's website:

https://www.amerihealthcaritasde.com/provider/resources/navinet-caregaps.aspx

Learn more about HEDIS care gaps:

- Check your NaviNet access and permission (PDF).

- Close HEDIS gaps with the Care Gap Response Form Guide (PDF).

Guides to HEDIS coding and documentation:

- Adult HEDIS guidelines (PDF).

- Child HEDIS guidelines (PDF).

Member Incentives

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Incentive	Program description	Incentive amount
Cervical cancer	Female members ages 21 – 64 receive a gift card for completing a cervical cancer screening.	$15
Breast cancer	Female members ages 50 – 74 receive a gift card for completing a mammogram.	$15
Dental screening	Members ages 2 – 20 years receive a gift card for completing their dental checkup.	$10
Well-child visit	Parents of members in their first 15 months of life receive a gift card for completing their well-child visits. They receive an additional gift card for completing all well-child visits.	2 month, 4 month, 6 month, 9 month, 12 month, 15 month appointment = **$10 for each visit, and $20 extra for attending all**
Annual well-child screening	Members ages 2 – 21 years who have not had their annual well-child screening receive a gift card when it is completed.	$20
Bright Start	Members receive a gift card for completing a postpartum visit from 21 to 56 days after birth.	$25 or two packs of diapers
Keys to Your Care® — prenatal visit	Members receive a $10 gift card for each prenatal visit (up to eight visits). If all eight visits are completed, a member can receive a Pack 'n Play or car seat.	$15 gift card for completing at least four visits by 24 weeks A Pack 'n Play for completing eight visits at 36 weeks

Member Incentives

AmeriHealth Caritas
Delaware

Incentive	Program description	Incentive amount
HbA1C screening	Members receive a gift card for completing an HbA1C screening.	$10
Retinal eye exam	Members receive a gift card for completing a retinal eye exam.	$10
Microalbumin test	Members receive a gift card for completing a microalbumin test.	$10
Glucose screening	Members ages 18 years or older receive a gift card for completing a glucose screening.	$10
Lead screening	Members receive a gift card for completing an initial lead screening prior to age 2.	$10
Behavioral health follow-up	Members ages 6 and older who were hospitalized for a select mental illness diagnosis receive a gift card for a follow-up visit with a behavioral health provider within seven days and another visit 30 days after discharge.	$25
BMI screenings, education, and nutrition counseling	Members receive a gift card for completing BMI screenings, educational, and nutritional counseling. This is a screening event.	$15
Chlamydia testing	Eligible females ages 16 to 24 years receive a gift card on completing a test for chlamydia.	$15

Critical Incidents

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

- Unexpected death of a member, including deaths occurring in any suspicious or unusual manner, or suddenly when the deceased was not attended by a physician.

- Suspected physical, mental, or sexual mistreatment or abuse and/or neglect of a member.

- Suspected theft or financial exploitation of a member.

- Severe injury sustained by a member.

- Medication error involving a member.

- Inappropriate or unprofessional conduct by a provider involving a member.

Investigative Agencies

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

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

Reporting a Critical Incident

Please include the following information for each critical incident:

- Provider first and last name.

- Provider phone number.

- Member first and last name.

- Member ID.

- Date and time of the critical incident.

- Type of critical incident.

- Date and time of notification to the investigative agency.

- Details of the critical incident.

- Name of investigative agency to which the critical incident was reported, if applicable.

To report a critical incident, please call or email us a completed critical incidents form:	
Phone	**1-302-286-5896**
Email	**acdecriticalincidents@amerihealthcaritas.com**
Critical incidents form	**http://www.amerihealthcaritasde.com/assets/pdf/provider/resources/forms/critical-incident-report.pdf**

Utilization Management (UM)

Margaret Montgomery, Supervisor, Utilization Management Review

AmeriHealth Caritas
Delaware

UM Key Information

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

UM Key Information

Review type	Time frame
Standard prior authorization	As quickly as required by the member's health condition, **not to exceed 10 calendar days**.
Expedited prior authorization	As quickly as required by the member's health condition, **not to exceed three business days**.
An expedited request is completed when the standard time frame could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.	

UM Key Information

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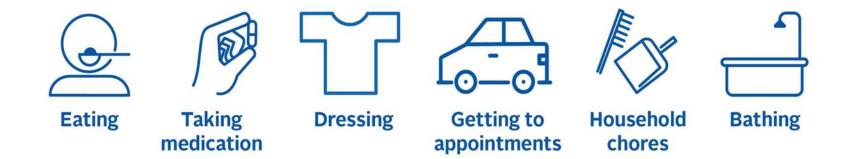|	
Fax	Use the prior authorization request forms at www.amerihealthcaritasde.com in the **Providers** section, under **Forms**.
NaviNet (Jiva)	• Request inpatient, outpatient, home care, and durable medical equipment (DME) services. • Submit extension-of-service requests. • Request prior authorizations and attach supporting clinical documents and contact information. • Verify elective admission authorization status.
Telephonic	Have clinical information ready when making a request.

Long-Term Services and Supports (LTSS)

Lakeya Congo, Manager LTSS
Tiffany Earle, Director LTSS

AmeriHealth *Caritas*
Delaware

What Is LTSS?

LTSS helps qualifying individuals who have functional limitations receive help with certain activities of daily living, such as bathing, eating, dressing, using the bathroom, doing laundry, shopping, getting to appointments, and taking medication. These services can be provided in the member's home and community or in a licensed institution, such as a nursing home, depending on the member's choice.

Eating   Taking medication   Dressing   Getting to appointments   Household chores   Bathing

Who Is Eligible?

AmeriHealth Caritas Delaware provides LTSS for:

- Individuals with a diagnosis of AIDS or HIV who meet the hospital level of care (LOC) criteria and who receive HCBS as an alternative.

- Aged and/or disabled individuals over age 18 who meet the nursing facility LOC or are "at risk" for the nursing facility LOC.

- Individuals under age 21 who meet the nursing facility LOC and who reside in a nursing facility.

Person-Centered Planning

- AmeriHealth Caritas Delaware offers high-touch, person-centered care and planning.

- Under the person-centered care model, members receive a comprehensive assessment of their needs, including the need for community-based or facility-based LTSS.

- All needs identified in the assessment are included in the member's care plan. The care plan will identify which providers will address the member's needs.

Case Manager's Role

AmeriHealth Caritas Delaware LTSS members are supported through intake and ongoing case management by Case Managers who engage the member, caregiver, and family in the planning and decision-making process. Case Managers are the primary point of contact with the member.

The Case Manager's duties include, but are not limited to:

- Working with the member to make sure the member has all needed information to make informed choices about their health care.

- Coordinating the member's person-centered planning.

- Helping the member get appropriate LTSS in the right setting.

- Coordinating care for the member's other physical and mental needs.

- Helping the member resolve issues they may have.

- Conducting face-to-face visits.

- Being aware of the member's changing needs and updating the member's care plan to include services appropriate for those needs.

Member ID Card for LTSS

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Example of a member ID card:

AmeriHealth *Caritas*
Delaware

LTSS
Diamond State Health Plan-Plus

Member name
John L Doe

AmeriHealth Caritas Delaware ID
123456789

Sex: **M**

Date of birth: **MM/DD/YYYY**

State ID: **1234567890123**

Primary doctor
**PCP first name, PCP last name
Group name**

PCP phone number
X-XXX-XXX-XXXX

Effective date
MM/DD/YYYY

Copays

ER: $0   PCP: $0   SPEC: $0

Limits may apply to some services.   Not transferable

AmeriHealth *Caritas*
Delaware

LTSS
www.amerihealthcaritasde.com

Always carry your AmeriHealth Caritas Delaware card.
You'll need it to get your benefits. Go to your AmeriHealth
Caritas Delaware primary care provider (PCP) for medical care.

Emergency room: Go to an emergency room near you if
you believe your medical condition may be an emergency.
If you get emergency care, please notify your PCP.

Out-of-area care: Report out-of-area care to AmeriHealth
Caritas Delaware and your PCP within 48 hours.

Mental health, drug, and alcohol services: Call Member
Services at 1-855-777-6617.

AmeriHealth Caritas Delaware
Claims Processing
P.O. Box 80100, London, KY 40742-0100

Member Services
1-855-777-6617

TTY
1-855-362-5769

Provider Services and prior authorization
1-855-707-5818

Report Medicaid fraud
1-866-833-9718

To speak with a nurse anytime
1-844-897-5021

Pharmacy Member Services
1-855-294-7048 or **TTY 711**

Pharmacy RxBIN #**600428**
Pharmacy RxPCN #**07710000**
Pharmacy Provider Services: **1-888-987-6396**

All other insurance payors must be billed before AmeriHealth Caritas Delaware, payor of last resort.

Operations Support

Rapid Response and Outreach Team

Rapid Response and Outreach Team
Region 2 — Lines of Business

- AmeriHealth Caritas.

- AmeriHealth Caritas Delaware.

- AmeriHealth Caritas District of Columbia.

- AmeriHealth Caritas Northeast.

- AmeriHealth Caritas Pennsylvania.

- Keystone First.

What Is the Rapid Response and Outreach Team?

- The Rapid Response and Outreach Team was developed to address the **urgent non-clinical** 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: Improve coordination with providers to reduce unnecessary ER visits and hospital readmissions.
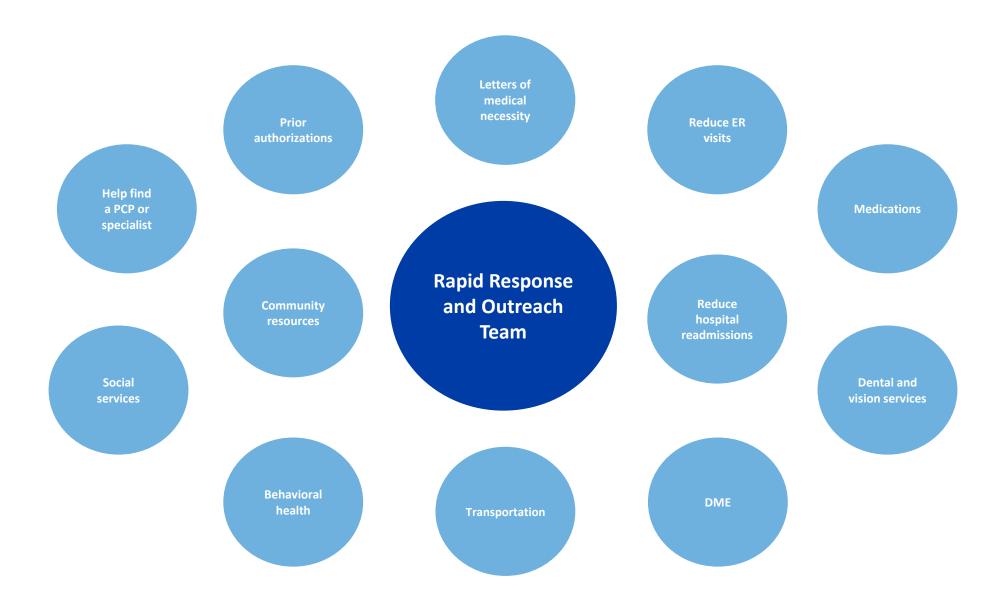
Specialized services include helping our members with:

- Finding a PCP or specialist provider.

- Making provider appointments.

- Letters of medical necessity for supplies or services.

- Prior authorization for a medication.

- Coordinating transportation.

- Gym benefit.

- Medications.

- DME.

- Dental and vision services.

- Behavioral health and social service resources.

- Community resources.

- Overcoming health literacy, spoken language, culture, and socio-economic barriers.

What We Do

Rapid Response and Outreach Team

- Letters of medical necessity
- Prior authorizations
- Reduce ER visits
- Help find a PCP or specialist
- Medications
- Community resources
- Reduce hospital readmissions
- Social services
- Dental and vision services
- Behavioral health
- Transportation
- DME

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:

  o Phone at **1-844-623-7090** from 8 a.m. to 5 p.m., Monday through Friday.

  o Faxing the Member Intervention Request Form to **1-855-806-6242**.

- Refer a member to the Complex Case Management Program:

  o Voluntary program to support your plan of care for members with chronic disease and educate on prevention and adherence to the treatment plan.

Member Intervention Request Form:

http://www.amerihealthcaritasde.com/assets/pdf/provider/resources/forms/member-intervention-request.pdf

Quality and Controls

Our major functions are:

1. **Call center.**

   - We service inbound calls from our members, providers, internal departments, and other contacts.

     o We are held to the following National Committee for Quality Assurance (NCQA) call standards:

       - Abandonment < 5 percent.

       - Average speed to answer < 30 seconds.

       - Call-quality standard > 95 percent.

       - Case-quality standard > 95 percent.

2. **Support case management.**

   - We collaborate with the clinical team of nurses in the management of health care essentials. We complete all non-clinical outreaches and resolve other concerns.

3. **Special projects.**

   - These can include outreach calls, data input, and inbound sound-bites.

     o Example: hospital colonoscopy appointment reminders.

     o Example: missing care gap campaigns.

Six Key Components of Rapid Response

1. **Supporting care management.**

2. **Intervention:**

   - Proactively identify members with health conditions and risks to determine if they need case management services.

   - Offer to explain the plan's benefits and services.

3. **Health forms and surveys:**

   - Systematic process of collecting information about a member's situation and functioning to identify individual needs and address identified barriers to health care.

4. **Collaboration:**

   - With Care Managers, providers, and others associated with the member's health care.

5. **Impartial advocate:**

   - Coordinate, facilitate, and educate as it pertains to our members.

6. **Documentation:**

   - Create narrative notes in PIF format to elaborate on any question that is not sufficiently explained in the health form.

   - Care Connectors also complete data entry in reportable fields for outcome reviews.

Wellness Registry
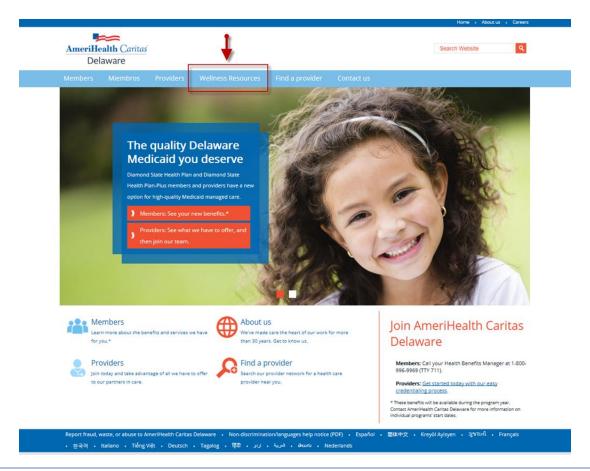
Stephanie Savini, Manager, Provider Network Management

AmeriHealth Caritas™
Delaware

What Is the Wellness Registry?

Wellness Registry

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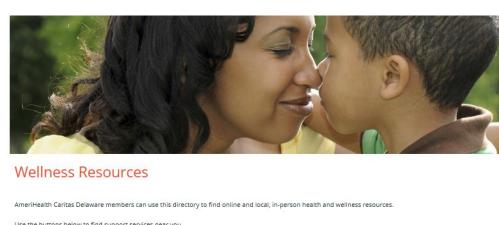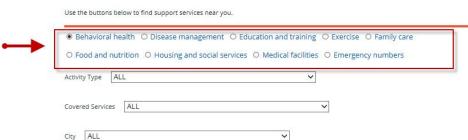
Available Resources

Services and programs include, but are not limited to:

- Behavioral health.

- Disease management.

- Education and training.

- Exercise, food, and nutrition.

- Family care.
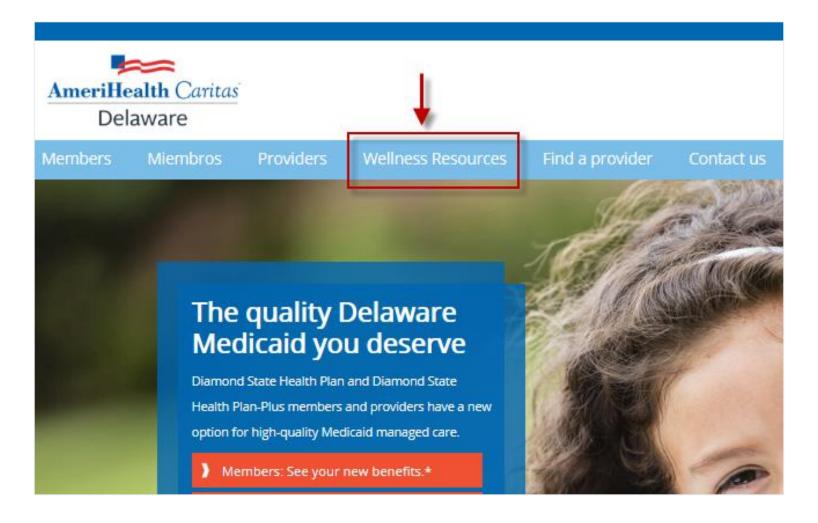
- Housing and social services.

How to Access the Wellness Registry

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

How to Reach Us

www.amerihealthcaritasde.com

1-855-707-5818

220 Continental Drive, Newark, DE 19713

Provider Network Account Executives

Stephanie Savini

Provider Network Manager

Katrina Tillman

Ancillary Providers of Delaware

William (Beau) Thompson

Long-Term Services and Supports

Karen Lysinger

Behavioral Health Providers and
Facilities of Delaware

Kristina Peden

Kent and Sussex County Physician Groups

Latasha Smith

New Castle County Physician Groups

Tiara Goodmond

Hospitals

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

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Delaware