



Delivering the Next  
**Generation**  
of Health Care

ACDE Provider  
Forum  
2022



  
**AmeriHealth Caritas**<sup>™</sup>  
Delaware

ACDE Provider Forum 2022

Stephanie Miller, Director, Provider Network  
Management

# Welcome to the 2022 annual Provider Forum

Stephanie Miller



# Topics

- Welcome
- Provider Network Management
- Behavioral Health
- Pharmacy
- Quality Management
- Long Term Services and Supports
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Questions and Closing

# Provider Network Management

Department Updates



# Provider Network Management

## **Topics:**

**Most Common Provider Billing Errors**

**Balance Billing Members**

**New Solution for Online Prior Authorizations**

**Telehealth Services**

**Cultural Competency**

**21st Century Cures Act**

**Telehealth Services**

# Most Common Provider Billing Errors

CDD- Duplicate Claim

TFO- Submitted after plan filing limit

X01- No authorization on file

ST- Member termination

Z11-EOB from primary carrier required

A corrected claim may be submitted within 365 days from the date of service. Please ensure you are appending the correct resubmission code to your corrected claims to reduce claim denials errors or duplicate claim denials.

To reduce claim submission errors providers are encouraged to do the following:

- Ensure claims have not been submitted previously
- Ensure claims are submitted within the plan filing limits of 120 days from the DOS or 60 days from the primary carriers EOB
- Confirm members eligibility, utilizing Navinet, calling Provider Services or utilizing the state DMES system
- Ask patient(s) to present all insurance information at time of visit, confirm via Navinet or DMES that there is no other insurance on file.

## 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.

# New Solution for Online Prior Authorizations

AmeriHealth Caritas Delaware has worked 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**

Want to learn more about Medical Authorizations? A **video tutorial** and **step-by-step instructions** will be available via 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.



# Telehealth Services

As a reminder ACDE continues to cover telehealth services.

Providers should follow standard AmeriHealth Caritas Delaware billing, coding, and editing procedures for telehealth billing. The claim should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.

- Place of Service “02”: The location where health services and health related services are provided or received, through a telecommunication system.
- Modifier GQ: Via asynchronous telecommunications system.
- Modifier GT: Via Interactive Audio and Video Telecommunications systems.
- Modifier 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System

# Culturally and Linguistically Appropriate Services (CLAS) Education

**ACDE 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.

# 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 you complete enrollment.

## **What does a Medicaid identifier (MCD ID) mean?**

The Medicaid Identifier (MCD ID) is a 9-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.

# 21<sup>st</sup> Century Cures Act Continued

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

**Example:** If you have 3 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 Option 0, then option 4 or by emailing [DelawarePret@GainwellTechnologies.com](mailto:DelawarePret@GainwellTechnologies.com).

Questions?



# Behavioral Health

Department Updates



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## Marigold Health

In April 2021, AmeriHealth Caritas Delaware entered into an agreement with Marigold Health to provide outreach and support to our members battling substance use disorders (SUD). Marigold Health is a live and virtual peer support program that empowers members to progress in recovery at any time, from anywhere. Services are delivered in person, over phone, video, and text (app/SMS). Members can engage in a modality most convenient to them.

The core components of the ACDE Marigold Health program include:

- 1-1 coaching & holistic wellness planning from a Delaware Certified Peer Specialist (CPS)
- Seven Delaware CPS's who are full time employees of Marigold Health, allowing contact in New Castle, Kent, and Sussex counties;
- 24/7 access to anonymous support groups in a larger recovery community that includes patients and peers across all Marigold sites nationally with over 2000 members;
- Natural Language Processing (NLP) technology that flags needs as they are expressed in messages, generating “alerts” to facilitate care coordination; and
- Bimonthly meetings with the ACDE Care Coordination / LTSS team to share information and coordinate care.

# Behavioral Health

## Marigold Health

App Group Name:
Keeping Freedom
Parents in Recovery
Mental H & Addiction
Healthy Relationships
Women's Group
Loss & Addiction
MAT Chat
Resources Group
Marigold Shares

V [redacted] 😎  
Good morning everyone I missed Saturday and I completely forgot about Labor Day Monday holiday does anyone know of any hospital I can go to ER for methadone dosing?  
8:05am +

Or any walk in clinic?  
8:06am +

L [redacted] 😬  
My problem is people say doing methadone is still doing drugs that are legal but addiction is an illness like diabetes I dont see it like that I think of it as medicine how do you tell all them stuck up people it's not doing drugs legally they say technically you are still doing drugs.does anyone else have this problem and if so what do you say  
3 2:33pm +

K [redacted] 9/05/2021  
[redacted] that's not true anymore. Now you can stay on suboxone while pregnant. I was on it my whole pregnancy. They used to think you had to be on subutex but recent studies showed that there is no bad outcome to the baby on suboxone.  
3:58pm +

[redacted] my OBGYN actually recommended to my Suboxone doctor that I stay on it and not switch to Subutex because that might put me into withdrawals from switching meds and it would do more harm to the baby than the suboxone would. My daughter was born with no withdrawal symptoms at all.  
1 4:02pm +



## **The ACDE - Delaware Coalition Against Domestic Violence Safety, Advocacy, and Financial Empowerment (SAFE) Program**

This unique service delivery model is led by specially trained Domestic Violence – Community Health Workers (DV-CHWs) dually trained as domestic violence advocates and community health workers. The use of specially trained CHWs improves access and engagement of health and safety services for victims of domestic violence, especially within minority communities. The service is victim-centered and is tailored to the goals and needs the victim identifies.

Through regular face to face communication (phone, text, face-to-face, video call, email) and a trauma-informed approach, the DV-CHWs build supportive connections focused on long-term safety and health. Survivors stay engaged with their DV-CHW for an average of 6 – 9 months. The DV-CHW is an ongoing resource, a trauma-informed advocate that the victim can talk to about the abuse and strategies for safety, a link to supportive services and importantly, necessary healthcare resources.

DV-CHWs complete a health and social needs screening, ensure the victim is connected to healthcare services, conduct a risk assessment, engage in safety planning that includes both immediate protections and a long-term plan, and assist with addressing barriers to health and safety.

The ACDE DCADV Project SAFE Program will have ongoing care collaboration with ACDE Population Health Care Coordinators and LTSS Case Managers as applicable.

## The ACDE Behavioral Health Compliance Program

### Structured to:

- Enhance a collaborative, transparent relationship with contracted providers,
- Impact our members' lives by improving the quality of care they receive,
- Promote adherence to laws, regulations and requirements, and
- Ensure appropriate behavioral health service utilization.

### The Behavioral Health Compliance Program's primary modalities to achieve its goals are:

- Offer regular, consistent educational tools regarding compliance issues, such as monthly Compliance Alerts, and periodic provider educational opportunities,
  - Commence roll-out of the BHCP with statewide provider forums to disseminate information regarding the Program's purpose and goals, and
  - Communicate treatment and service documentation expectations as per CMS, State/DMMA, and ACDE requirements.
- Complete regular billing and medical record audits, including random audits, targeted audits, and pre- and post-payment audits. The audit process will consist of:
  - Selection of contracted providers for review,
  - Notification of intent to audit,
  - Request electronic files, or on-site review of files,
  - File review, and
  - Notification of audit results.

# Behavioral Health

## The ACDE Behavioral Health Compliance Program

- The audit process will identify issues such as:
  - Accuracy of billed claims,
  - Adherence to service documentation requirements, and
  - Application of evidence-based clinical practices
  
- The audit process may result in:
  - Contracted Provider Self-Disclosure/Reporting,
  - Audit Appeals and Dispute Resolution processes,
  - Corrective Actions and Corrective Action Plans,
    - Voluntary CAPs
    - Directed CAPs
  - Recoupments and Recoveries, or
  - Referral to SIU or other external entities

Educational Forums will begin October 2022.

Questions?



# Management of Pharmacy Benefit

Department Updates



# Provider and Member Services

## Pharmacy services (PerformRx)

### PerformRx Pharmacy Member Services

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

### PerformRx Pharmacy Provider Services

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

- DSHP and DHCP.....1-855-251-0966
- DSHP-Plus and DSHP-Plus LTSS.....1-888-987-6396

Pharmacy fax .....1-855-829-2872

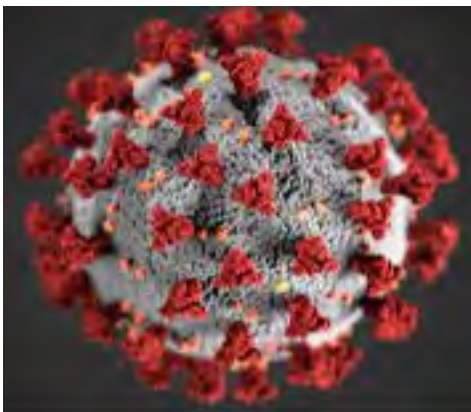
Formulary and forms .....[www.amerihhealthcaritasde.com](http://www.amerihhealthcaritasde.com)

# Important Standing Items

- Delaware operates off a state preferred drug list (PDL) where effective changes normally occur January 1st each year. Members are notified at least 30 days in advance of any changes to current medications. Full state PDL is available under the preferred drug list link on the Delaware Medicaid page:  
<https://medicaid.dhss.delaware.gov/provider/Home/PharmacyCornerLanding/tabid/2096/Default.aspx>
- AmeriHealth continues to address the opiate epidemic on several fronts:
  - CDC limitation on acute opiate therapy and chronic therapy
  - New benzodiazepine starts limited to two weeks
  - Performance improvement project on opiate-muscle relaxant concurrent usage
  - Narcan utilization
    - Delaware's standing order for the whole state population
    - AmeriHealth review of multi-use and hospital administered members

# Covid-19 Update


- Covid-19 vaccines covered at retail pharmacy down to 6 months of age.
- The antiviral treatment, paxlovid, is available at pharmacies and allowed to be prescribed by a pharmacist.
- Covid-19 tests are covered at the pharmacy at a limitation of 8 tests per month.





# Current Updates

- Throughout the last year, AmeriHealth Caritas Delaware has been informed that select pharmacies throughout the state of Delaware are decreasing their business hours due to staff shortages. These reductions include earlier closing times on weekdays, and limited or no hours on weekends.
- Continuous glucose monitoring systems are covered under pharmacy for the preferred products (Dexcom, Freestyle Libre) without any prior authorization. Letters recently went out to members with high A1C values to inform them and their providers of this alternative.

  
Delaware

### Pharmacy Locator

**Search Pharmacy**

City:

State:

or

ZIP Code:


Optional Entries

Pharmacy Name:

Search Within:

Near Street Address:

**Map** **Satellite**



# 90 Day Supplies Started July 1<sup>st</sup>, 2022

- In an effort to increase compliance on medications for chronic conditions, 90 day supplies are allowed for preferred generic medications in the following categories:
  - Asthma
  - Depression
  - Diabetes
  - Hypertension
  - Osteoporosis
- Asthma preferred inhalers, including brand name products like Flovent and Pulmicort, are available in 90 day supplies. The dual ingredient products of Advair, Dulera and Symbicort are available in 90 day supplies if a single agent inhaler has been failed. The goal is increase asthma control and decrease rescue inhaler use.
- Prescriptions must be written for 90 days for a 90 day dispensing to occur. Pharmacies, providers and members have been informed of this change.

# Questions?



# Quality Management

Department Updates



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# Quality Performance Measures

AmeriHealth Caritas DE's Quality Performance Measures (QPM) are as follows:

- QPM #1: Comprehensive Diabetes Care HbA1c control <8% (HEDIS CDC)
  - CPT II codes required to denote adequate control <8%.
- QPM #2: Asthma Medication Ratio (HEDIS AMR ages 5 – 11 and 12 – 18)
- QPM #3: Cervical Cancer Screening (HEDIS CCS)
- QPM #4: Breast Cancer Screening (HEDIS BCS)
- QPM #5: Controlling High Blood Pressure (HEDIS CBP)
  - CPT II codes required to denote adequate control <140/90.
- QPM #6: Prenatal and Postpartum Care—Timeliness of Prenatal Care (HEDIS PPC)
- QPM #7: 30-day Hospital Readmission Rate (Delaware measure)

For more information, the Adult and Child HEDIS Provider Guides are available on the AmeriHealth Caritas DE's web site: <https://www.amerihealthcaritasde.com/provider/resources/navinet-caregaps.aspx>.

Quick tips for coding well-child visits and Behavioral Health HEDIS guidelines are also included.

AmeriHealth Caritas DE collaborates with providers on HEDIS initiatives to improve health outcomes for our members. Please reach out to the Quality Management Department to discuss in detail:

[bbalan@amerihealthcaritasde.com](mailto:bbalan@amerihealthcaritasde.com)

# Member Incentives

Program Incentive	Program Description	Incentive Amount
<b>Incentives are automatically loaded on CARE Card based on claims received.</b>		
<b>Health Risk Assessment (HRA)</b>	Complete a one-time HRA within 60 days of joining the plan.	\$25
<b>Women's Health*</b>	Complete a cervical cancer screening. Once every three years for women ages 21 – 64.	\$25
	Complete a breast cancer screening. One per year for women ages 50 – 74.	\$25
<b>Diabetes*</b>	Complete a HbA1c screening with a result of less than 8%. Once per year. <b>* REQUIRES CPT II code on claim</b>	\$25
<b>Heart Health*</b>	Complete a blood pressure screening with a result of 140/90 or lower. Once per year. <b>* REQUIRES CPT II codes on claims and diagnosis of I10</b>	\$25
<b>Infant Health*</b>	Complete six well visits from birth to 15 months.	\$25
<b>Child Health*</b>	Complete a child well visit. One per year for children ages 3 - 20. <b>Effective April 1, 2022</b>	\$25
<b>Prenatal and Post-partum Incentive</b>		
To be eligible for incentive payment, member must be enrolled in the Keys to Your Care program.		
<b>Prenatal*</b>	Complete a minimum of four prenatal visits by 26 weeks.	\$15
	Complete a minimum of eight prenatal visits by 36 weeks.	Pack 'n Play
<b>Post-partum*</b>	Complete a post-partum visit between 7-84 days.	\$25

# Health and Wellness Programs

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

- AmeriHealth Caritas DE utilizes a branded *findhelp* site to provide links to community organizations providing assistance.
- Many programs are available at no cost to the member.
- Please consider taking a short survey after visiting the Wellness Registry.

Wellness programs offered by AmeriHealth Caritas Delaware include:

- Care Coordination
- Bright Start/Keys to Your Care
- Bright Start Plus Mobile App
- Healthy Hoops
- Make Every Calorie Count
- Mission GED
- Food as Medicine
- Open Gym

Plan-affiliated wellness programs include:

- Diabetes Self-management Program
- Healthy Heart Ambassadors Blood Pressure Self-monitoring Program
- National Diabetes Prevention Program

Additional information can be found on the AmeriHealth Caritas DE website:

<https://www.amerihealthcaritasde.com/member/eng/resources/community-resources.aspx>

# Health and Wellness Programs, cont'd

- Avesis Diabetic Retinal Exam Program.
- Healthy Measures Screening Events and programs offered at AmeriHealth Caritas DE's Wellness Center.
- Co-branding Preventive Well Visit/PCP Messaging Pilot.
- Outreach by Delaware Breast Cancer Coalition to assist members in scheduling mammograms, and provide additional support if needed.
- Medication Therapy Management programs for asthma and diabetes.
- One-Way and Two-Way Texting.
- POM/Voice Campaigns.
- Member educational mailings.



# Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) Survey

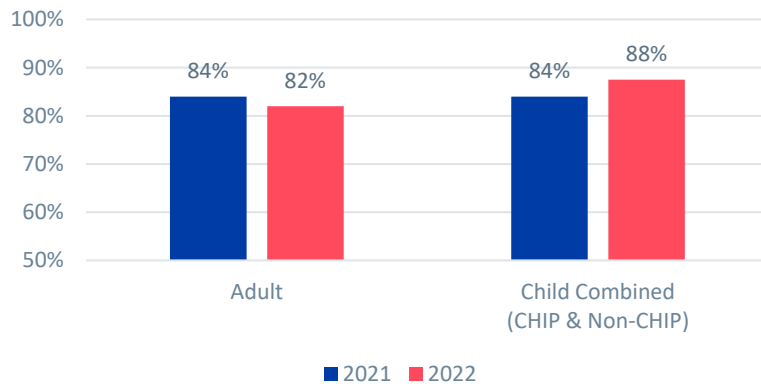
Member satisfaction is measured through CAHPS® 5.1H Questionnaire for Medicaid. The survey seeks feedback directly from health plan members. The following surveys were conducted in 2022:

- CAHPS® 5.1H Adult Medicaid Plan.
- CAHPS® 5.1H Child Medicaid Plan with Children with Chronic Conditions (CCC).
- The CAHPS® survey is conducted by the Plan in the Spring and is administered by an NCQA-accredited vendor (SPH Analytics).
- Questions are grouped into categories to reflect satisfaction with service and care as follows:
  - Rating of Health Plan.
  - Rating of Health Care.
  - Rating of Personal Doctor.
  - Rating of Specialist.
  - Getting Needed Care.
  - Getting Care Quickly.
  - Coordination of Care.
  - Customer Service.
  - How Well Doctors Communicate.

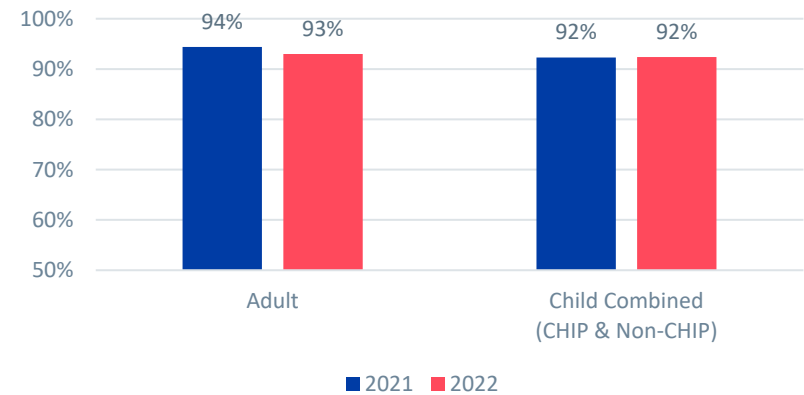
# CAHPS® Survey Scores

The CAHPS Summary Scores for 2022 are listed below and indicate the proportion of members (patients) who rate the health plan favorably on a measure.

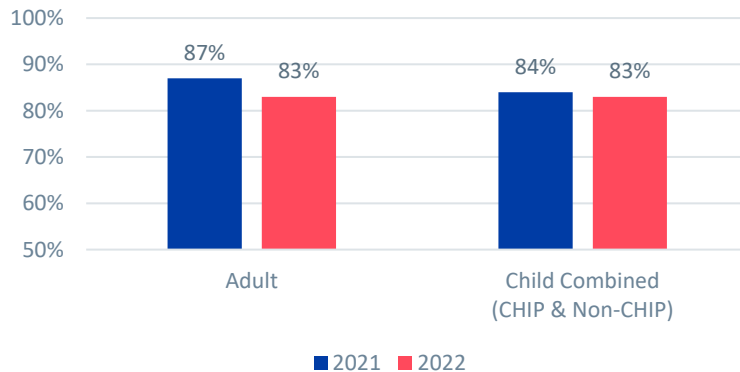
## Getting Care Quickly



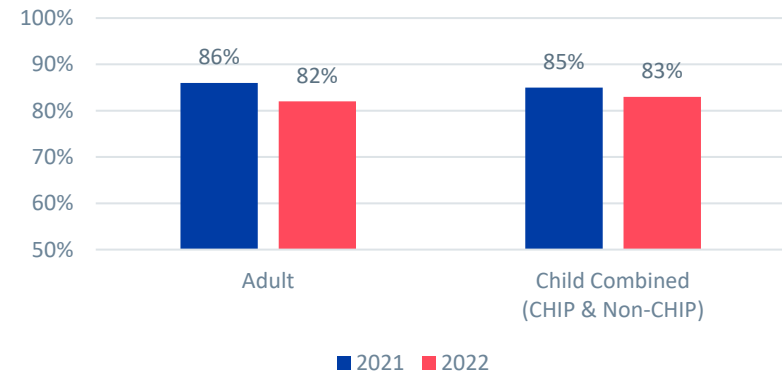
## How Well Doctors Communicate



## Getting Needed Care



## Coordination of Care



# Medical Record Reviews

- Compliance with AmeriHealth Caritas DE 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 that do not achieve the score of 90% will have a re-audit within 120 days of the initial review to ensure that the deficiencies are corrected.
- AmeriHealth Caritas DE's Medical Record Standards and Guidelines are available to practitioners in the Provider Manual, which is available on AmeriHealth Caritas DE 's website and include guidelines pertaining to medical record content, organization, and ease of retrieving medical records.
- Please note the timing of the medical record review audit overlaps with AmeriHealth Caritas DE's HEDIS requests for medical records so you may receive multiple medical record requests during the same time frame for the same members. However, providing EMR access to AmeriHealth Caritas DE QM staff reduces the number of medical records that providers would need to submit.



# Critical Incidents

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

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

# Reporting a Critical Incident

Critical incidents should be reported to the AmeriHealth Caritas DE's Quality Management Department at **1-302-286-5896** as soon as possible. Please be prepared to provide the following information for each critical incident:

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

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

# Quality of Care Concerns and Quality of Care Grievances

- Quality of care (QOC) issues are any issues **impacting the quality of care that a member receives**, including issues affecting safety, access to services, member health care outcomes, or the member experience. This includes QOC concerns, Fatal Five+ diagnoses and QOC grievances.
  - Individuals with intellectual and developmental disabilities (I/DD) are at high risk for morbidity and mortality related to the “Fatal Five +” conditions, which include:
    - Aspiration.
    - Constipation.
    - Dehydration.
    - Seizures.
    - Sepsis.
    - Gastroesophageal reflux disease (GERD).
- QOC issues can be reported by any individual including, but not limited to, a member, a family member, a provider, the state, or the Plan’s staff, including case managers and care coordinators.
- Upon receipt of a QOC concern or QOC grievance, a written request for records is sent to the practitioner or facility.
- QOC Concerns and QOC grievances are processed and action is taken according to the severity and potential for future harm associated with the incident.
- AmeriHealth Caritas DE resolves the issue within 30 calendar days of receiving notification of the issue.

# Quality of Care Concerns and Quality of Care Grievances, cont'd

- An outcome letter, based on the Chief Medical Officer's determination, is sent to the provider within one (1) week of the determination date.
- For QOC grievances, a member resolution letter is sent to the member within 2 business days of resolution.
- When appropriate, corrective action plans may be put in place to prevent recurrence of the event. The corrective action plan will identify the strategies the provider will implement in order to reduce the risk of similar events occurring in the future.
- All QOC concerns and QOC grievances are assigned an Outcome Determination level of 1 or above, are summarized and reported to the Quality Assessment Performance Improvement Committee (QAPIC). For QOC concerns and QOC grievances that warrant, if the practitioner/provider is an AmeriHealth Caritas Delaware participating provider, the Clinical QPS also includes this information in the practitioner/provider's file for review by AmeriHealth Caritas DE's Peer Review Committee and Credentialing Committee.
- The QM department tracks and trends all QOC concerns and QOC grievances.

# Peer Review

- Definition of Peer Review:
  - An evaluation of the professional practices of a provider by the provider's peers. The evaluation assesses the necessity, appropriateness, and quality of care furnished by the provider in comparison to care customarily furnished by the provider's peers and consistency with recognized health care standards.
- The Peer Review Committee:
  - Is chaired by the Chief Medical Officer and is a subcommittee of the Credentialing Committee.
  - Meets quarterly; but will change to bi-monthly in 2023.
  - There are 6 voting members:
    - Four participating practitioners representing PCP's, Specialists, and Allied Health Practitioners in AmeriHealth Caritas DE's network.
    - AmeriHealth Caritas DE's Behavioral Health, Chief Medical Officer
    - AmeriHealth Caritas DE's LTSS, Chief Medical Officer.
  - The primary responsibilities of the Peer Review Committee include:
    - Monitors and reviews individual participating provider's practice methods and patterns, including quality outcomes, prescribing patterns, morbidity/mortality rates, and all grievances filed against the participating provider relating to medical treatment.
    - Reviews all written and verbal allegations of inappropriate or aberrant service by a provider and the provider's response to the allegations.
    - Evaluates of the appropriateness of care rendered by participating providers.
    - Makes determinations or recommendations for implementation of corrective action(s) when the Peer Review Committee deems it necessary.
    - Review Peer Review policy and procedure at least annually.
    - Develop policy recommendations to maintain or enhance the quality of care provided to members.





# Performance Improvement Projects (PIPs)

AmeriHealth Caritas DE utilizes PIPs to achieve, through ongoing rapid cycle measurement and intervention, significant improvement, sustained over time, in clinical and non-clinical care areas that are expected to have a favorable effect on health outcomes and member satisfaction.

- PIP topics are selected through a comprehensive analysis of member needs, care, and services.
- Member and provider input are included in development of the PIP interventions and measures based on surveys, assessments, and direct outreach.

AmeriHealth Caritas DE's 2022 PIPs include the following:

- **Opioids and Muscle Relaxers Use – Physical Health and Behavioral Health PIP**
  - Does education of providers and members on the risks of opioids and muscle relaxers decrease the number of members receiving muscle relaxers and opiates concurrently and decrease ER visits?
- **ADHD (ages 6 – 12) – Pediatric PIP**
  - Will Pediatric Primary Care Providers, Nurse Practitioners, Psychologists, Psychiatrists, Licensed Professional Counselors and Licensed Clinical Social Workers, and Neurologists educated on the American Academy of Pediatrics' (AAP) Clinical Practice Guidelines for Attention Deficit Hyperactivity Disorder (ADHD) increase member compliance to both stimulant medication and outpatient (OP) behavioral health (BH) therapy at least once every four weeks in the 6- to 12-year-old population of AmeriHealth Caritas DE membership?



# Performance Improvement Projects, cont'd

- **Nursing Facility (NF) Transition to Community PIP**
  - Does adding LOR (level of reimbursement) indicator to the AmeriHealth Caritas DE NF transition referral process enhance the opportunity to identify candidates; thereby increasing the number of transitions?
- **Pregnant and Postpartum People (PPP) with Opioid Use Disorder (OUD) – State Mandated PIP**
  - Are pregnant and postpartum people with OUD receiving Medication for Opioid Use Disorder (MOUD) consistent with evidence based standards of care?
- **Wellness Program – Service PIP**
  - Increase the number of member referrals to wellness programs through standardized education of AmeriHealth Caritas Delaware member facing staff on the AmeriHealth Caritas Delaware Wellness Program Referral Process.

Questions?



# Long Term Services and Supports

Department Updates



# What is LTSS?

LTSS help 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 the following Long-Term Services and Supports (LTSS) for:

- Individuals with a diagnosis of AIDS or HIV who meet the hospital LOC criteria and who receive HCBS as an alternative;
- Aged and/or disabled individuals over age 18 who meet nursing facility LOC or are “at risk” for nursing facility LOC; and
- Individuals under age 21 who meet nursing facility LOC and who reside in a nursing facility.

# Member ID Card – LTSS

## Example of what your ID card will look like

		<b>Diamond State Health Plan-Plus</b>	
<hr/>		<hr/>	
<b>Member name</b> <b>John L Doe</b>	<b>Primary doctor</b> <b>PCP first name, PCP last name</b> <b>Group name</b>		
<b>AmeriHealth Caritas Delaware ID</b> <b>123456789</b>	<b>PCP phone number</b> <b>X-XXX-XXX-XXXX</b>		
<b>Sex: M</b>	<b>Effective date</b> <b>MM/DD/YYYY</b>		
<b>Date of birth: MM/DD/YYYY</b>	<hr/>		
<b>State ID: 1234567890123</b>	<hr/>		
<b>Copays</b> <b>ER: \$0    PCP: \$0    SPEC: \$0</b>			
<i>Limits may apply to some services.</i>			
<i>Not transferable</i>			

		<a href="http://www.amerhealthcaritasde.com">www.amerhealthcaritasde.com</a>	
<hr/>		<hr/>	
<b>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.</b>		<b>Member Services</b> <b>1-855-777-6617</b>	
<b>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.</b>		<b>TTY</b> <b>1-855-362-5769</b>	
<b>Out-of-area care: Report out-of-area care to AmeriHealth Caritas Delaware and your PCP within 48 hours.</b>		<b>Provider Services and prior authorization</b> <b>1-855-707-5818</b>	
<b>Mental health, drug, and alcohol services: Call Member Services at 1-855-777-6617.</b>		<b>Report Medicaid fraud</b> <b>1-866-833-9718</b>	
<b>24/7 Behavioral Health Crisis Services:</b> <b>New Castle County: 1-800-852-2929</b> <b>Kent/Sussex Counties: 1-800-345-6785</b>		<b>To speak with a nurse anytime</b> <b>1-844-897-5021</b>	
<b>AmeriHealth Caritas Delaware</b> <b>Claims Processing</b> <b>P.O. Box 80100, London, KY 40742-0100</b>		<b>Pharmacy Member Services</b> <b>1-855-294-7048 or TTY 711</b>	
		<b>Pharmacy RxBIN #600428</b> <b>Pharmacy RxPCN #07710000</b> <b>Pharmacy Provider Services: 1-888-987-6396</b>	
<i>All other insurance payors must be billed before AmeriHealth Caritas Delaware, payor of last resort.</i>			

# 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 will include but is not limited to:

- ✓ Work with the member to make sure they have all the information needed to make informed choices about their health care.
- ✓ Coordinate the person-centered planning.
- ✓ Help the member get appropriate long-term services and supports in the right setting.
- ✓ Coordinate the member's physical, mental, and long-term services and supports needs.
- ✓ Help resolve issues the member is having.
- ✓ Conduct face-to-face visits.
- ✓ Be aware of the member's needs as they change and update their care plan to make sure the services they are receiving are appropriate for their changing needs.



# Collaboration

- Front line staff are our “eyes and ears” notifying the case manager when there is a change in condition, hospital admission, change in caregiver status (trigger events).
- Assist in identifying the subtle changes that could prevent an admission to the hospital or nursing facility.
- Strongly encourage all providers to participate in the Person-Centered Care Plan meetings.
- Report missed shifts timely

# LTSS Member Services and Member Advocates

Our Member Advocate will work in collaboration with the provider, member and the member's case manager to assist in obtaining care. Member Advocates are available to assist with scheduling appointments, navigation of the grievance and appeals process, and identification of resources necessary to help members with limited English proficiency or communication barriers.

A dedicated, 24/7/365 Member Services is available to help members with any questions about their coverage and services:  
1-855-777-6617; TTY: 1-855-362-5769



# LTSS Contacts and Resources

For a current list of AmeriHealth Caritas phone and fax numbers, please refer to Provider Quick Reference Guide at [www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com).

24 hours a day, 7 days a week:

- DSHP Plus LTSS Member Services: 1-855-777-6617  
TTY 1-855-362-5769

Monday to Friday 8:00 am. To 5:00pm

- LTSS Department : 855-260-9544
- LTSS Department Fax: 855-843-1177

Questions?



# Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Department Updates



Delivering the Next  
**Generation**  
of Health Care





	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years
A complete screen requires all codes indicated for each periodicity be completed and reported. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.													
	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP
	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP
	●	●	●	●	●	●	●	●	●	●	●	●	●
Assessment <sup>10</sup>	●	●	●	●	●	●	●	●	●	●	●	●	●
Assessment							★	★	★	★	★	★	★
If indicated by risk assessment and/or symptoms.													
								●	●	●	●	●	●
	99173	99173	★	99173	★	99173	★	99173	★	★	99173	★	★
	99174 99177	99174 99177		99174 99177		99174 99177		99174 99177			99174 99177		
	92551	92551	★	92551	★	92551	←	92551	→	←	92551	→	92551
	92552	92552		92552									
	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>	◇ <sub>16</sub>

If indicated by risk assessment and/or symptoms.  
See recommendations to prevent and control iron deficiency in the United States. MMR, 1998; 47 (RR-3): 1 – 36.  
Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.

# Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental Communication

## EPSDT Dental communication for Providers

- Dental Vendor for members 21 and under = Division of Social Services
- Oral Health Risk Assessments and the need for Fluoride supplementation should be assessed starting at 6 months through 11 months of age
- 1st dental exam should occur at the eruption of the first tooth and no later than 12 months of age
- Fluoride Varnish can be administered by PCP's, Dentists', and/or other qualified health care professionals beginning at 12 months through 3 years of age. Fluoride Varnish should be applied 2 times per year and up to 4 times per year, depending on risk for Dental Caries
- Dental home referrals may begin at 1 year of age and should be established by 3 years of age. Dental Home referrals must be reported with a YD modifier
- Children are required to have an established dental home by no later than 3 years of age

### Oral Health Billing

#### **CPT Code**

**99188** Application of topical fluoride varnish by a physician or other qualified health care professional

**D0191** Assessment of a patient (use when billing Oral Health Risk Assessment)

#### **ICD-10 Codes**

**Z00.121** Routine child health exam with abnormal findings

**Z00.129** Routine child health exam without abnormal findings

**Z29.3** Encounter for prophylactic fluoride administration

**Z91.841** Risk for dental caries, low

**Z91.842** Risk for dental caries, moderate

**Z91.843** Risk for dental caries, high



# Blood Lead Screening Initiative

On October 27, 2021, Delaware’s Department of Public Health posted an article on their website titled “National Lead Poisoning Prevention Week-Delaware Sees Concerning Decrease in Childhood Lead Testing During the Pandemic”.

Delaware regulations require that each child residing in the state of Delaware get a blood lead level test at 12 months and again at 24 months, up to 72 months if not previously tested. Blood Lead testing is a specific contractual requirement for AmeriHealth Caritas Delaware. As the COVID-19 pandemic began shutting down Delaware businesses in 2020, DPH saw another slowdown — far fewer babies and toddlers were being tested for lead exposure. Lead testing rates dropped by an average of 54% in the first six months of 2020, compared to 2019. During the first six months of 2021, childhood lead testing rates in Delaware dropped by an average of 63%, compared to 2019 (Division of Public Health, 2021).

## Goals/Objectives:

- To ensure that “**EVERY**” child receives a Lead Screening at 12 and 24 months of age, as per state requirements. Children between 24 and 72 months of age with no record of a previous Lead Screening will receive outreach to confirm Lead Screening status. Non-compliant members will receive assistance with addressing barriers to Lead Screening and assistance with scheduling an appointment.

# Blood Lead Screening Initiative / LeadCare II Analyzer

Solutions for addressing Lead Poisoning:

The LeadCare II Analyzer is used to find out a person's blood Lead level. The device uses a finger or heel stick whole blood (capillary) sample. The LeadCare II Analyzer provides a blood Lead level result within three minutes after the sample is inserted into the machine.

The LeadCare II Analyzer is manufactured by Meridian Bioscience and CLIA-waived. **CLIA-waived Defined-** Per the Clinical Laboratory Improvement Amendments of 1988, CLIA waived tests are categorized as simple laboratory examinations and procedures that have an insignificant risk of an erroneous result.

ACDE will purchase a few LeadCare II Analyzers for Providers serving high risk/at risk populations.



# Blood Lead Screening Initiative (cont'd)/ Community Engagement

ACDE has developed partnerships with Community organizations that address at risk populations and to collaborate on programs/initiatives. Community organizations include:

Colonial School District

Department of Public Health (DPH)

The Life Health Center

Childhood Lead Poisoning Advisory Committee

New Castle County's Lead Poisoning and Prevention Program

School-Based Wellness Centers (*Nemours based*)

In addition, ACDE conducted an EPSDT TeleECHO Clinic with a Full session dedicated to Lead Screening (July 28, 2022)

# Lead Poisoning Community Program



**ATTENTION**  
NEW CASTLE COUNTY



## FREE PROGRAM

Protect Your Child from Lead Poisoning



### Get Your Home Tested FREE!

- Lead Inspection/Risk Assessment (\$750 Value) •
- Painting, Special Cleaning and/or Window Replacement •

#### Who's Eligible

Tenants, Landlords, or Owners with:

- a child under 6 years old
- a pregnant person living in the home
- a visiting child under the age of 6



#### Other Requirements

Must reside in:

- 19703, 19720, 19801, 19802, 19805, 19806
- Property built before 1978
- Meet federal income requirements

Learn more online at: [NCCDE.org/NOLEAD](http://NCCDE.org/NOLEAD)

Contact us today! phone: (302) 395-5318 • email: [NoLead@newcastledel.gov](mailto:NoLead@newcastledel.gov)

## Blood Lead Results Email Box

ACDE's EPSDT Program has implemented an email box for providers to send member data when a member tests positive for Lead (*positive Lead screens*).

Provider's will receive a Template to input required member data (full name, mbr ID #, DOB, BLL result, date of service).

EPSDT Coordinator will track incoming data and coordinate member outreach to assist in follow up testing and provide available Lead Poisoning resources.

**LabCorp is our contracted Laboratory vendor**

Questions?



# How to Reach Us



# Provider Network Management Territory Assignment



## **Katrina Tillman**

Ancillary Providers

P: 1-302-233-1544

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## **Karen Lysinger**

Behavioral Health Providers and Facilities for Delaware

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## **Kristina Peden**

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## **Shenae Christian**

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## **Latasha Smith**

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## **Deneka Smith**

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