



Delivering the Next
Generation
of Health Care



ACDE Provider
Forum
2021




AmeriHealth Caritas[™]
Delaware

ACDE Provider Forum 2021

Stephanie Miller, Director, Provider Network
Management

With Us, It's About You.



AmeriHealth Caritas Delaware Helps People:



Get care



Stay well



Build healthy
communities

www.amerihealthcaritasde.com

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ACDE-18274667



AmeriHealth Caritas[™]
Delaware

Topics

- Our Response to COVID-19.
- Plan Updates.
 - Provider Network Management.
 - Behavioral Health.
 - Pharmacy Benefits Management.
 - Quality Management.
 - Rapid Response and Outreach.

Our Response to COVID-19



Our Response to COVID-19

Actions we're taking as a company:

- **Expanded telehealth policies.**
 - Waived CMS and state-based originating site restrictions for all members.
 - Telephonic services.
 - Home health telehealth services.
- **COVID-19 testing and testing-related visits.**
 - Covers all medically necessary services required to facilitate testing and treatment of COVID-19 for its eligible members.
 - No prior authorization is required.
- **COVID-19 information hubs on website.**
 - Member education and resources.
 - Resources to support health care professionals and our network.

Provider Network Management

Department Updates



Provider Network Management

Topics:

- Condition Optimization Programs — Intensive Case Management Reimbursement Program, Prospective Outreach Programs.
- Social Determinants of Health TeleECHO™ Clinics.
- Quality Enhancement Program.
- Expanded Education on Culturally and Linguistically Appropriate Services (CLAS).
- Online Prior-Authorization Tool.
- Authorization Reminders.
- Claim Investigations and Complaints.

Intensive Case Management Reimbursement Program

In late 2019, AmeriHealth Caritas Delaware launched the Intensive Case Management (ICM) Reimbursement Program to compensate providers for completing the essential, administrative activities that help to validate encounter data.

How does it work?

- Facilitates provider submission of complete and accurate member diagnoses and disease acuity information.
- Helps primary care providers identify members with chronic and/or complex medical needs.
- Promotes routine access to primary care for chronically ill members.
- Increases member appointment compliance through outreach.

Intensive Case Management Reimbursement Program

Identifying Members and Informing Providers

ICM members are identified as those with claims history indicating chronic and comorbid conditions. Review of program data from affiliated Plans within the AmeriHealth Caritas Family of Companies reveals chronic and comorbid diagnoses are often incorrectly reported on claims or not reported at all.

Providers are informed about ICM members via pending activities in the Patient Roster under the “Practice Documents” workflow in NaviNet. A pending activity appears for an ICM member when the following occurs:

- Claims were submitted by the PCP within the previous six months, but claims did not include all the chronic/comorbid diagnosis codes found in the member’s claims history.

Intensive Case Management Reimbursement Program Incentives

Incentives:

AmeriHealth Caritas Delaware offers PCPs an administrative payment for each record reviewed, in accordance with the following fee schedule:

- Original claim for any member – \$25 per claim.
- All subsequent claims for the same member with service dates exceeding 180 days from the prior claim service date – \$7 per claim.
- All subsequent claims for the same member with service dates within a 180-day period from the prior claim service date – \$7 per claim.

Prospective Outreach Program (POP)

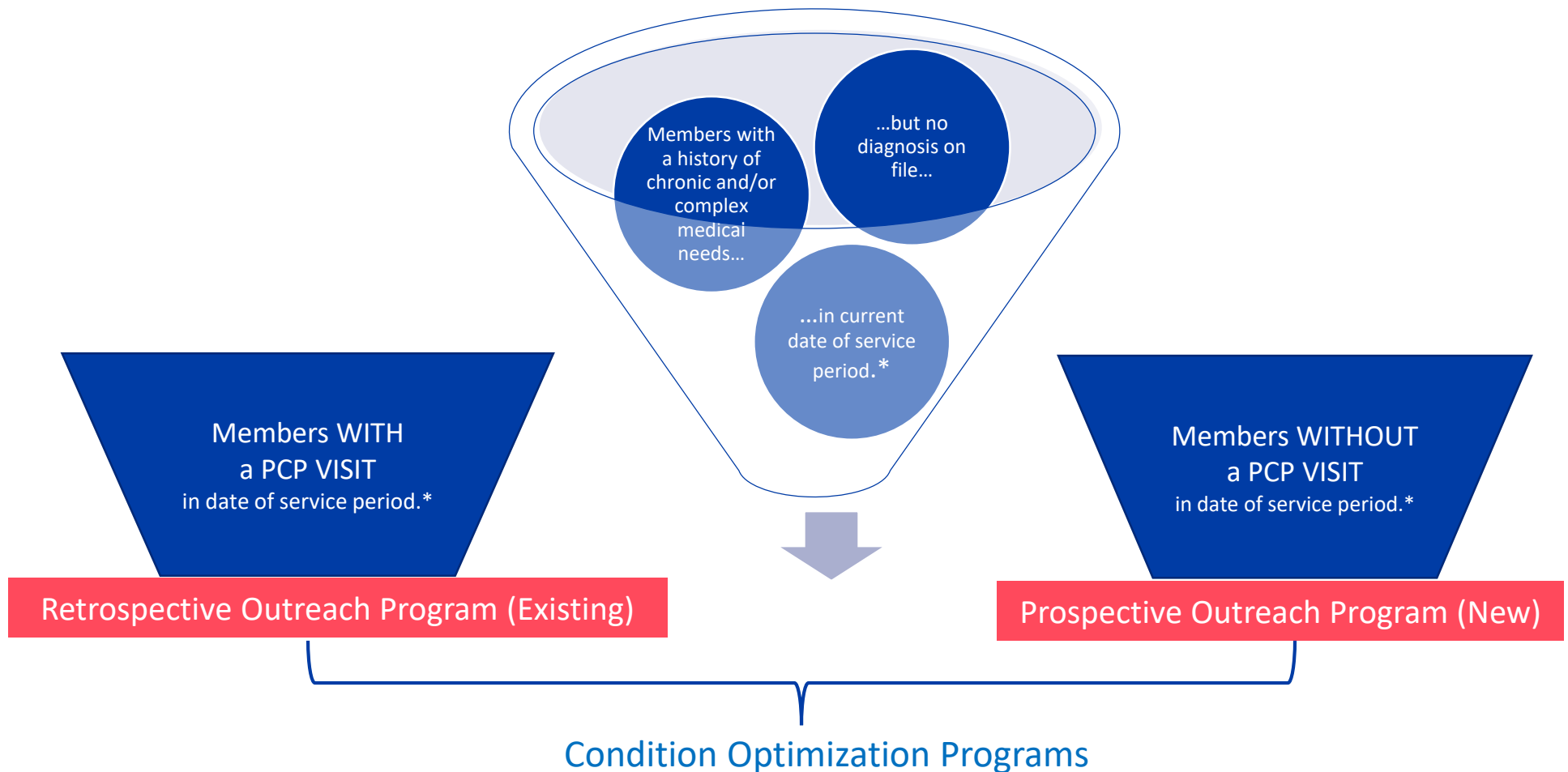
In response to ICM, AmeriHealth Caritas Delaware launched the Prospective Outreach Program in September 2021.

Program objectives:

- Help primary care providers identify assigned members with chronic and/or complex medical needs.
- Promote routine access to primary care for members with chronic and/or complex medical needs.
- Increase member appointment compliance through outreach.
- Improve accuracy and completeness of member diagnosis/diagnoses information.
- Allow the health plan to gather info about members with chronic and/or complex medical needs.

Identifying Members for POP

ONE set of members meeting the established criteria separates into TWO subsets based on whether or not they've seen their PCP in the current date of service period.*



*There are two date of service periods per year; exact period dates vary and are determined by the Medicaid agency in each state.

PCP Prospective Outreach Program

Health plan:

- Identifies up to 150 target members with the most chronic and/or complex medical needs **and** with no visit to their assigned PCP in the date of service period.

Provider opting to participate in POP:

• Pre-Appointment

- You are notified of target members via NaviNet.
- Your office outreaches to member and schedules a visit or marks member as unavailable/unscheduled in NaviNet if no contact and/or no member interest in scheduling appointment.

• During Appointment

- For the purpose of the program, review suspected chronic and/or complex medical needs listed for the member during the visit.
- Document diagnosed chronic and/or complex medical needs in the member's medical record.

• Post Appointment

- **Submit a Complex Case Management (CCM) Worksheet for the target member** in NaviNet – confirmed or unconfirmed chronic and/or complex condition (represented by diagnosis/diagnoses codes).
- **Submit a Claim** with confirmed and/or newly identified diagnosis or diagnoses – must include **99499 procedure code with modifier 25** and billed amount equal to incentive (\$150), along with the appropriate E&M codes.
- **Submit the Medical Record** via secure email to: ConditionOptimizationProgram@amerihealthcaritas.com.

Diagnosis/diagnoses codes must be reported via CCM Worksheet, Claim, and Medical Record. All three components are audited to confirm accuracy and completeness; errors identified in coding of claim must be corrected before claim will be approved for incentive payment.

PCP Prospective Outreach Program Incentive

- Participants receive incentive payments in January and July of each year.
- Payment is sent in one check with explanation code **POPP – Prospective Outreach Prgm Pymt.**
- Incentive is limited to one completed visit per target member, per risk period.
 - Target member list is on NaviNet and incentive may only be earned for the identified members.
 - Identified members may be removed from list if diagnosis/diagnoses gap is closed or member loses eligibility. (The identified member list is updated on the 26th of each month; consult NaviNet for updates.)
- Each qualifying visit will be audited to confirm completeness and accuracy of diagnosis or diagnoses reported on claim, based on review of the medical record.
 - **Submit a Complex Case Management Worksheet for the target member** in NaviNet – confirmed or unconfirmed chronic and/or complex condition (represented by diagnosis/diagnoses codes)
 - **Submit a Claim** with confirmed and/or newly identified diagnosis or diagnoses – must include **99499 procedure code with modifier 25** and billed amount equal to incentive, along with the appropriate E&M codes.
 - **Submit the Medical Record** for date of service.

TeleECHO™ Clinics (SDOH)

- In September 2021, ACDE launched Social Determinants of Health (SDOH) teleECHO clinics. The ECHO model facilitates case-based learning for front-line practitioners via teleconferencing clinics. Similar to virtual chart rounds, the ECHO model creates a space where practitioners can share knowledge and build support to better manage patients with complex care needs.
- Ongoing sessions are held on the first and third Thursday of each month from 12:30 to 1:30 p.m. ET.

Program objectives:

1. Integrate SDOH screenings into care assessments and support participants' capacity to assess a patient's SDOH.
2. Increase awareness of the health impacts of SDOH.
3. Promote understanding of the consequences of unmet SDOH needs on physical and behavioral health.
4. Increase awareness of SDOH-related resources, including services based in the community, those offered by managed care organizations (MCOs), and resources for patient referral.

Project ECHO® is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.

- **American Medical Association (AMA)** — Project ECHO designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*.
- **American Nurses Credentialing Center (ANCC)** — Project ECHO designates this live activity for a maximum of 1.0 ANCC contact hour.
- **Social Work Accreditation** — Project ECHO is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Social workers completing this course receive 1.0 continuing education credit.
- **Psychologist Accreditation** — Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP).

Quality Enhancement Program (QEP)

- QEP launched in 2020 for participating primary care providers (PCPs).
 - PCP groups or solo practices with average panel sizes of 50 or more assigned AmeriHealth Caritas Delaware members during the measurement period.*
- * Members who reside in skilled nursing facilities or who are dual-eligible members are not included in the quantified results for the QEP program.
- Provides financial incentives beyond a PCP practice's base reimbursement for high-quality and cost-effective care, member service and convenience, and submission of accurate and complete health data.
- The total Performance Incentive Payment is apportioned as follows:
 1. Quality performance (80%) — Eighty percent (80%) of the PIP is based on quality performance results.
 2. Potentially preventable events (20%) — Twenty percent (20%) is based on potentially preventable events results.

Quality Enhancement Program

2021 quality performance measures:

- Adults' Access to Preventive/Ambulatory Health Services (AAP).
- Antidepressant Medication Management (AMM) Effective Continuation Phase Treatment.
- Asthma Medication Ratio (AMR).
- Breast Cancer Screening (BCS).
- Cervical Cancer Screening (CCS).
- Child and Adolescent Well- Care Visits (WCV).
- Comprehensive Diabetes Care (CDC) HbA1c Control < 8.0%.
- Controlling High Blood Pressure (CBP).
- 30-Day Hospital Readmission Rate (DMMA Measure).

Potentially preventable events measures:

- **Potentially preventable admissions (PPAs)** — A hospitalization that could have been prevented with consistent, coordinated care and patient adherence to treatment and self-care protocols. PPAs are ambulatory-sensitive conditions (e.g., asthma) for which adequate patient monitoring and follow-up (e.g., medication management) can often avoid the need for admission. The occurrence of high rates of PPAs represents a failure of the ambulatory care provided to the patient.
- **Potentially preventable emergency room visits (PPVs)** — An emergency room (ER) visit that may result from a lack of adequate access to care or ambulatory care coordination. PPVs are ambulatory-sensitive conditions (e.g., asthma), for which adequate patient monitoring and follow-up (e.g., medication management) should be able to reduce or eliminate the need for ER services. In general, the occurrence of high rates of PPVs represents a failure of the ambulatory care provided to the patient.

Expanded Culturally and Linguistically Appropriate Services (CLAS) Education

Launched outreach campaign focused on the Impact of language access services on patient satisfaction, quality, and care outcomes.

Objectives:

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

Provider Credentialing Process

Credentialing and Council for Affordable Quality Healthcare Inc. (CAQH) updates:

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

Authorization Reminders

Urgent versus nonurgent

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

Turnaround times

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

Online prior authorization lookup tool

- A Prior Authorization Lookup tool is now available on the plan website.

Claim Investigations and Complaints

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

Claim investigations:

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

Provider complaints process:

- Providers may file a written complaint about the plan's policies, procedures, or any aspects of the plan's administrative functions, other than claims, within 45 calendar days.
- For complaints about claims, providers may file a written complaint no later than 12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claim submission, whichever is latest.

Behavioral Health

Department Updates



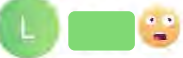
Behavioral Health Updates


Marigold Peer Support

- In April 2021, AmeriHealth Caritas Delaware and Marigold Health partnered to provide face-to-face and cloud-based Peer Support services to Delawareans battling substance abuse. As of September, 2021, over 300 AmeriHealth Caritas Delaware members have interacted with a Marigold Certified Peer Specialist via the app or SMS texting.
 - Over 3,000 messages were sent in the past 60 days from AmeriHealth Caritas Delaware members.
- Marigold Health has completed over 690 calls with AmeriHealth Caritas Delaware members.
- Demand has necessitated the creation of nine dedicated “specialty” groups:
 - Parents in Recovery.
 - Keeping Freedom (for members in recovery with experience in the justice system).
 - Mental Health and Addiction (focusing on co-occurring support).
 - “MAT Chat” (hosted and monitored by a Board Certified Physician and Certified Peer Specialist that ‘steer’ participants back to their treating provider).
 - Healthy Relationships.
 - Women’s Group.
 - Loss and Addiction.
 - Resources Group.
 - Marigold Shares.
- On September 23, 2021, AmeriHealth Caritas Delaware and Marigold Health presented our collaboration and initial findings at the Medicaid Health Plans of America Conference in Washington, D.C.


Behavioral Health Updates


Marigold Health app samples (names have been changed / 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
2:33pm


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



The above text triggered a call from the Rapid Response and Outreach Team to assist the member in getting methadone from his provider.



Me I have honestly been clean for 3 days
12:12pm



I couldn't agree more. Everytime I try to come of mat I relapsed. And I would have like 2 yrs clean besides the mat but still coming off it .. it's rough!
4:09pm


Behavioral Health Updates


Marigold Health app samples (names have been changed / redacted):


  9/05/2021




 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 


 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.


4:02pm 




 1

   8/26/2021


Thanks for adding me.... I'm not exactly sure what my mental health diagnosis is anymore. I use be diagnosed with panic disorder, major depression, and I was a cutter. But than about 4 years ago I was put on medication for a personality disorder by my primary care Dr and not sure which one lol. Now I'm not on any antidepressants or anything. But I definitely have experience with both mental health and addiction.


11:11am 

 1

   8/26/2021

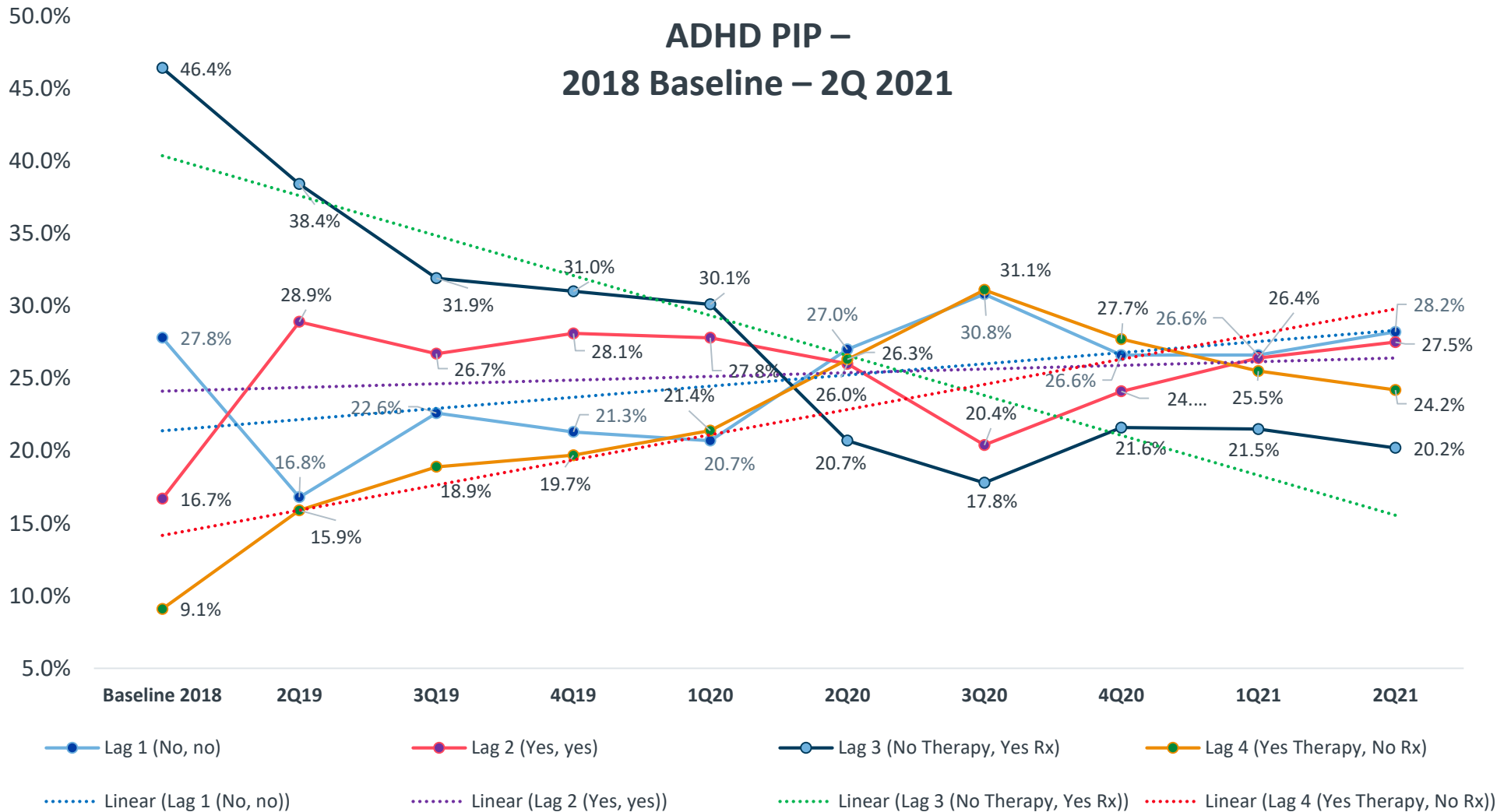
Thank-You for letting me join this group! I have struggled with bipolar, anxiety, depression, and PTSD for many years. It is hard for me to open up about my mental health because of the fear of being judged and treated as if I am a crazy person. I have struggled to control my mental illnesses for many years due to fear of talking to someone. I had a great psychiatrist years ago, but she moved and I haven't found a new one that I feel I can be open and honest with.

12:21pm 

 1

Behavioral Health Updates

The ADHD Performance Improvement Project (PIP): Increased Compliance with the American Academy of Pediatrics Clinical Practice Guidelines for ADHD.



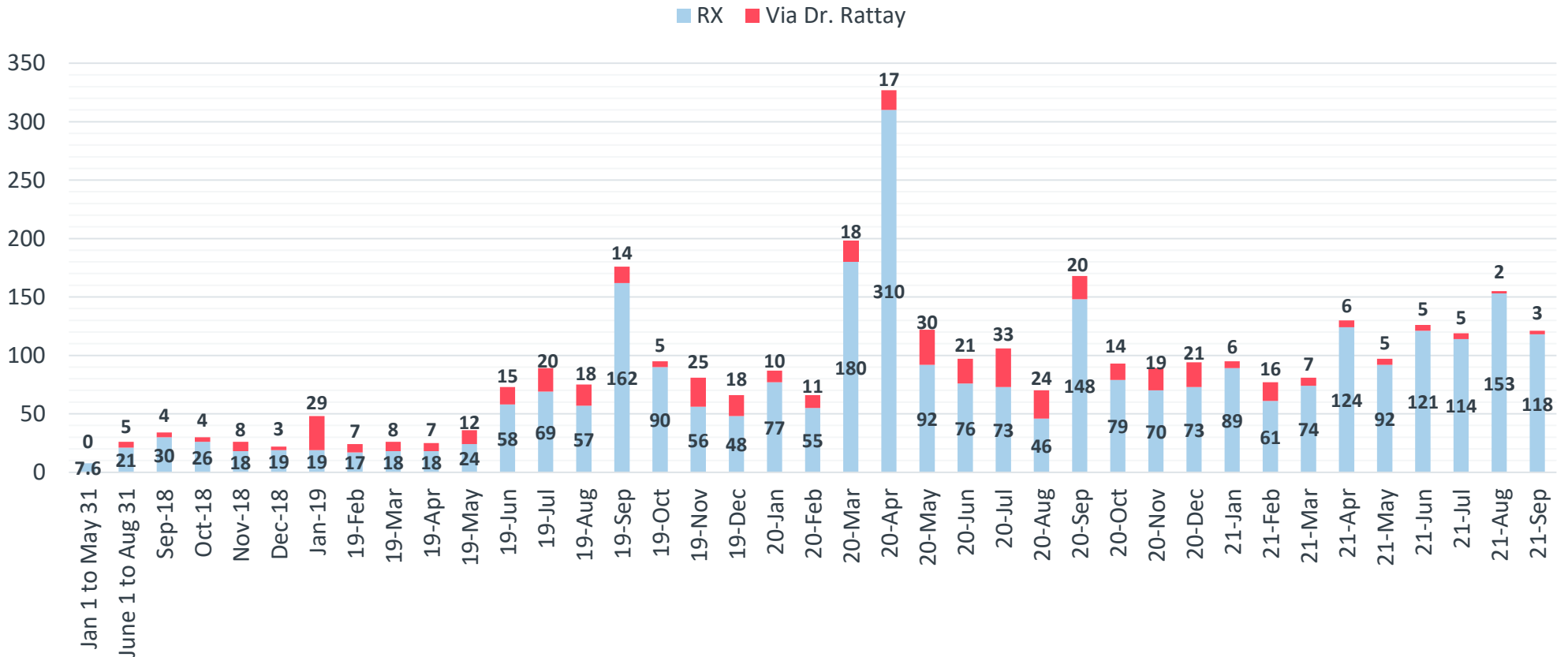
Behavioral Health Updates

A word about Value-Based Contracting.

Embedded staff and our efforts at Care Coordination.

And finally, Narcan.....

Narcan RX



Management of Pharmacy Benefit

Department Updates



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 LTSS1-855-294-7048
(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 fax1-855-829-2872

Formulary and formswww.amerihhealthcaritasde.com

Accessing J-code information

- Drug-related J-codes prior authorizations moved under Pharmacy Benefits Management (PBM) September 1, 2019. Full list is available at the below address under the HCPCS coding list:

www.amerihealthcaritasde.com/provider/resources/pharmacy-prior-auth.aspx

Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J2400	No PA required	Nesacaine	Chloroprocaine HCL injection	
J2405	No PA required	Zofran	Ondansetron HCL injection	
J2407	PA required	Orbactiv	Oritavancin injection	
J2410	No PA required	Numorphan	Oxymorphone HCL injection	
J2425	PA required	Kepivance	Palifermin injection	
J2426	PA required	Invega Sustenna	Paliperidone palmitate injection	
J2430	PA required	Aredia	Pamidronate disodium, 30 mg	
J2440	No PA required	Para-Time SR	Papaverin HCL injection	
J2460	No PA required	Terramycin	Oxytetracycline injection	
J2469	PA required	Aloxi	Palonosetron	
J2501	No PA required	Zemplar	Paricalcitol	
J2502	PA required	Signafor LAR	Pasireotide long-acting injection	
J2503	PA required	Macugen	Pegaptanib sodium	
J2504	PA required	Adagen	Pegademase bovine, 25 IU	
J2505	PA required	Neulasta	Pegfilgrastim	Ziextenzo (billed under J3590) is the preferred pegfilgrastim agent. Full class requires PA.

Important Standing Items

Delaware operates off a state preferred drug list (PDL) that can change effective January 1 of each year. Members are notified at least 30 days in advance of any changes to current medications. Full state PDL is available under the pharmacy link on the Delaware Medicaid page: <https://medicaid.dhss.delaware.gov/>

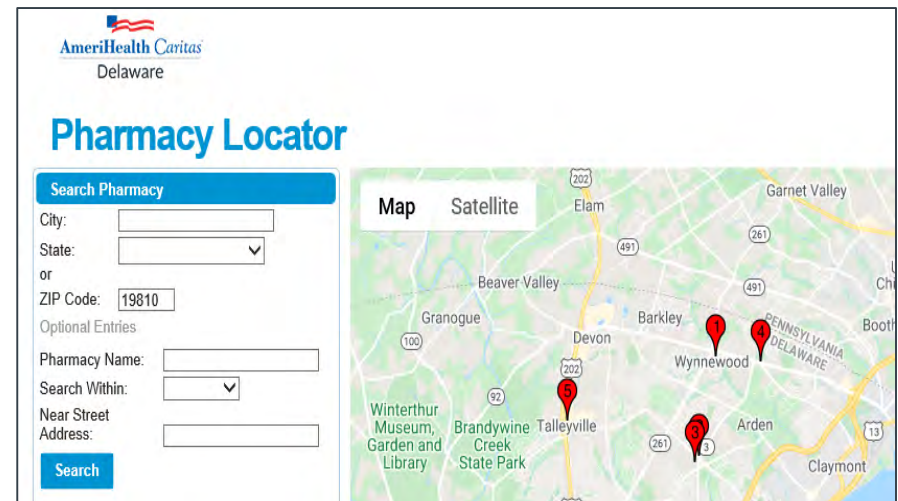
AmeriHealth Caritas Delaware continues to address the opiate epidemic on several fronts:

- 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 Caritas Delaware review of multi-use and hospital administered members.

Current Updates

AmeriHealth Caritas Delaware has recently 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 HbA1c values to inform them and their providers of this alternative.



Quality Management

Department Updates



Quality Management

- Community Health Navigators Member Outreach and Wellness Programs
- Member incentives
- Online Wellness Registry
- Flu Awareness and Vaccine Initiatives
- Quality Performance Measures
- Consumer Assessment of Healthcare Providers and Systems®
- Medical Record Reviews
- Critical Incidents
- Quality of Care Concerns and Quality of Care Grievances
- Peer Review
- Performance Improvement Projects



Community Health Navigators

Community Health Navigators (CHNs) outreach to members via telephone or in person. When there is a successful contact with a member, CHNs will:

- Verify contact information and PCP attribution.
- Address any care gaps the member has.
- Assist with calling the physician's office to make an in-person or telehealth visit, as well as scheduling a ride with Modivcare.
- Complete any needed assessments, such as the Health Risk Assessment, Low Risk Maternity Assessment, ER Diversion Survey, and the Edinburgh Post-Natal Depression Scale.
- Access the family link in tab in the EMR and, if the member is willing, address all family members possible.
- Inform eligible members they may qualify for an incentive for obtaining a preventive screening.
- Assist members with any SDOH resources that are needed, utilizing AmeriHealth Caritas DE's internal Aunt Bertha.
- If unable to reach members by phone, CHNs will visit members in their home or in the community. CHNs may receive visit referrals for low acuity, non-emergent emergency department visits, pre-natal, post-partum, and complex care issues and the Let Us Know program.

Member Outreach and Wellness Programs

- Telephonic outreach by CHNs.
- Home Visits (on hold due to COVID-19) by CHNs.
- Embed CHNs in Provider Offices (on hold due to COVID-19).
 - CHNs have access to access to providers' EMRs while embedded at offices, as well as remote access. EMR access allows CHNs to confirm members' care gaps and screenings/visits, as well as contact information and appointment scheduling.
- Embed Clinical Care Coordination staff at provider offices (on hold due to COVID-19)
- Avesis Diabetic Retinal Exam Program.
- Online Diabetes Self-Management Program.
- Healthy Heart Ambassador Blood Pressure Self-Monitoring Program.
- Bright Start Program.
- Healthy Measures Screening Events and programs offered at Wellness Center (on hold due to COVID-19).
- Co-branding Preventive Well Visit/PCP Messaging Pilot.
- Medication Therapy Management programs for asthma and diabetes.
- National Diabetes Prevention Program.
- One-Way and Two-Way Texting.
- POM/Voice Campaigns.
- Member educational mailings.

Member Incentives

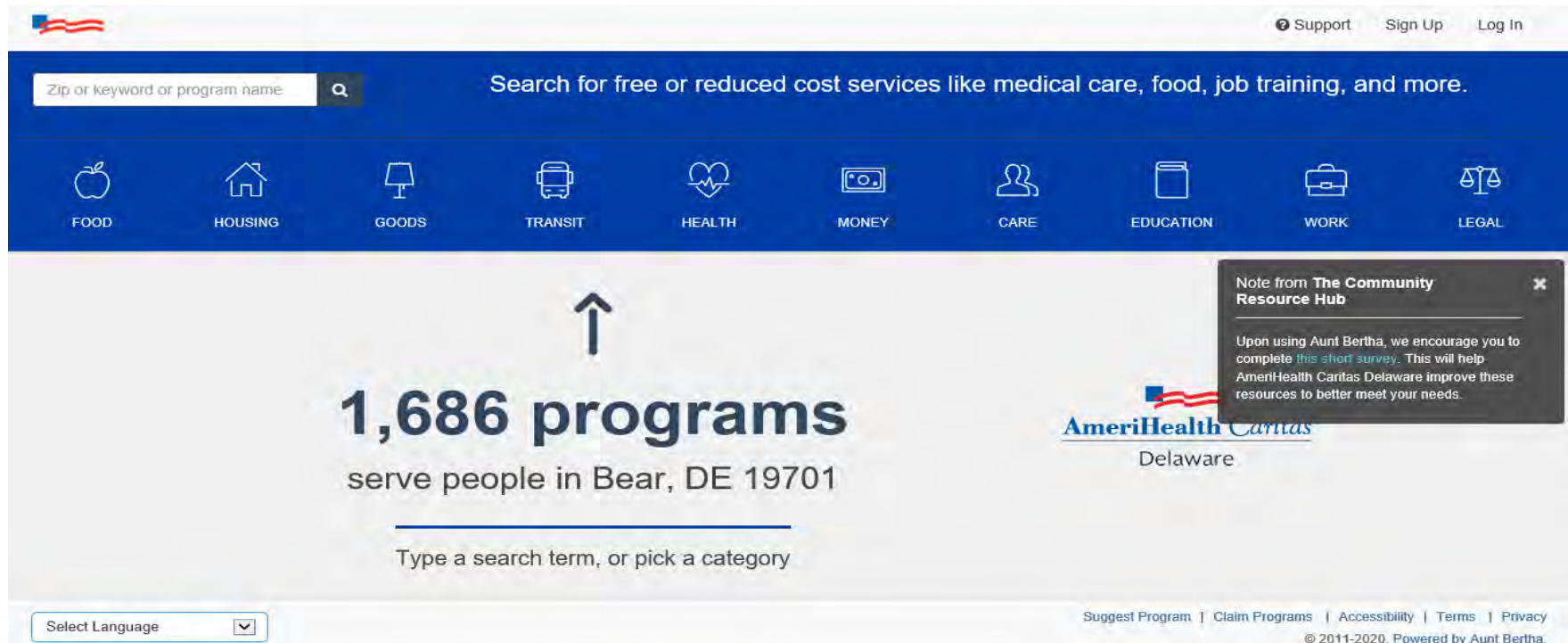
AmeriHealth Caritas DE's Member Incentive Program encourages members to get care and stay healthy by engaging in healthy behaviors.

- **Infant Health:**
 - \$20 for completing all six well visits from birth to 15 months.
- **Women's Health:**
 - \$15 for completing a breast cancer screening. One per year for females ages 50-74.
 - \$15 for completing a cervical cancer screening. Once every three years for females ages 21-64.
- **Diabetes:**
 - \$15 for completing an HbA1c screening with a result of <8. One per year for members ages 18-75.
- **Keys To Your Care:**
 - \$15 for completing a minimum of 4 visits by 24 weeks.
 - Pack 'n Play for completing a minimum of 8 visits by 36 weeks.
 - \$25 for completing a post-partum visit between 21-56 days.
- Incentive (\$25) is also available for completing a Health Risk Assessment within the first 60 days of enrollment.

Online Wellness Registry

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

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



Support Sign Up Log In

Zip or keyword or program name Search for free or reduced cost services like medical care, food, job training, and more.

FOOD HOUSING GOODS TRANSIT HEALTH MONEY CARE EDUCATION WORK LEGAL

↑
1,686 programs
serve people in Bear, DE 19701

Type a search term, or pick a category

Select Language

Suggest Program | Claim Programs | Accessibility | Terms | Privacy
© 2011-2020. Powered by Aunt Bertha.

Note from The Community Resource Hub
Upon using Aunt Bertha, we encourage you to complete [this short survey](#). This will help AmeriHealth Caritas Delaware improve these resources to better meet your needs.

AmeriHealth Caritas DE's 2021 Flu Awareness and Flu Vaccine Initiatives

What you can do to help your patients

- Educate patients about flu vaccination at every interactive contact, including, but not limited to:
- telephone, email, telehealth, or in person.
- Vaccinate patients where medically appropriate and no contraindications are present.
- For members who are not able to get to the office for vaccination, educate them on alternative vaccination sites such as pharmacies or community programs (where community programs are occurring).
- Follow up with patients who missed getting a flu vaccine due to illness.

Member outreach:

- End of call scripting began 9/24/21.
- Member Services on-hold message began 9/30/21.
- One-way texting began 9/28/21.
- Flu landing page with video.
- Fall member newsletter article.

Online resources:

- <https://www.cdc.gov/flu/>
- <https://dhss.delaware.gov/dhss/dph/flu.html>



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

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 2021:

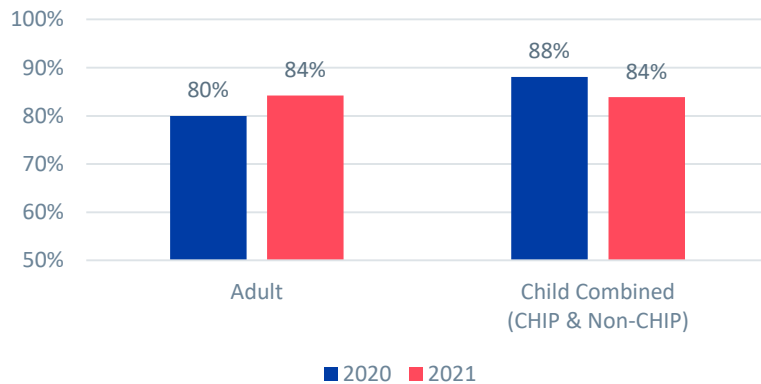
- CAHPS® 5.1H Adult Medicaid Plan.
- CAHPS® 5.1H Child Medicaid Plan with Children with Chronic Conditions (CCC).

- 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.

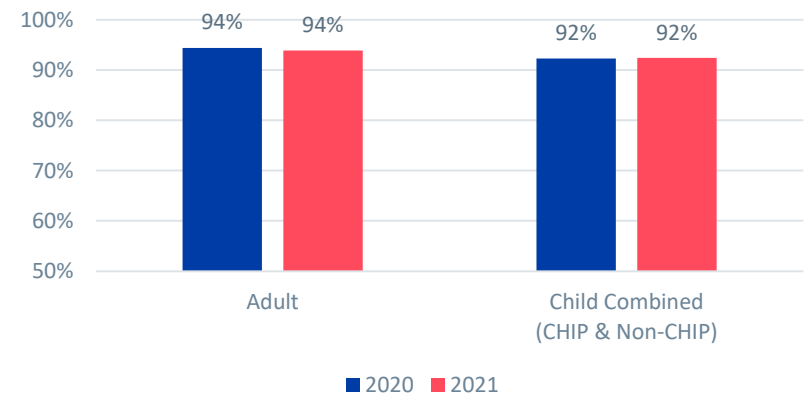
CAHPS® Survey Scores

The CAHPS Summary Scores for 2021 are listed below and indicate the proportion of members (patients) who rate the health plan favorably on a measure.

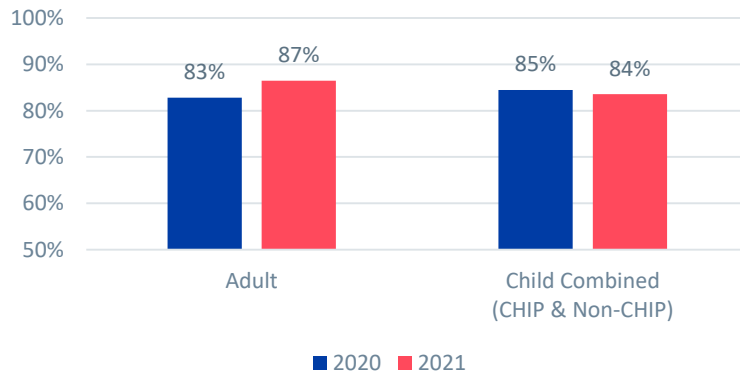
Getting Care Quickly



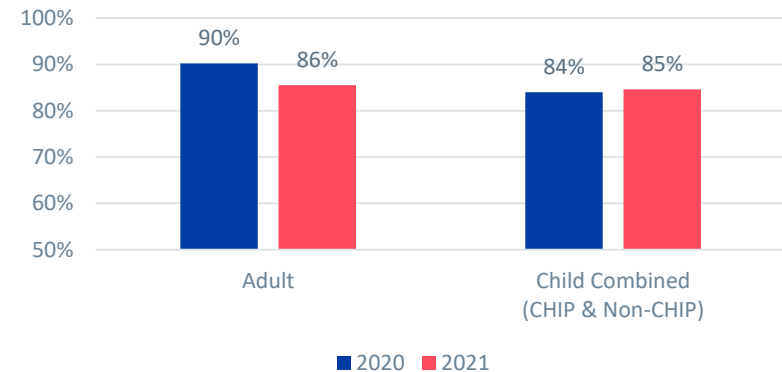
How Well Doctors Communicate



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. 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 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 (continued)

- 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 QAPIC.
 - The Peer Review Committee meets ad hoc.
 - Membership is drawn from the provider network and includes peers of the participating provider being reviewed.
 - AmeriHealth Caritas DE is currently updating the Peer Review Committee charter for 2022. Changes include:
 - Peer Review committee will be a subcommittee of the Credentialing Committee.
 - Peer Review committee will meet quarterly.

Performance Improvement Projects (PIPs)

AmeriHealth Caritas DE's 2021 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?
- **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?

Rapid Response and Outreach

Department Updates



What Is the Rapid Response and Outreach Team?

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

Quality and Controls

Our three major functions are:

1. Call center:

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

2. Support case management:

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

3. Special projects:

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

What We Do

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

Specialized services include helping our members with:

- Assist with making physician appointments.
- Letters of medical necessity for supplies or services.
- Prior authorization for a medication.
- Coordinating transportation.
- Mission GED®.
- Referral to wellness programs.
- Outreach to members that have been seen in the ER to educate them on alternatives such as urgent care centers or 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.
 - Faxing the Member Intervention Request Form to **1-855-806-6242**.
- Refer a member to the Complex Case Management program:
 - Voluntary program to support your plan of care for members with chronic disease and educate on prevention and adherence to the treatment plan.

Provider Network Management Account Executives Territory Assignment and Contact Information

Ancillary Providers:

Katrina Tillman

Phone: 1-302-233-1544

Email: ktillman@amerihealthcaritasde.com

Behavioral Health Providers and Facilities:

Karen Lysinger

Phone: 1-302-233-5700

Email: klysinger@amerihealthcaritasde.com

Hospitals:

Tiara Goodmond

Phone: 1-302-270-6750

Email: tgoodmond@amerihealthcaritasde.com

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

Deneka Smith

Phone: 1-302-286-5927

Email: dsmith3@amerihealthcaritasde.com

Physical Health Providers:

**United Medical, MedNet, Delaware Chiropractic
Services Network (DCSN),:**

Kristina Peden

Phone: 1-302-256-6254

Email: kpeden@amerihealthcaritasde.com

New Castle County Physician Groups:

Latasha Smith

Phone: 1-302-268-0424

Email: lsmith@amerihealthcaritasde.com

**Kent and Sussex County Physician Groups,
Dental (SkyGen) and Vision Providers (Avesis):**

Ashley McLaughlin

Phone: 1-302-286-5907

Email: amclaughlin@amerihealthcaritasde.com

Leadership:

Stephanie Miller

Phone: 1-302-270-6788

Email: smiller@amerihealthcaritasde.com



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