

# Provider Training

Long Term Services and Supports



Delivering the Next  
**Generation**  
of Health Care

# Overview

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- LTSS- Delaware
- Network Management
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AmeriHealth Caritas is part of the Independence Health Group in partnership with Blue Cross Blue Shield of Michigan. AmeriHealth Caritas is one of the nation's leaders in health care solutions for those most in need.

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### **Our mission:**

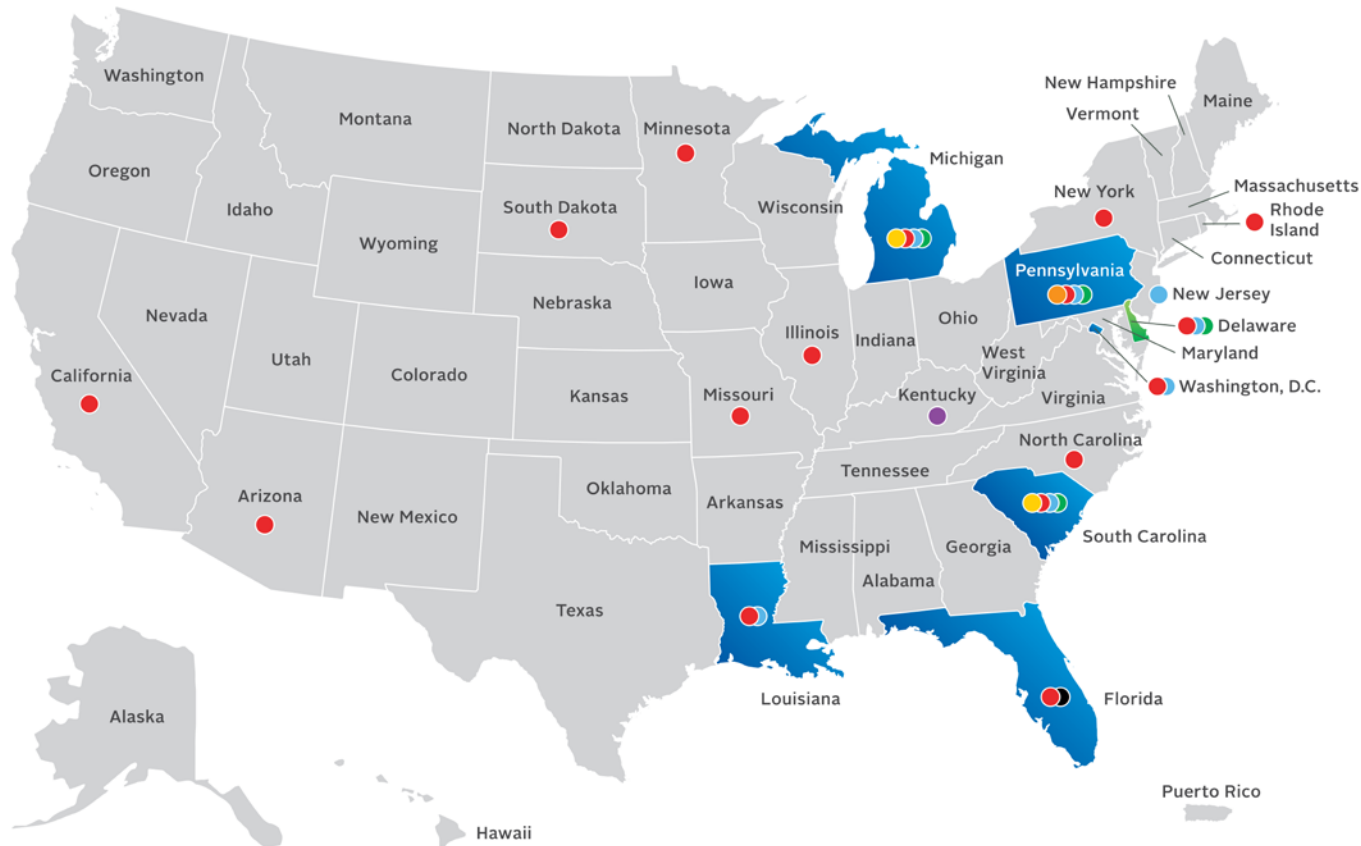
We help people get care, stay well, and build healthy communities.

### **Our vision:**

Leading America in health care solutions for the underserved.

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# Who we are



**Blue states** Existing AmeriHealth Caritas Medicaid health plan markets    **Green state** New AmeriHealth Caritas Medicaid health plan market in 2018\*

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

\*Delaware Health and Social Services (DHSS) announced intent to contract for go-live on January 1, 2018

# AmeriHealth Caritas Delaware Medicaid and Medical Assistance programs



The programs covered under AmeriHealth Caritas Delaware are:

**DSHP**-Medicaid or the Diamond State Health Plan - A program for individuals who receive temporary assistance for needy families (TANF), (including children who qualify for Title IV-E foster care and adoption assistance and pregnant women), individuals who receive SSI but are not eligible for Medicare, adults age 19 to 64 who are not eligible for Medicare with income levels up to 133% FPL, and children in DHCP.

**DHCP**- Children's Health Insurance Program (CHIP) or the Delaware Healthy Children Program-The State's CHIP program.

**DSHP PLUS**- Diamond State Health Plan PLUS-The program that provides services to SSI children and adults with Medicare, and individuals in the Medicaid for Workers with Disabilities (Medicaid Buy-in). Community well duals.

**DSHP PLUS LTSS** - Diamond State Health Plan Plus Long Term Services and Supports -The program that provides services, including long term services and supports.

# Long Term Services and Supports (LTSS) in Delaware



Effective January 1, 2018, AmeriHealth Caritas Delaware will manage care for members with chronic, complex, and complicated health care, social, and support services needs in a Nursing Facility or Home and Community-Based setting.

The Department of Health and Social Services (DHSS), Division of Medicaid & Medical Assistance (DMMA) determines initial and continued eligibility for Diamond State Health Plan (DSHP) Plus LTSS (long-term services and supports).

# 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.





AmeriHealth Caritas addresses the social needs of individuals by supplementing and supporting their individualized needs. The community settings include:

- **Assisted Living.**
- **Nursing Facility.**
- **Community Based.**



# Covered Services

The following services are covered through the AmeriHealth Caritas Delaware LTSS program. For a full description of services and limitations please refer to the LTSS section of the provider manual that can be found at [www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com).

- Adult day services.
- Attendant Care Services.
- Cognitive services.
- Chore Services.
- Community-based residential alternatives (Including assisted living facilities).
- Day habilitation.
- Home-delivered meals.
- Minor home modifications for members.
- Nutritional supplements for individuals diagnosed with HIV/AIDS that are not covered under the State Plan.
- Nursing Facility Services.
- Personal emergency response system.
- Self-directed attendant care services.
- Specialized medical equipment and supplies (not covered under the Medicaid State Plan).
- Respite care, both at home and in nursing and assisted living facilities.
- Transition services for those moving from a nursing facility to the community.
- Workshops for those moving from a nursing facility to the community.

# Long Term Services and Supports (LTSS) – 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 his/her needs, including the need for community-based or facility-based long-term services and supports.

All of the needs identified in the assessment are included in the members 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 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.

# Provider's Role in Care Planning

- 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.
- The Plan strongly encourages providers to participate in the Person-Centered Planning Team meetings.

# 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



# Long Term Care Ombudsman Program

The Long Term Care Ombudsman program is provided by the Delaware Health and Social Services (DHSS). The Ombudsman advocates for residents who live in long-term care facilities as well as those who live in other settings (such as their own homes) and receive home- and community-based services. The Ombudsman program investigates and resolves complaints on behalf of these individuals. Complaints can be made by residents, family members, or other concerned parties.

The Managed Care Ombudsman Program may be reached at **1-800-223-9074, TTY 1-302-391-3505** or by emailing [DelawareADRC@state.de.us](mailto:DelawareADRC@state.de.us).

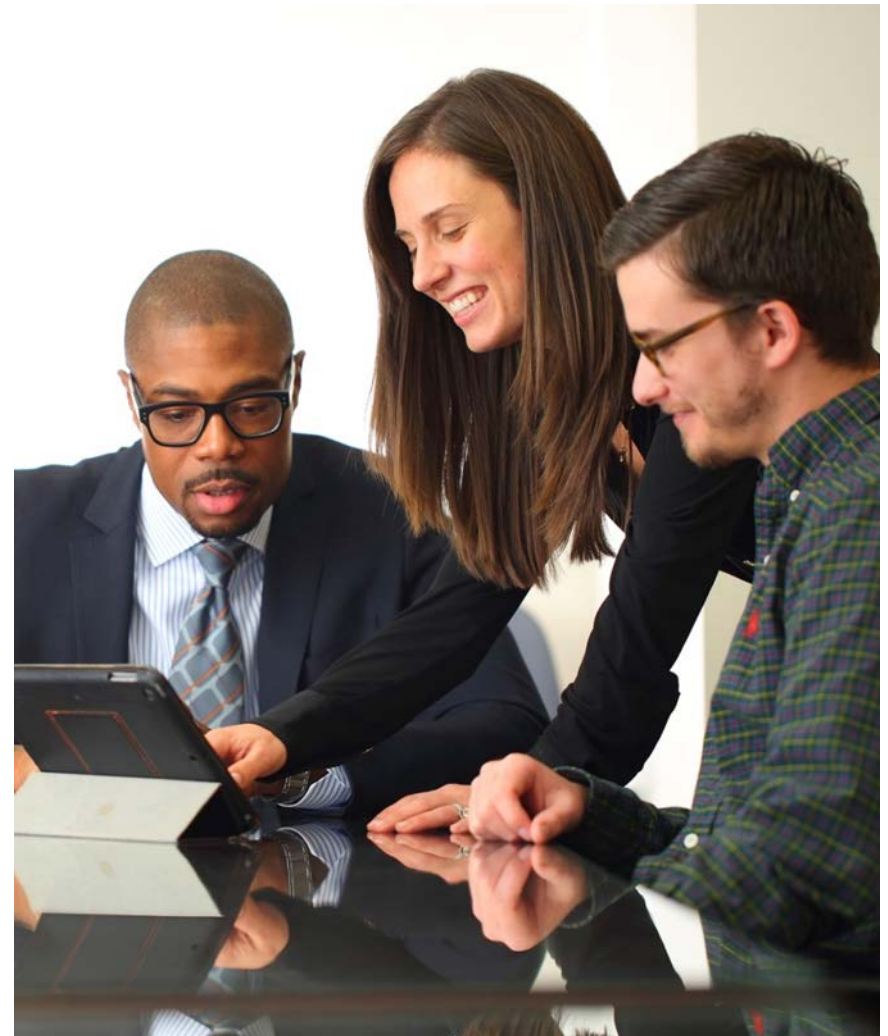
# Network Management – Dedicated Account Executive

When you join AmeriHealth Caritas Delaware, a local dedicated and knowledgeable staff member will assist you.

A Provider Network Account Executive is assigned to your practice and will routinely meet with you face-to-face. Local representation also includes a provider service call center and a local Medical Management team.

Your dedicated LTSS Account Executive is:

**William (Beau) Thompson**, Long-Term Services and Supports Providers for all of Delaware  
[WThompson@amerihealthcaritas.com](mailto:WThompson@amerihealthcaritas.com)  
302-233-8908





AmeriHealth Caritas is dedicated to supporting our participating providers and ensuring they have the information they need at their fingertips. We keep you informed through several communication methods:

- *Provider Manual.*
- *Network News.*
- *Provider newsletter.*
- *Provider-focused website section.*
- *Provider education.*

## Searchable online tools:

- *Online provider directory.*
- *Drug formularies.*

**Excellent provider communication and service is an organization-wide priority!**

In order to provide service to AmeriHealth Caritas Delaware members, providers must be enrolled in the Delaware Medical Assistance Program (DMAP), execute a Participating Provider agreement and complete credentialing process.

For contract information please contact:

Provider Network Management at **1-844-460-9578 (Before 1/1/2018)**, and Provider Services at **1-855-707-5818 (After 12/1/2017)**, or Email us at [providerrecruitmentdelaware@amerihealthcaritasde.com](mailto:providerrecruitmentdelaware@amerihealthcaritasde.com)

We'll need you to complete the following forms and send them along with your contract.

- Provider Data Intake Form
- Facility Data Form for Delaware Providers

LTSS providers must complete an LTSS Credentialing Application Form. When returning the completed form the following items should be included, if applicable:

1. LTSS Credentialing Application.
2. Current, unrestricted State License (if applicable).
3. Current State Certification/accreditation (if applicable).
4. State Bond (if applicable).
5. CV/Resume (if applicable).
6. Current Insurance liability policy (showing expiration and times).
7. Explanation of affirmative answers on the application.

You can also obtain an LTSS application by emailing your request to [CredentialingDE@amerihealthcaritas.com](mailto:CredentialingDE@amerihealthcaritas.com), or [www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com) and select “**Providers, Find a Form, Credentialing.**” You may also reach Credentialing by calling 1-866-423-1444.

# Verifying Eligibility

Prior to rendering services providers are responsible for verifying member eligibility. There are multiple ways to check member eligibility:

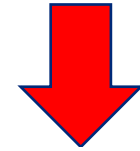
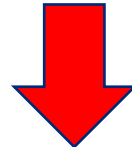
1. Go to the provider area of AmeriHealth Caritas Delaware's website, [www.amerhealthcaritasde.com](http://www.amerhealthcaritasde.com), select "**Resources, NaviNet, Provider Portal**", or at [www.navinet.net](http://www.navinet.net).


Note: More information or to sign up for NaviNet access go to [www.navinet.com](http://www.navinet.com) , or call NaviNet Customer Service at **1-888-482-8057**.

2. Contact AmeriHealth Caritas DE Provider Services at **1-855-707-5818**, and use the automated real time eligibility service by following the prompts for *Member Eligibility*.

3. Contact Delaware Medicaid Enterprise System (DMES) at <https://medicaid.dhss.delaware.gov/provider>.

# Member ID cards – LTSS






**LTSS**

Diamond State Health Plan-Plus

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



**LTSS**

www.amerhealthcaritasde.com

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<p><b>Always carry your AmeriHealth Caritas Delaware card.</b> You'll need it to get your benefits. Go to your AmeriHealth Caritas Delaware primary care provider (PCP) for medical care.</p> <p><b>Emergency room:</b> 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.</p> <p><b>Out-of-area care:</b> Report out-of-area care to AmeriHealth Caritas Delaware and your PCP within 48 hours.</p> <p><b>Mental health, drug, and alcohol services:</b> Call Member Services at 1-855-777-6617.</p> <p><b>24/7 Behavioral Health Crisis Services:</b> New Castle County: 1-800-652-2929 Kent/Sussex Counties: 1-800-345-6785</p> <p>AmeriHealth Caritas Delaware Claims Processing P.O. Box 80100, London, KY 40742-0100</p> <p><i>All other insurance payors must be billed before AmeriHealth Caritas Delaware, payor of last resort.</i></p>	<p>Member Services <b>1-855-777-6617</b></p> <p>TTY <b>1-855-362-5769</b></p> <hr/> <p>Provider Services and prior authorization <b>1-855-707-5818</b></p> <p>Report Medicaid fraud <b>1-866-833-9718</b></p> <p>To speak with a nurse anytime <b>1-844-897-5021</b></p> <p>Pharmacy Member Services <b>1-855-294-7048</b> or TTY <b>711</b></p> <p>Pharmacy RxBIN #<b>600428</b> Pharmacy RxPCN #<b>07710000</b> Pharmacy Provider Services: <b>1-888-987-6396</b></p>
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All claims submitted by LTSS practitioners must be billed on the CMS 1500 or via the electronic equivalent (EDI), or through the claim submission option in NaviNet.

LTSS Facility providers must bill on the UB-04, 834I, or via the claim submission option in NaviNet.

AmeriHealth Caritas Delaware participates with Change Healthcare (formerly Emdeon). As long as you have the ability to send EDI claims to Change Healthcare, whether through direct submission or through another clearinghouse/vendor, you may submit claims electronically.

If you are **not** set up for electronic submissions:

- Contact your practice management software vendor or EDI software vendor.
- Inform your vendor of AmeriHealth Caritas DE's EDI Payer ID# **77799**.
- You may also contact Change Healthcare at 1-877-363-3666 or visit [www.changehealthcare.com](http://www.changehealthcare.com) ([Opens in a new window](#)) for information on contracting for direct submission to Change Healthcare.
- **Note: AmeriHealth Caritas Delaware does not require Change Healthcare payer enrollment to submit EDI claims.**

# Paper Claim Submission

AmeriHealth Caritas Delaware accepts paper claims. However, Plan practitioners and providers are encouraged to bill electronically. Some of the benefits of billing electronically are, accurate and secure reimbursements, early detection of claims errors and faster claim and billing reconciliation.

**Paper Claims should be  
submitted to:**

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



# Claim Filing Deadlines

Type	Description & Deadline
Original Claim	Must be submitted to the Plan within 120 calendar days from the date services were rendered or compensable items were provided.
Rejected Claim	Is not registered in the claim processing system and can be resubmitted as a new claim. Corrected and resubmitted within 120 calendar days.
Denied	Denied Claims are those that were processed in the claims system. They may have a payment attached or may have been denied. A corrected claim may be submitted within 365 days of the original date of service to have the claim reprocessed.
Claims with EOB (TPL)	Must be submitted to the Plan within 120 days from the date of the third party's EOB.

*Please refer to the Claims filing Instructions for a full description at [www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com)*



# NaviNet –Claim Adjustment Inquiry

You may open a claims investigation via NaviNet with the claims adjustment inquiry function. Requests for adjustments may also be submitted by telephone to Provider Claims Services at **1-855-707-5818**. Claim types that are eligible to be submitted through the *Claim Inquiry Adjustment* option are:

- Updated Eligibility
- Updated/On File Authorization
- TPL /COB Changed
- Duplicate Payment Received
- Claim Underpaid
- Claim Overpaid

All requests are processed within 10 days.

*For more information please refer to the user guide on your NaviNet Plan Central page.*

# Best Practices for Corrected Claims

The corrected claims process begins when you receive an explanation of payment (EOP) from AmeriHealth Caritas Delaware detailing the claims processing results.

Providers using our NaviNet portal, can view their corrected claims. You may open a claims investigation via NaviNet with the claims adjustment inquiry function.

For directions on claims filing please refer to the Claims Filing Instructions at [www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com). Adhering to the claims filing best practices may reduce duplicate service denials and other unexpected processing results.

# Prior Authorization

For a complete list of services requiring prior authorization or notification, please refer to the “Utilization Management” section of the *Provider Manual*.

All LTSS services should be requested through the LTSS case managers.

All unlisted and miscellaneous codes

- All HCBS Habilitation program services
- All services not listed on the AmeriHealth Caritas Delaware Fee Schedule

Utilization Management’s hours of operation are 8:00 a.m. to 5:00 p.m. EST, Monday through Friday. The LTSS UM departments can be reached at:

**UM Prior Authorization-1-855-396-5770**

**UM Prior Authorization Fax -1-866-497-1384**

For prior authorizations after hours, weekends and holidays, call Member Services at **1-855-349-6281**.

# Continuity of Care

All new members (either as a new DSHP, DSHP Plus or DSHP Plus LTSS member transferring from another MCO) are assessed to identify needed services and are provided Medically Necessary Covered Services in a timely manner. We will implement a continuity of care transition plan to provide continuity of care for new members.

For the guidelines on continuity of care please refer to the LTSS section of the provider manual or call Provider Services at **1-855-707-5818**.



Providers may reach the Peer-to-Peer telephone line by following the prompts at **1-855-396-5770** to discuss a medical determination with a physician in the AmeriHealth Caritas Delaware Medical Management department. Providers must call within two business days of notification of the determination, or within two business days of the member's discharge from an inpatient facility.

A provider may request the reversal of a medical denial by submitting a written appeal on behalf of a member. For more information on how to submit an appeal, please visit [www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com).

# Provider Complaints About Claims

If a claim or a portion of a claim is denied for any reason or underpaid, the provider may file a complaint about the claim within 365 days from the date of service. A telephone inquiry regarding payment or denial of a claim does not constitute a complaint of the claim.

Provider Complaints must be submitted in writing using the Provider Complaint form, along with supporting documentation to:

AmeriHealth Caritas Delaware

Attn: Provider Complaints

P. O. Box P.O. Box 80101

London, KY 40742-0101

# Member Grievance



Providers should direct members who have a concern or question regarding the health care services he/she has received under AmeriHealth Caritas Delaware, he/she should contact Member Services at the toll-free number on the back of the member ID card.

## ***To file a grievance:***

### ***Call:***

AmeriHealth Caritas  
Diamond State Health Plans Member Services: 1-844-211-0966  
1-855-349-6281; TTY

AmeriHealth Caritas  
Diamond State Health Plan Plus Member Services: 1-855-777-6617  
1-855-362-5769; TTY

### **Write To:**

AmeriHealth Caritas Delaware  
Attn: Complaints and Grievances  
PO Box 80102  
London, KY 40742-0102

**Member Services Hours of Operation: 24  
hours per day, 7 days per week.**

# Standard Appeal (Member)



AmeriHealth Caritas Delaware reviews decisions about the member's care. The member must file an appeal within 60 calendar days from the Notice of Adverse Benefit Determination.

**To file an appeal**, the member or authorized representative may:

**Write To:**

AmeriHealth Caritas Delaware  
Attn: Member Appeals Coordinator  
Member Appeal Department  
PO Box 80105  
London, KY 40742-0105

**Telephone To:**

DSHP Member Services: 1-855-349-6281; TTY: 1-855-349-6281

DSHP Plus Member Services 1-855-362-5769; TTY: 1-855-362-5769

Member Services Hours of Operation: 24 hours per day, 7 days per week.

Provider Appeals (on behalf of a member and with written consent): call 1-855-396-5770 and follow the prompts.



# Culturally and Linguistically Appropriate Services



AmeriHealth Caritas Delaware offers language services to facilitate better communication between members and their doctors.

## Translation

AmeriHealth Caritas Delaware translates all of its materials into almost any language for its members. Commonly used materials are automatically translated into Spanish and Vietnamese. Other materials are translated upon request. Translations can be done in most languages.

## Interpretation

AmeriHealth Caritas Delaware provides telephonic interpretation services, free of charge, to any AmeriHealth Caritas Delaware member through Language Access Services associates.

Healthcare providers unable to arrange interpretation services for an LEP or sensory impaired member should contact Member services at

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

# Report Abuse and Critical Incidents



AmeriHealth Caritas Delaware monitors the quality and appropriateness of care provided to its members by hospitals, clinics, physicians, home health care agencies and other providers of services.

For all LTSS Plan members, Case Managers will review abuse, neglect, and exploitation identification materials upon intake and at each face-to-face interaction.

As part of its Critical Incident reporting protocols, AmeriHealth Caritas Delaware shares reportable information with State and regulatory agencies.

*For more information please refer to the Provider Manual.*

## *Fraud Waste & Abuse*

AmeriHealth Caritas Delaware has a team that works hard to identify and prevent fraud, waste, and abuse. But we still need your help in reporting suspected fraud, waste and abuse.

If you, or any entity with which you contract to provide health care services on behalf of AmeriHealth Caritas Delaware beneficiaries, become concerned about or identifies potential fraud, waste or abuse, please contact AmeriHealth Caritas Delaware by:

Calling the toll-free Fraud Waste and Abuse Hotline at 1-866-833-9718.

Emailing to [fraudtip@amerihealthcaritas.com](mailto:fraudtip@amerihealthcaritas.com); or

Mailing a written statement to:

Special Investigations Unit

AmeriHealth Caritas Delaware

200 Stevens Drive

Philadelphia, PA 19113



**Remember**

**You can anonymously report fraud, waste, or  
abuse by calling  
the Fraud Tip Hotline**

# Contact & 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).

# Questions



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

