AmeriHealth Caritas
Delaware

CONNECTIONS

A Provider's Link to AmeriHealth Caritas Delaware

Summer 2024

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Balance Billing Members

AmeriHealth Delaware members should not be balance billed by any participating provider. AmeriHealth Caritas Delaware continues to receive numerous complaints from our members who have been inappropriately balance billed for services rendered by a participating provider. As a reminder, please reference the language below from the AmeriHealth Caritas Delaware Provider Manual — Section IX: Claims Submission Protocols and Standards.

No 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.

Transitions of Care

This program coordinates services for adult and pediatric members with transitions of care needs. Program staff includes care managers who are licensed registered nurses (RN) or licensed mental health professionals. Program staff supports members by providing resolution for issues relating to access, care coordination, and follow-up care with the provider after discharge. Program staff also provide member-centered plan-of-care support by performing comprehensive member assessments, addressing member goals, and setting priorities. Program staff will monitor a member's condition(s) for a short-term period of time. If program staff feel the member's condition requires long-term/complex care, a referral will be made to program staff in Complex Care Management.

Complex Care Management (CCM)

This program serves members identified as needing comprehensive and disease-specific assessments and reassessments, along with the development of member-centered prioritized goals that are incorporated into the member-centered plan of care, developed in collaboration with the member, the caregiver(s) and the member's primary care provider (PCP) and supporting service providers when applicable with appropriate consents. Program staff includes care managers who are licensed RNs or licensed mental health professionals.

Members in the CCM program are screened for the following as part of standard protocol:

- All members receive a comprehensive initial assessment that meets NCQA requirements.
- Adult members ages 18 years and older and adolescents ages 11 through 17 receive a depression screening to assess for symptoms of depression. Based on the results, the member receives education about depression and is offered a referral to the appropriate behavioral health services

  Subsequent reassessments are performed for any item that screens positive in the initial assessment.

"Let Us Know" Program

Providers are encouraged to refer members to Integrated Health Care Management (IHCM) as needs arise or are identified through our "Let Us Know" program. If you recognize a member with a special, chronic, or complex health condition who may need the support of one of our programs, contact the Rapid Response Outreach Team at **1-844-623-7090**. Providers can also complete a "Let Us Know" intervention form and fax it to our Rapid Response Outreach Team for members who have missed appointments, need

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Transitions of Care (continued)

transportation services, or need further education on their treatment plan or chronic condition. This form can be downloaded from our website at www.amerihealthcaritasde.com.

Members are also referred to the IHCM program through internal plan processes. Identified issues and diagnoses that result in a referral to the IHCM program may include:

- Multiple diagnoses (three or more actual or potential major diagnoses).
- Risk score indicating over- or under-utilization of care and services.
- Pediatric members requiring assistance (EPSDT) and/or Individuals with Disabilities Education Act (IDEA) services.
- Pediatric members in foster care or receiving adoption assistance.
- Infants receiving care in the NICU.
- Members with dual medical and behavioral health needs.
- Members with substance use disorder-related conditions.
- Members who are developmentally or cognitively challenged.
- Members with a special health care need.
- Member with polypharmacy use.
- Pregnant members.
- Members in need of long-term services and supports to avoid hospital or institutional admission.

Care Coordination with the PCP

AmeriHealth Caritas Delaware recognizes that the PCP is the cornerstone of the member's care coordination and delivery system. Our care management staff contacts each PCP during a member's initial enrollment into the chronic care management program, as part of a comprehensive assessment and member-centered plan of care development process. Program staff creates a member-centered plan of care. Program staff complement the PCPs recommendations in developing an enhanced and holistic plan of care specific to the members' needs. The care manager remains in close communication with the PCP during the implementation of the plan of care, should issues or new concerns arise.

Care Coordination with Other Providers

Program staff also contacts the member's providers, such as behavioral health providers, to determine the best process to support the member. This process eliminates redundancies and supports efficiencies for both programs. Program staff may also engage other providers in developing the member-centered plan of care. As the member is reassessed, a copy of the care plan goals are supplied to the provider and the member.

Integrating Behavioral and Physical Health Care

Members with behavioral health and substance use disorders often experience physical health conditions that complicate the treatment and diagnosis of behavioral and physical health conditions. AmeriHealth Caritas Delaware understands that coordination of care for these members is imperative. To meet this need, AmeriHealth Caritas Delaware has an integrated Medical Management department. Under this collaboration, the plan's integrated platform coordinates member care across the physical and behavioral health and social service areas.

Plan staff will work with the appropriate primary care and behavioral health providers to develop anintegrated plan of care for members in need of physical and behavioral health care coordination. Care Managers will also assure that communication between the two disciplines, providers and organizations, occurs routinely for all members with physical and behavioral health issues. Care Managers will also work to coordinate with substance use disorder providers and community resources with the appropriate member consent as needed. Care Managers will proactively and regularly follow-up on required physical and behavioral health services, joint treatment planning and provider-to-provider communication to ensure that member needs are continuously reviewed, assessed and updated.

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Member-Centered Plan of Care

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

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

AmeriHealth Caritas Delaware also utilizes Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines in the development of treatment plans for members under age 21. AmeriHealth Caritas Delaware works with practitioners to coordinate care with other treatment services provided by state agencies.

Through AmeriHealth Caritas Delaware's Integrated Health Care Management program, the member is assisted in accessing any support needed to maintain the plan of care. The plan and the PCP are expected to ensure that members and their families (as clinically appropriate) are fully informed of all covered and non-covered treatment options as well as the recommended options, their expected effects, and any risks or side effects of each option. In order to make treatment decisions and give informed consent, available treatment for members will include the option to refuse treatment and shall include all treatments that are medically available, regardless of whether AmeriHealth Caritas Delaware provides coverage for those treatments.

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

Coordinating Care Through Transitions and Discharge Planning

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

- Changes in care settings, such as from hospital to home or hospital to rehab;
- Changes in health status due to a new chronic, sometimes life-threatening condition;

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Transitions of Care (continued)

- Temporary or permanent changes in the fulcrum of care when a patient must change from a PCP to a specialist due to a surgical need or exacerbated by a chronic condition;
- Changes in a living situation for more independence or the need for greater support; or,
- Caregiver and family changes.

During inpatient transitions, members are supported through the IHCM program. Members receive, at minimum, three outreach calls starting within 24 – 48 business hours of discharge. These calls are strategically placed to ensure the member has appropriate resources and has follow-up appointments scheduled and kept with their provider.

IDEA and Care Coordination for Children with Special Health Care Needs

The Individuals with Disabilities Education Act (IDEA), a federal law passed in 1975 and reauthorized in 1990, mandates that all children receive a free, public education regardless of the level or severity of their disability. IDEA provides funds for states to provide a public education to students with disabilities.

Children ages three to 21 who have been assessed as needing special education services because of a disabling condition are eligible for the program. Through the program, comprehensive evaluations are performed by a multidisciplinary professional team and shared with the parent, PCP, teachers, and other stakeholders who are involved with the child's learning.

AmeriHealth Caritas Delaware is invoved as a participant in the coordination of wrap-around services needed to support the child's educational process. The Plan notifies the PCP when a child receiving IDEA services is identified. However, because school health personnel do not necessarily know AmeriHealth Caritas Delaware as the child's insurance carrier, the plan is often placed in a position of not being aware of the children or their needs. Therefore, AmeriHealth Caritas Delaware also relies on the practitioner to inform the Plan of children who are receiving special education services. The plan's Care Connectors work with the practitioner to obtain services that are needed to support the educational process.

IDEA, Part B, explains eligibility criteria and services under the IDEA program that support an appropriate, free public education. Practitioners are advised to contact AmeriHealth Caritas Delaware's Rapid Response and Outreach team for assistance in obtaining support services for children receiving IDEA educational services.

IDEA, Part C, explains services for children from birth to three years who either have or are "at risk" for a developmental, educational, behavioral, or physical delay. These children are likely not receiving special education services. Delaware's Child Development Watch (CDW) program and AmeriHealth Caritas Delaware monitor the progress of children who are eligible for IDEA Part C. Plan practitioners are asked to report any child they perceive may be eligible for services under this program.

AmeriHealth Caritas Delaware Care Connectors assist the member/caregiver to speak with the early intervention programs and school professionals who will direct the member to work with practitioners to obtain evaluative services for any child who has screened positive for potentially needing IDEA services. Practitioners are expected to contact the Plan's Rapid Response and Outreach team at **1-844-623-7090** to support coordination of services for children who are eligible or who have been identified as eligible for the IDEA education program.

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Transitions of Care (continued)

Identifying Children with Special Health Care Needs

PCPs are required to use a valid and standardized developmental tool to screen for child-development delays during well-child visits or episodic care visits (stand-alone visits qualify as episodic visits). If a child is identified as having a delay that is significantly different than an expected variation, within the norm of age-appropriate development, the PCP is required to refer the child for a comprehensive developmental evaluation.

As a reminder, practitioners are expected to contact the plan's Rapid Response team at **1-844-623-7090** to support coordination of services for children who may be eligible or who have been identified as eligible for the IDEA education program.

Once the need for evaluation is established, an appointment must be sought as soon as possible to meet federal guidelines on the timing of referral, evaluation, treatment planning, and the initiation of rehabilitative service for children identified as having special needs.

Once the evaluation is completed, a multidisciplinary case meeting will be arranged, as appropriate, to discuss the findings and treatment recommendations. Upon the recommendations, the care connector and/or care manager will help to arrange services consistent with the treatment plan and as covered by AmeriHealth Caritas Delaware. For recommended services not covered by the plan, the care connector will assist in locating services and assisting in coordination as needed.

After the initiation of recommended services, the provider and care manager should receive progress updates periodically. The care manager will work to assist the PCP with receiving regular progress updates. Progress monitoring continues until the child has demonstrated substantial progress and is released from the program.

Examples of children who may require a referral include:

- Children diagnosed with hyperactivity, attention deficit disorders, autism spectrum disorder, severe attachment disorders, or other behavioral health disorders.

- Children with delayed or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration.
- Children with persistent failure to initiate or respond to most social interactions.
- Children with fearfulness or other distress who do not respond to comforting by caregivers.
- Children with indiscriminate sociability, for example, excessive familiarity with relative strangers, or self-injurious or other aggressive behavior.
- Children who have experienced substantiated physical/emotional abuse or sexual abuse, or other
- Environmental situations that raise concern regarding the children's emotional being.

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Transitions of Care (continued)

Examples of clinical conditions or environmental situations that warrant referral for evaluation:

Clinical conditions:

- Chromosomal Abnormality or Genetic Disorder
- Metabolic disorder
- Infectious disease
- Neurological disease
- Congenital Malformation
- Sensory disorder (vision and hearing)
- Toxic exposure
- ATOD (alcohol, tobacco, and other drugs)
- Exposure to HIV

Neonatal conditions:

- Birth weight — Infant's birth weight less than 2,000 grams.
- Premature birth — Gestational age less than or equal to 34 weeks.
- Respiratory distress — Infant experienced respiratory distress requiring mechanical ventilation for more than six hours.
- Asphyxia — Infant experienced asphyxia using APGAR score as an indicator.
- Hypoglycemia — Newborn has a serum glucose level less than 25 mg/dl.
- Hyperbilirubinemia — Newborn has had a bilirubin blood level of greater than 20 mg/dl.
- Intracranial hemorrhage — Newborn or infant has had a subdural, subarachnoid, intraparenchymal or intraventricular hemorrhage (grade II-IV).
- Neonatal seizures — Newborn or infant has had neonatal seizures.
- Major congenital abnormalities — Various genetic dysmorphic or metabolic disorders, including anatomic malfunctions involving the head or neck (e.g., atypical appearance, including syndromal and non-syndromal abnormalities, overt or submucous cleft palate, morphological abnormalities of the pinna), spina bifida, congenital heart defects.
- Central Nervous System (CNS) Infection or Trauma — Bacterial or viral infection of the brain, such as encephalitis or meningitis, or clinical evidence of central nervous system abnormality, abnormal muscle tone (persistent hypertonia or hypotonia), multiple apneic episodes inappropriate for gestational age, or inability to feed orally in a full-term infant or sustained in a premature infant.
- Congenital Acquired Infection — Congenital or prenatal acquired infection (i.e., cytomegalovirus, rubella, herpes, toxoplasmosis, HIV, syphilis).

Post-neonatal conditions:

- Suspected visual impairment — Infant is not able to make eye contact or to track visually after the first few weeks of life.
- Suspected hearing impairment — Infant fails newborn hearing screen, presents with unresolved otitis media, or presents with physical abnormality of the ear or oral-facial anomalies.

Newborn situations:

- Detailed pregnancy, labor, delivery, and infant hospital stay history.
- Delayed first well-care visit and/or delayed first immunization visit.
- Frequently missed well-care visits within the first year of life.
- Expression of parental concern.
- Suspicion of abuse/neglect.

Childhood situations:

- Frequently missed well-care visits.
- Expression of parental concern.

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Transitions of Care (continued)

- Screening failure demonstrated on administration of developmental assessment tool. (Ages and Stages is recommended, however practitioners may use Denver Developmental Tool.)
- Physical and/or laboratory results findings (example lead result >10 ng/dl).
- Inappropriate adaptation to school environment; schoolteacher or counselor expresses concerns about child's ability to adapt to school environment or learning.
- Report/suspicion of abuse/neglect.

Adolescence situations:

- Expression of concern from child, parent, or school authority.
- Behavioral risk assessment indication.
- Failing grades or difficulty learning.
- Demonstration of behavior significantly different from the usual norm.
- Report suspicion of abuse/neglect.

Providers are encouraged to refer for evaluation when any of these conditions and/or situations, or other conditions and/or situations are present, or when the concern varies from what is expected at the member's age or stage of development. If the provider detects a minor variation, the provider may use discretion in the timing of the referral. If the provider perceives that the area of concern may be due to a normal variation in development, the provider may choose to have the child return within a specified timeframe and readminister the screening tool. However, when choosing to readminister the screening, providers should consider factors that may impact the child's return to the office:

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

Provider Credentialing Rights

Are you awaiting credentialing? Health care providers who have submitted a credentialing or recredentialing application to AmeriHealth Caritas Delaware have the right to:

- Review the information submitted to support their credentialing application, except for recommendations and peer-protected information obtained by the plan.
- Correct erroneous information. When information is obtained by the Credentialing department that varies substantially from the information the provider gave, the Credentialing department will notify the provider to correct the discrepancy. Corrections must be made within 10 business days of notification and can be submitted via fax to **1-215-863-6369** or mailed to:
  AmeriHealth Caritas Delaware
  Attn: Credentialing Department
  220 Continental Drive, Suite 300
  Newark, DE 19713
- Be informed, upon request, of the status of their credentialing or recredentialing application. The Credentialing department will share all information with the provider with the exception of references, recommendations, or protected peer-review information (e.g., information received from the National Practitioner Data Bank). Requests can be made via phone, email, or in writing. The Credentialing department will respond to all requests within 24 business hours of receipt. Responses will be via email or phone call to the provider.
- Be notified of a Credentialing Committee or Medical Director review decision, within 30 calendar days for PCPs and within 45 calendar days for specialty providers, of receipt of a clean and complete application. Providers may appeal any initial or recredentialing denial within 30 calendar days of receiving written notification of the decision.

To request any of this information, providers should contact AmeriHealth Caritas Delaware Credentialing department at **1-866-423-1444**.

Understanding Patient Hesitancy to Annual Pelvic Exams and Cervical Cancer Screenings.

What leads to patient hesitancy?

Pelvic examinations are an integral part of women's health, and a commonly performed procedure in gynecology. In recent years, there has been a decline in the number of patients with a cervix getting screened for cervical cancer and some are less likely to get screened than others. The reason for this hesitancy can vary from patient to patient and creates a challenge for providers addressing preventative care. From a patient perspective, pelvic exams can be seen as embarrassing, anxiety producing, and uncomfortable.

Personal concerns with Cervical Cancer Screening?

Conversations with patients surrounding Cervical Cancer Screening and personal care are often challenging. Discussions on Cervical Cancer Screenings should include patient knowledge and fears, language preference, cultural understanding, and other hesitancies and stigmas associated with pelvic exams. Research review shows patients reporting experience with the provider and prior experience with the health care system as a major contributor to determining cervical cancer screening. Other barriers may include:

- Incorrect or incomplete understanding of cervical cancer and cervical cancer screening[4,5]
- Discomfort from procedure[4,5]
- Fear of results[4,5]
- Sensitivity of subject prevented discussion as it relates to sexuality and sexual health, and possible associated stigma[5,5]
- Availability of provider of preferred gender, culture, or language[4,5,6]
- Time consuming. Long waits for a short procedure or other priorities impact perception of cervical cancer screening needs[4,5]

Members aged 21 - 64 are eligible for a $25 incentive for cervical cancer screening. One every three years (Incentive distributed based on receipt of claim).

The Delaware Department of Public Health recommends all women aged 21 and older have a pelvic exam annually and women aged 21-65 have cervical cancer screening with either a PAP test every three years or PAP test with HPV co-testing every five years (women aged 30-65 only). Women who received the HPV vaccination should still be screened.

AmeriHealth Caritas Delaware encourages PCPs and other health care providers to discuss Cervical Cancer Screening with their patients with a cervix. This discussion can be included as part of the annual wellness visit and/or follow-up visits as a gap in care.

[1] Increase the proportion of females who get screened for cervical cancer - C-09. Increase the proportion of females who get screened for cervical cancer - C-09 - Healthy People 2030. (n.d.). Retrieved July 26, 2024, from **https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-females-who-get-screened-cervical-cancer-c-09**.

[2]Yanikkerem E, Ozdemir M, Bingol H, Tatar A, Karadeniz G. Women's attitudes and expectations regarding gynaecological examination. Midwifery. 2009 Oct;25(5):500-8. doi: 10.1016/j.midw.2007.08.006. Epub 2007 Dec 20. PMID: 18086509; PMCID: PMC2801597.

[3]Akinlotan M, Bolin JN, Helduser J, Ojinnaka C, Lichorad A, McClellan D. Cervical Cancer Screening Barriers and Risk Factor Knowledge Among Uninsured Women. J Community Health. 2017 Aug;42(4):770-778. doi: 10.1007/s10900-017-0316-9. PMID: 28155005; PMCID: PMC5494033.

[4]Marlow LAV, Waller J, Wardle J. Barriers to cervical cancer screening among ethnic minority women: a qualitative study. Journal of Family Planning and Reproductive Health Care 2015; 41:248-254.

[5]Shin HY, Song SY, Jun JK, Kim KY, Kang P (2021) Barriers and strategies for cervical cancer screening: What do female university students know and want? PLoS ONE 16(10): e0257529. **https://doi.org/10.1371/journal.pone.0257529.**

[1]Delaware Cancer Consortium, Delaware Health and Social Services. (n.d.). Retrieved February 20, 2023, from **https://www.healthydelaware.org/Individuals/Cancer/Cervical/Screening-Prevention.**

Member Rights and Responsibilities

AmeriHealth Caritas Delaware is committed to treating our member with dignity and respect. AmeriHealth Caritas Delaware, its network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members also have specific rights and responsibilities. The complete list is available on our website at www.amerihealthcaritasde.com. Go to the provider homepage, select **Resources,** and you'll find the link to **Member Rights and Responsibilities** under **Member Care**.

New Solution for Online Prior Authorizations.

AmeriHealth Caritas Delaware has partnered with NantHealth | NaviNet to bring you, **Medical Authorizations**, a robust, intuitive, and streamlined online authorizations workflow.

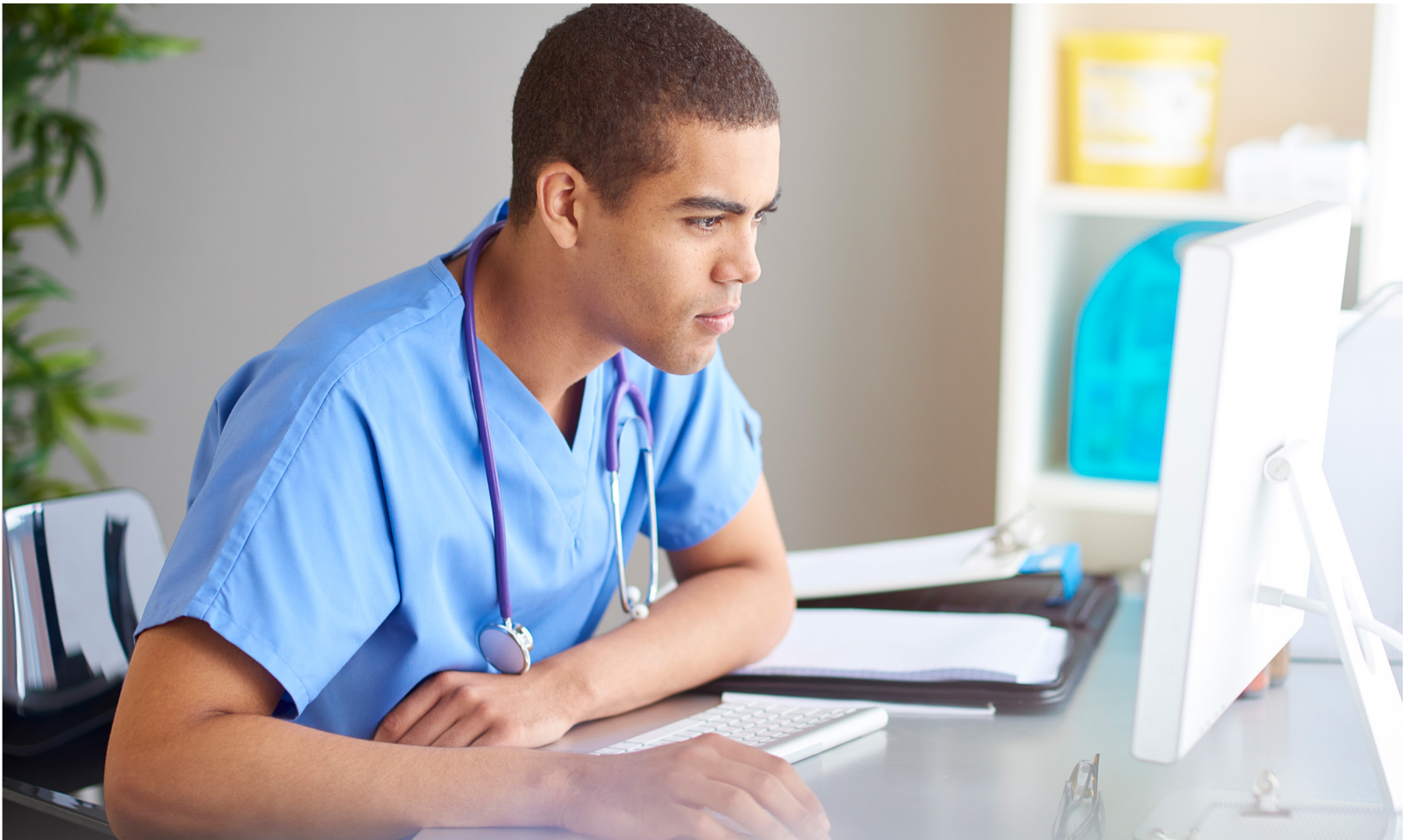
In addition to submitting and inquiring on existing Authorizations, you will also be able to:

- 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**
- Submit inpatient concurrent reviews online if you have Health Information Exchange (HIE) capabilities. (Fax is no longer required.)
- Review inpatient admission notifications and provide supporting clinical documentation

Want to learn more about Medical Authorizations? **Video tutorials** and **step-by-step instructions** will be available via the NaviNet Plan Central page and 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.



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 completing enrollment.

What Does a Medicaid Identifier (MCD ID) Mean?

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

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

Example: If you have three 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 from the notice date to complete the application.
- Failure to timely fulfill this requirement will result in termination.

For questions you can contact Gainwell by calling **1-800-999-3371**, **select option 0, then option 4**, or by emailing **delawarepret@gainwelltechnologies.com**.

Culturally and Linguistically Appropriate Services (CLAS) Education

AmeriHealth Caritas Delaware launched a campaign focused on the impact of language access services on patient satisfaction, quality, and care outcomes.

Objectives

- Describe the importance of interpretation and translation services.
- Establish 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 using translation services.
- Provide useful tips and considerations for providers.

Provider Complaint System

A provider may file a written complaint no later than 12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claims' submission, whichever is later. Any complaint that is not related to claims payment (Administrative Complaints) must be submitted in writing no later than 45 days from the date of the occurrence.

The Provider Complaint System can be found in the AmeriHealth Caritas Delaware Provider Manual on pages 59 and 60. **https://www.amerihealthcaritasde.com/assets/pdf/provider/provider-manual.pdf**

Medical Record Reviews

- Compliance with AmeriHealth Caritas Delaware 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 Medical Records Review standards.
  - Practitioners who do not achieve a score of 90% will have a re-audit within 120 days of the initial review to ensure that the deficiencies are corrected.
- AmeriHealth Caritas Delaware's Medical Record Standards and Guidelines are available to practitioners in the Provider Manual, which is available on AmeriHealth Caritas Delaware's website and includes guidelines pertaining to medical records content, organization, and ease of retrieving medical records.
- The timing of the medical record review audit overlaps with AmeriHealth Caritas Delaware'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

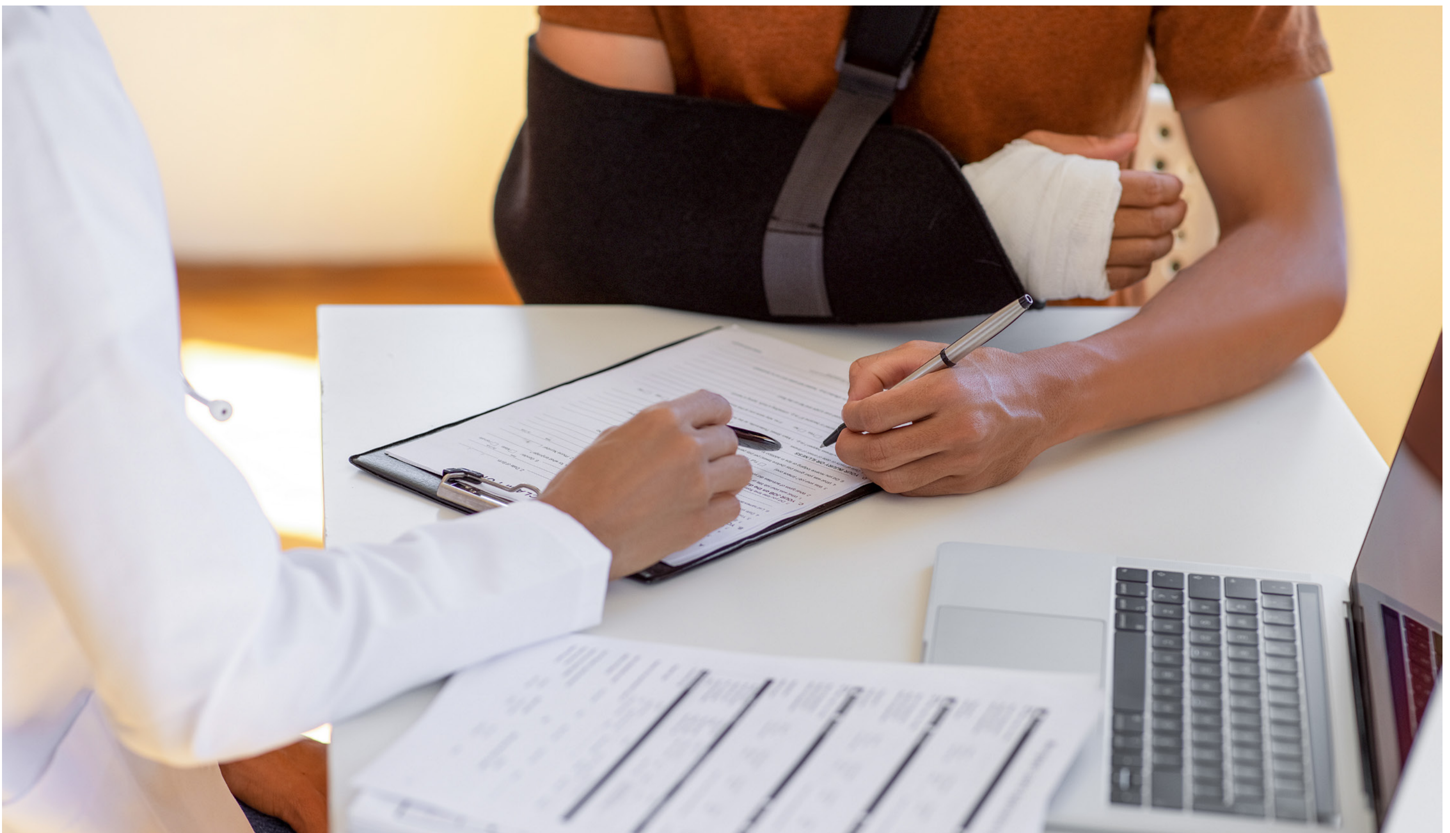
A critical incident includes, but is not limited to, the following:

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

Critical incidents should be reported to the AmeriHealth Caritas Delaware'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.



Rapid Response Outreach Team

What Is the Rapid Response and Outreach Team?

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

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

What We Do

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

Specialized services include helping members with:

- 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 who were 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.
  - Fax the Member Intervention Request Form to **1-855-806-6242**.
- Refer a member to the Complex Case Management program:
  - Voluntary program to support your plan of care for members with chronic disease and educate on prevention and adherence to the treatment plan.

Provider Wellness Program

AmeriHealth Caritas Delaware offers virtual and/or in-person Wellness Programs designed to prevent disease or injury, improve health outcomes, enhance well-being, reduce health disparities, or enhance quality of life.

https://www.amerihealthcaritasde.com/assets/pdf/provider/provider-wellness-programs.pdf

The Medical Minute : Stay informed, Stay healthy.

Welcome to the Medical Minute, where we bring you quick informative snippets to keep you up to date of the latest in health and wellness. Stay tuned for valuable insights and tips to help you live your healthiest life.

Healthy Heart Ambassador Blood Pressure Self-Monitoring Program

AmeriHealth Caritas Delaware is collaborating with Delaware's Division of Public Health to promote the Healthy Heart Ambassador blood pressure (BP) self-monitoring program. This four-month program includes biweekly sessions with an AmeriHealth Caritas Delaware coach, four nutritional education sessions, and three healthy cooking demonstrations.

In this exciting no-cost program from the Delaware Division of Public Health, trained health coaches teach simple, yet proven, ways for patients to:

- Manage and understand BP.
- Measure and track their BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity.

Your patients will receive (at no cost):

- A BP monitor (if needed) and training on how to measure and track BP at home.
- Virtual one-on-one support from specially trained facilitators and virtual learning sessions over a four-month period.
- Cooking demonstrations and nutritional education that will build confidence to buy, prepare, and cook affordable, delicious heart-healthy meals.
- Support to help your patients make real changes for heart health.

Participation requirements:

- 18 years of age or older.
- High BP diagnosis or prescribed a medication for high BP.
- No cardiac events in the last year.
- No atrial fibrillation or other arrhythmias.
- No lymphedema or risk for lymphedema.

Program referrals: You can refer patients to this program via a direct referral by calling **1-302-208-9097**, using the patient portal, text messaging, or getting a referral letter.

For more information visit **www.healthydelaware.org/individuals/heart/healthy-heart-ambassador-program**.

Members who complete a blood pressure screening with a result of 140/90 or lower are eligible for a $25 incentive. One per year. (Incentive distributed based on receipt of claim with CPT II code.)

Doula Services

AmeriHealth Caritas Delaware is pleased to present a new Medicaid benefit for Doula services effective January 1, 2024. Doulas are nonmedical birth companions that offer support and assistance to members during labor and delivery. They also provide emotional and physical support. Doulas help women feel less anxious about the birth process and breastfeeding, and therefore are more confident about what their bodies can do.

As your community partner, we know how effective Doulas can be when it comes to improving maternal and infant health disparities. We are looking for the opportunity to partner with eligible doulas along with our current provider network of hospitals, OB-GYNs, and PCPs.

Doula Requirements to enroll as Medicaid Provider

Initial Certification: New Doulas (Delaware Certification Board)

REQUIRED for new doulas:

- A minimum of 16 hours of birth and labor doula education which includes: Lactation support, Childbirth education, Nonmedical comfort measures, prenatal support, labor support techniques, and postpartum support.
- Education is defined as formal, structured instruction including workshops, training, seminars, in-services, and online education.
- Education may be obtained through any organization and may be obtained through multiple sources.
- There is no time limit on when the education/training was received.
- All education/training must be documented.
- Attendance at a minimum of three births
  - Must include a minimum of one birth as a primary doula providing labor support to client
- Documentation of current CPR certification; certificate(s) must include competencies for adults and infants.
- HIPAA documentation
- Criminal background check
- Liability insurance

New Doulas and Legacy Period (Delaware Certification Board)

RECERTIFICATION

- Every three years 20 hours of relevant education and one birth must be documented.
- Online and in-person education is acceptable.

ATTESTATIONS

- Attest to being a childbirth doula.
- Attest to obtaining the credential for Medicaid reimbursement only.
- Attest to understanding the credential is not a certification of education or verification of education.

MISCELLANEOUS

- Must live or work in Delaware
- Must sign a Code of Ethics
- Demographic collection (Optional)

Background Requirements

- Doulas are required to complete a fingerprint background check.
- The background check will be conducted via the UEnroll website utilizing the Service Codes for fingerprinting at an IdentoGO location or submitting cards via mail.
  - ✓ Doulas will request a Personal Criminal History Report (Service Code: 27RVGT) and route the results to the DE Certification Board
  - ✓ Fingerprint Locations: The State Bureau of Identification will be scheduling fingerprint appointments at nine locations. Hours of operation at Delaware State Police sites and partner sites can be found on the provided link. Most partner sites offer extended hours, including weekend hours. We offer services in the following areas: Wilmington, Newark (x2), Middletown, Dover (x2), Milford, Georgetown, and Seaford.

Doula Services (continued)

Benefit Details

- Doula services to be provided to Delaware Medicaid members:
  - Minimum of one prenatal visit
  - Max of three prenatal visits
  - Max of three postpartum visits
  - 90 minutes per visit (home or virtual)
  - Labor/birth attendance
- Max of three postpartum visits may be provided following the loss of a pregnancy; however, one prenatal doula visit must have been conducted to qualify for postpartum doula visits.

Reimbursement

- One doula prenatal appointment is required for a member to receive doula services. Doula services cannot start at the birth event.
- Individual payments: Each claim paid as a visit or birth event.
  - Note: If doula is not available to be present at the birth, another Medicaid-enrolled doula can provide service and bill for the birth event.
  - Note: If the same doula provides the full suite of services for members an additional $100 is provided as an incentivize.
- The proposed doula fee includes funding for training, travel, administration, health insurance, and salary. A key component to fee development is to a provide a livable annual income for a doula practicing fulltime.

Description	Code	Per Unit Rate	Max Units per service	Total
Taxonomy	374J00000X			
Attendance at delivery (Flat Fee) T1033	T1033	$477	1	$477
Per Visit of Prenatal/Postpartum Care (15 min/unit)	T1032	$15.83	6	$95
Incentive Payment		$100	1	$100
Fee for three prenatal and 3 postpartum Care visits				$570
Per Doula Case				$1,047
Fee Per Doula Case with Incentive Payment				$1,147

If you have any questions, please contact your Account Executive Tobi Montgomery at **tlmontgomery@amerihealthcaritasde.com**

Encourage Your Patients to Get Their Cervical Cancer Screenings

An estimated 13,900 women in the United States will be diagnosed with cervical cancer in 2023.[6] Cervical cancer screenings can detect and prevent what was once the leading cause of cancer deaths among women in America. Both the American Cancer Society (ACS) and the American College of Obstetricians and Gynecologists (ACOG) provide guidelines for cervical cancer screening, but there are some differences between the two sets of recommendations which can lead to confusion.

The Delaware Department of Public Health recommends all women age 21 and older have a pelvic exam annually and women ages 21 – 65 have cervical cancer screening with either a PAP test every three years or PAP test with HPV co-testing every five years (women ages 30 – 65 only). Women who received the HPV vaccination should still be screened.[7]

Health Equity in Cervical Cancer Screening

Discussions regarding cervical cancer screening can be difficult and complex. Providers should discuss cervical cancer screening in context of individual knowledge and fears, history of trauma, health literacy, language preference, cultural understanding, and other social determinants of health that impact adherence. Evidence-based research indicates:

- Compared to non-Hispanic white women, Asian women were 85% less likely to have a PAP screening, Native Americans were 34% less likely to have a PAP screening, and Hispanic women were 27% less likely to have a PAP screening.[8]
- Women tend to decrease frequency of cervical cancer screening as they age.
- Lower income and education levels are socioeconomic factors that influence cervical cancer screening.[9]
- Women with disabilities have lower rates of cervical cancer screening.[10]

AmeriHealth Caritas Delaware encourages PCPs and other providers to discuss Cervical Cancer Screening with patients assigned female at birth. This discussion can be included as part of the annual wellness visit and/ or follow up visits as a gap in care.

Members ages 21 – 64 are eligible for a $25 incentive for cervical cancer screening. One every three years. (Incentive distributed based on receipt of claim.)

[6]American Cancer Society. (n.d.). Cervical cancer statistics: Key Facts About Cervical Cancer. Cervical Cancer Statistics| Key Facts About Cervical Cancer. (n.d.). Retrieved February 20, 2023, from https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html

A Collaborative Approach to Diabetes Care

12.4 percent of Delaware's population age 18 and older reported a known diagnosis of diabetes in 2020. This is a significant increase when compared to 2012 (9.6%).[11] The Centers for Disease Control and Prevention (CDC) reports that control of certain health measures can prevent or reduce the risk of diabetes-related complications. The CDC defined these goals as the ABCs of diabetes management, and they include an A1C <8%, BP<140/90 mmHg, and non-HDL–C <130 mg/dL, as well as currently not smokers. However, only about 25% of adults with diabetes meet these target goals.[12]

Factors influencing diagnosis and management of diabetes are multifactorial, including race and ethnicity, education level, age, income, and other social determinants of health.

- Compared to whites, Black non-Hispanics, Asians, and American Indians and Alaskan Natives have higher rates for diabetes.
- Hispanics have a higher rate of diabetes than non-Hispanics.
- Diabetes rates increase as levels of education completed decrease.
- Adults with Family Income Levels below the Federal Poverty Level have the highest rate for diabetes.[13]

The complexity of diabetes management requires collaboration between primary care and behavioral health providers, specialists, health plans, community resources, and the individual and individual's support system. AmeriHealth Caritas Delaware encourages providers to promote collaboration in care and improved health outcomes.

Steps for Improving Care Team Collaboration

- If needed, PCPs should refer members diagnosed with diabetes to specialists for evaluation and care of medical and/or behavioral health comorbidities ***and*** follow-up on consultations to review recommendations. Discuss with the member any concerns regarding coordinating care with other health care practitioners, and provide education on how coordination of care can improve health outcomes.
- Specialists who see patients for diabetes management, including eye care, cardiac health, and kidney disease, should ensure the PCP is aware of all care provided. Encourage the member to discuss care with their PCP, and send consultation notes to the PCP.
- PCPs and some specialty providers (i.e., cardiology, renal, endocrine) treating patients with diabetes should complete a mental health assessment for depression and other comorbidities that could impact compliance. According to the CDC, although people with diabetes are two to three times more likely to have depression, only 25% – 50% of those individuals with diabetes who have depression are diagnosed and receive treatment. Untreated depression can lead to increased feelings of discouragement and failure, possibly leading to a condition known as diabetes distress, which may require behavioral health support to change behavior.[14]

(continued on page 25)

[7] Delaware Cancer Consortium, Delaware Health and Social Services. (n.d.). Retrieved February 20, 2023, from **https://www.healthydelaware.org/Individuals/Cancer/Cervical/Screening-Prevention**

[8] McDaniel, C. C., Hallam, H. H., Cadwallader, T., Lee, H. Y., & Chou, C. (2021). Persistent racial disparities in cervical cancer screening with pap test. Preventive Medicine Reports, 24, 101652. **https://doi.org/10.1016/j.pmedr.2021.101652**

[9] Johnson NL, Head KJ, Scott SF, Zimet GD. Persistent Disparities in Cervical Cancer Screening Uptake: Knowledge and Sociodemographic Determinants of Papanicolaou and Human Papillomavirus Testing Among Women in the United States. Public Health Reports. 2020;135(4):483-491. doi:10.1177/0033354920925094

[10] Iezzoni, L. I., Kurtz, S. G., & Rao, S. R. (2016). Trends in PAP testing over time for women with and without chronic disability. American Journal of Preventive Medicine, 50(2), 210–219. **https://doi.org/10.1016/j.amepre.2015.06.031**

[11] Delaware, T. S. of. (n.d.). BRFSS data: Diabetes prevalence – delaware health and Social Services – State of Delaware. Retrieved February 21, 2023, from **https://dhss.delaware.gov/dhss/dph/dpc/diabetes02.html**

[123] Centers for Disease Control and Prevention. (2022, December 30). Only 1 in 4 adults with diagnosed diabetes achieve combined diabetes care goals. Centers for Disease Control and Prevention. Retrieved February 21, 2023, from **https://www.cdc.gov/diabetes/research/reports/diabetes-abcs.html**.

[14] Centers for Disease Control and Prevention. (2022, November 3). Diabetes and mental health. Centers for Disease Control and Prevention. Retrieved February 21, 2023, from **https://www.cdc.gov/diabetes/managing/mental-health.html**.

A Collaborative Approach to Diabetes Care (continued)

- Tailor discussions to the individual patient, to provide information on exercise, nutrition, access to resources, and health literacy level. Review all social determinants of health (SDOH) to assess for opportunities to reduce barriers to care. Examples of SDOH include, but are not limited to, financial concerns, access to food, child care, and transportation. Ask and review any racial, ethnic, or religious concerns the member may have with maintaining compliance with a diabetes regimen.
- Utilize telehealth for appointments and check-ups when members can't get into the office where applicable.

AmeriHealth Caritas Delaware's Programs Support Members With Diabetes

AmeriHealth Caritas Delaware has programs to support members to understand and manage diabetes and other chronic conditions and encourage overall health and wellness for our members.

- Care coordination and case management programs provide support for members and caregivers in managing diabetes. Care coordination and case management staff perform a comprehensive assessment of the member's physical and behavioral health, social, environmental, and cultural needs. Based on the assessment of the member's needs, as well as input from the member and their PCP provider, the care coordinator or case manager develops a plan of care to assist the member in addressing their health and/or social concerns.
- Wellness programs including Make Every Calorie Count and fitness classes at the AmeriHealth Caritas Delaware Wellness Center in Bear, Delaware.
- Diabetes Self-Management Program (DSMP), which is a six-week workshop in collaboration with the Delaware Division of Public Health (DPH), provides education and support to members with or at risk for diabetes.
- Eligible members may qualify for home-delivered meals with nutritional counseling sessions through Mom's Meals, as part of the Food as Medicine program. Meals can be tailored to the dietary needs of the member.

If you would like more information on these and other Wellness Programs, please reach out to your AmeriHealth Caritas Delaware Account Executive or visit the AmeriHealth Caritas DE website at **https://www.amerihealthcaritasde.com/member/eng/resources/community-resources.aspx**

Members who complete an HbA1c screening with a result of < (less than) 8% are eligible for a $25 incentive. One per year. (Incentive distributed based on receipt of claim with CPT II code.)

AmeriHealth Caritas Delaware Peer Review Process

The AmeriHealth Caritas Delaware peer review process focuses on patient safety and quality of medical care provided to all members. Peer review is one component that AmeriHealth Caritas Delaware uses to monitor, evaluate, and improve the quality and appropriateness of care and service delivery to members. Other components include performance improvement projects, medical/case record audits, performance measures, surveys, and related activities.

Peer review is an evaluation of the professional practices of a provider by their peers. The evaluation assesses the necessity, appropriateness, and quality of care furnished by the provider in comparison to care customarily furnished by their peers, and consistency with recognized health care standards.

The AmeriHealth Caritas Delaware Chief Medical Officer (CMO) oversees the peer review process and chairs the Peer Review committee. The Peer Review committee membership is drawn from the provider network and includes peers of the participating provider being reviewed. Members and staff can notify the Peer Review committee of any situations or problems related to providers.

The peer review process includes the following:

A. **Case review**. The review considers potential grievances and issues with the quality of care or service.

B. **Thresholds**. AmeriHealth Caritas Delaware has established thresholds for issues with the quality of care or service identified by internal sources to establish off-cycle credentialing reviews and/or referrals to the Peer Review committee. At the discretion of the CMO, a provider or facility can be referred to the Peer Review committee or Credentialing committee for substantiated issues, even if thresholds aren't met.

C. **Peer Review committee**. This group reviews participating provider performance, when appropriate.

D. **Tracking and reporting**. All providers will be tracked by the Quality Management department to determine if the established thresholds establish an off-cycle credentialing review and/or referral to the Peer Review committee.

E. **Training and education**. AmeriHealth Caritas Delaware provides training and education to providers, staff, and members in the peer review process.

If you have questions or need more information about the peer review process, contact Provider Services at **1-855-707-5818**, or speak with your Provider Network Account Executive.

Clinical Practice Guidelines

AmeriHealth Caritas Delaware has adopted clinical practice guidelines for use in guiding the treatment of plan members, with the goal of reducing unnecessary variations in care. The following clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, a physician's clinical judgment. The physician remains responsible for determining applicable treatment for each individual.

AMERICAN ACADEMY OF PEDIATRICS

- Recommendations for Preventive Pediatric Health Care – Bright Futures Periodicity Schedule
- Identification, Evaluation, and Management of Children with Autism Spectrum Disorder

AMERICAN PSYCHIATRIC ASSOCIATION

- Bipolar Disorder
- Post-Traumatic Stress Disorder
- Schizophrenia
- Suicidal Behavior

AMERICAN SOCIETY OF ADDICTION MEDICINE

- Opioid Addiction

GLOBAL INITIATIVE FOR CHRONIC OBSTRUCTIVE LUNG DISEASE

- Chronic Obstructive Pulmonary Disease

JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

- Oppositional Defiant Disorder

MICHIGAN QUALITY IMPROVEMENT CONSORTIUM

- Asthma
- Attention Deficit/Hyperactivity Disorder
- Adolescent Health Risk Behavior Assessment
- Advanced Care Planning
- Back Pain
- Bronchitis
- Depression – Adults
- Diabetes
- Heart Failure – Adults
- Hypertension – Adults
- Kidney Disease – Adults
- Lipids
- Office-Based Surgery Sedation
- Opioid Prescribing
- Osteoarthritis – Adults
- Overweight and Obesity – Children and Adults
- Pharyngitis – Children
- Pregnancy Prenatal and Postnatal Care
- Pregnancy Prevention – Adolescents and Adults
- Preventive Care – Children, Adolescents, and Adults
- Substance Use
- Tobacco Control
- Venous Thrombosis

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

- Sickle Cell Disease

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

- General Anxiety Disorder

SUICIDE PREVENTION RESOURCE CENTER

Caring for Adult Patients with Suicide Risk

U.S PREVENTATIVE SERVICES TASK FORCE

- A and B Recommendations
- HIV/AIDS

Clinical Policies are on our website under Resources in the “For Providers” tab.

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 identify potential fraud, waste, or abuse, please contact AmeriHealth Caritas Delaware or the Delaware Division of Medicaid & Medical Assistance (DMMA).

Anonymously report suspected fraud, waste, or abuse

Call: AmeriHealth Caritas Delaware Fraud Tip Hotline at **1-866-833-9718**.

Email: fraudtip@amerihealthcaritas.com

Mail: Special Investigations Unit
200 Stevens Drive
Philadelphia, PA 19113

You may also report suspected fraud, waste, and abuse directly to the Delaware Division of Medicaid & Medical Assistance.

Call 1-800-372-2022.

- New Castle County: **1-302-255-9500**.
- Kent and Sussex Counties: **1-302-739-2123**.

Email: surreferrals@state.de.us

Fax: 1-302-255-4425, Attn: SUR Unit

Mail: Division of Medicaid & Medical Assistance
Surveillance and Utilization Review (SUR) Unit
Lewis Building
P.O. Box 906
New Castle, DE 19720

Fraud, waste, and abuse definitions

Fraud
Any intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Waste
An overutilization of services or other practices that directly or indirectly result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions, but rather the misuse of resources.

Abuse
Provider practices that are inconsistent with sound fiscal, business, or medical practices and result either in an unnecessary cost to the federally funded programs or in reimbursement for services that are not medically necessary or provider practices that fail to meet professionally recognized standards for healthcare. It also includes recipient practices that result in unnecessary cost to the federally funded programs.

Examples of fraud, waste, and abuse

- Billing for services not furnished.
- A member using someone else's insurance card to receive care.
- Submitting false information to obtain authorization to furnish services or items to Medicaid recipients.
- Accepting kickbacks for patient referrals.
- Violating physician self-referral prohibitions.
- Billing for a more costly service than performed.
- Providing, referring, or prescribing services or items that are not medically necessary.
- Providing services that do not meet professionally recognized standards.

Behavioral Health Spotlight: New treatment option to prevent opioid overdose

Presented by Dr. Yavar Moghimi, Behavioral Health Medical Director

AmeriHealth Caritas Delaware, like many parts of the country, is dealing with an opioid epidemic that is a public health crisis. This crisis is fueled by overprescribing of prescription painkillers that can transition to heroin use. In order to put this public health problem in context, health care providers wrote 259 million prescriptions for painkillers in 2012, which are enough painkillers for every American adult to have a bottle of pills.[1] In Delaware, health care providers prescribed 86 painkiller prescriptions per 100 people. For the first time in two decades opioid prescriptions have begun to decline, but the rates of fatal overdoses continue to rise. In 2014, 28,647 drug overdose deaths involved some type of opioid, making it one of the leading causes of accidental deaths.

With these statistics in mind, it is important to discuss how providers can address the issue of opioid dependence and prevent overdoses.

1. The first step is to do a thorough assessment of the patient's history of drug use to determine whether they are appropriate for prescription of opioid analgesics.
2. In emergency situations, prescribe the smallest amount of opioid analgesic possible, no more than three days. In non-emergency situations, prescribe only enough until the next appointment.
3. Use CRISP, external Rx history and/or a Prescription Drug Monitoring Program to ensure patient is not securing medication from multiple providers
4. Prescribes naloxone nasal spray or narcan (currently on our formulary) with initial opioid prescription or if patient reports history/current opioid use disorder.

Naloxone works as an opioid antidote, temporarily moving opioids off of the opiate receptors, and reversing the effects of the overdose long enough to secure emergency help. Naloxone should be seen as an emergency means of reversing opioid overdoses and should be a standard of care for those who are:

1. Taking high doses of opioid for long-term management of chronic malignant or non-malignant pain.
2. Receiving rotating opioid medication regimens.
3. Discharged from emergency medical care following an opioid intoxication or poisoning.
4. At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance use disorder or non-medical use of prescription or illicit opioids
5. On certain opioid preparations that may increase risk for opioid overdose such as extended release/ long-acting preparations
6. Completing mandatory opioid detoxification or abstinence programs
7. Recently released from incarceration and with a history of opioid use disorder.

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Behavioral Health Spotlight: (continued)

It is advised that at-risk patients should create an overdose plan to share with friends, partners, and/or caregivers as they would be administering the naloxone and calling 911. They would discuss the signs of opioid overdose which are:

1. Unusual sleepiness
2. Slow or shallow breathing
3. Pinpoint pupils in someone who is difficult to awake.

Naloxone nasal spray should be thought of in the same way that epi-pens are prescribed for those with severe allergies or glucagon for diabetics. It is important to remember that all deaths from opioid overdose are preventable deaths. As a provider, it is imperative that you educate your patients on the dangers of overusing prescription painkillers. If your patient has a history of opioid abuse, it is good practice to ensure they and their family members know how and when it is appropriate to administer naloxone. Patients and their family should know they will not be punished for administering naloxone to anyone who is suffering from an opioid overdose. It is also vital that patients know that naloxone is not the only treatment needed after a possible overdose; they should always go to the emergency room for care after its administration.

http://www.cdc.gov/vitalsigns/opioid-prescribing/index.html

http://www.cdc.gov/vitalsigns/painkilleroverdoses/index.html

Encourage Asthma Medication Compliance

More than 25 million people in the United States have asthma,[9] and 11% of Delaware's population under 18 years of age reported a known diagnosis of asthma in 2020.[10] Asthma is the most common chronic disease in children and one of the primary causes for missed school days. Estimates indicate 50% of children with asthma have uncontrolled asthma. Some children are at higher risk of asthma, and there are significant health disparities depending on children's race, ethnicity, and other social factors. Non-Hispanic Black children are more than two times more likely to have asthma compared to non-Hispanic white children. Asthma is more common in male children than female children and living in inner cities and areas with a high amount, of air pollution increases the risk of asthma.[iii]

Medication compliance is essential in the long-term management of asthma, along with patient education to build self-management skills and addressing environmental factors. Providers should educate patients and their families to achieve healthy habits and long-term control. Education should include recognizing symptoms, asthma action plans, building self-management skills, medication compliance and proper use, and recognizing and reducing exposures to environmental triggers.[iv]

AmeriHealth Caritas Delaware is committed to improving health outcomes for our members with asthma and increasing compliance of medication management. To achieve this, AmeriHealth Caritas Delaware monitors the Asthma Medication Ratio of our members with persistent asthma and reviews our pharmacy drug claims regularly. Asthma Medication Ratio (AMR) is a HEDIS (Healthcare Effectiveness Data and Information Set) measure developed by NCQA (National Committee for Quality Assurance) for performance improvement. AMR is the percentage of members 5 – 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater. To simplify, this ratio shows overuse of rescue inhalers and not enough usage of controller medications. 90-day supplies are available for the preferred controller medications on the state preferred drug list, so we encourage prescriptions be written for 90 days when clinically acceptable. These controllers include montelukast, single-agent steroid inhalers, and combination inhalers after step-therapy.

AmeriHealth Caritas Delaware encourages PCPs and other health care providers to discuss asthma medication compliance with their patients diagnosed with asthma. This discussion can be included as part of the annual wellness visit and/or follow-up visits as a gap in care.

[1 1i 1v] Asthma, (2022, April). Retrieved from Asthma and Allergy Foundation of America: **https://aafa.org/asthma**

[1] Centers for Disease Control and Prevention. (2022, December 13). *Data, Statistics*, and Surveillance. Retrieved from Centers for Disease Control and Prevention: **https://www.cdc.gov/asthma/asthmadata.htm**

AmeriHealth Caritas Delaware Has Programs to Support Members With Asthma

AmeriHealth Caritas Delaware has programs to support members in understanding and managing asthma and other chronic conditions. This encourages the overall health and wellness of our members.

- Care Coordination programs provide support for members and caregivers in managing asthma. Care Coordination staff perform a comprehensive assessment of the member's physical and behavioral health, social, environmental, and cultural needs. Based on the assessment of the member's needs, as well as input from the member and their PCP, the care coordinator develops a plan of care to assist the member in addressing their health and/or social concerns.
- Healthy Hoops® is a community-focused program using basketball as a platform. The Healthy Hoops® program teaches children and their families how to manage asthma and its related health conditions. Designed for children ages 3 to 18, Healthy Hoops encourages children to adopt healthy lifestyles and behaviors and take charge of their health.
- Families may have a different understanding of asthma depending on their race, ethnicity, and cultural backgrounds. The CDC recommends using an **Asthma Action Plan** as a way to co-develop a tailored resource for the child that takes into account their specific circumstances. If the family prefers to complete the action plan in a language not available in your office, AmeriHealth Caritas Delaware offers free, real-time language services for members through our Member Services department 24/7, **1-844-211-0966 (TTY 1-855-349-6281)**.

If you would like more information on these programs, please reach out to your AmeriHealth Caritas Delaware Account Executive. Please refer to AmeriHealth Caritas Delaware's website for the Provider Network Management Account Executives Territory Assignments. **www.amerihealthcaritasde.com/provider/resources/account-executives.aspx**

To refer members, please call the Rapid Response and Outreach Team at **844-623-7090** from 8 a.m. to 5 p.m., Monday through Friday, or fax the **Let Us Know Member Intervention Request Form**to **1-855-806-6242**.

Other Provider Resources:

- Asthma can be exacerbated by environmental triggers sometimes, including mold, poor air quality, and the presence of mice and cockroaches. Providers can use resources such as an Indoor Trigger Reduction Tool Card (available in **English** and **Spanish**) to identify possible remediation strategies with parents and families.
- School nurses are critical partners in ensuring safe and appropriate use of asthma medications. Studies[11] have shown that improving communication between community-based providers and school health providers can improve health outcomes and decrease the need for emergency medication. Initiate or foster relationships with school nurses using the CDC recommended **Asthma Action Plan**.

[1] Slas, E., Nguyen, Y., & McIltrot, K. (2021). Communication between schools nurses and health care providers on students with asthma: An integrative review. The Journal of School Nursing, 38(1), 48–60. **https://doi.org/10.1177/10598405211045693**

Find a Doctor, Drug, or Pharmacy

As an AmeriHealth Caritas Delaware provider, you are a part of a dedicated network that is ready to meet our members' health care needs. We'll work with you to ensure that our members receive access to the quality health care they need.

Our network is designed to provide our members with integrated care. Find other committed providers like you in the directories below.

https://www.amerihealthcaritasde.com/provider/find-provider/index.aspx

Do You Know Your Account Executive?

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

https://www.amerihealthcaritasde.com/assets/pdf/provider/account-executives.pdf

Beware of phishing scams — Don't Take the Bait!

One of the biggest information security risks for most organizations occurs when an associate opens a phishing email and clicks on the link. It only takes one associate clicking a phony link to impact an organization's cybersecurity efforts.

Why it's important

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

It may be a phishing email if it:

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

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

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

New NaviNet Provider Data Information Form Enhancement

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

Please insert the attached New NaviNet Provider Data Information Form here

AmeriHealth Caritas Delaware Is Asking for Your Help in Caring for Our Pregnant and Parenting Members with Substance Use and Opioid Use Disorder

More than 20% of pregnant and postpartum women enrolled in Medicaid have a substance use disorder, with opioid use disorder being the most prevalent. Caring for women who are pregnant or in the postpartum period with Opioid Use Disorder is especially challenging. Early intervention with methadone or buprenorphine reduces risk for antenatal, perinatal, and postpartum complications and reduced risks for the baby.

AmeriHealth Caritas Delaware is seeking input from our providers regarding experiences with pregnant or postpartum members with opioid use disorder, availability of resources to treat this population, and concerns or barriers to treating this population. Our goal is to identify gaps in the provider network and community resources so that we can support our providers in caring for this member population and their newborns.

Complete the Pregnant and Postpartum People with OUD Provider Survey

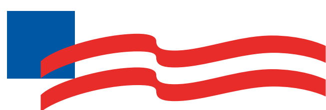
Please take a few minutes to complete the Pregnant and Postpartum People with OUD Provider Survey. This survey has been distributed via fax blasts to all OB/GYN and Substance Use Providers. The survey is only 10 questions and should take less than five minutes
to complete.

https://www.surveymonkey.com/r/NZWNWJW

Please encourage your staff to provide you with the fax blast if they receive it in the office so you can take the survey. Your feedback is extremely important to us!

We ask that you complete the survey by **October 1, 2024**, so that we can move forward with our assessment to identify opportunities.

AmeriHealth Caritas Delaware welcomes input from out providers regarding opportunities or interventions to improve care for our members. You can discuss opportunities at the provider forums, provider advisory committee, or ask your account executive.



AmeriHealth Caritas™

Delaware

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