

Provider Training

Provider Network Management



Delivering the Next
Generation
of Health Care

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Mission & Vision

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.

Our mission:

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

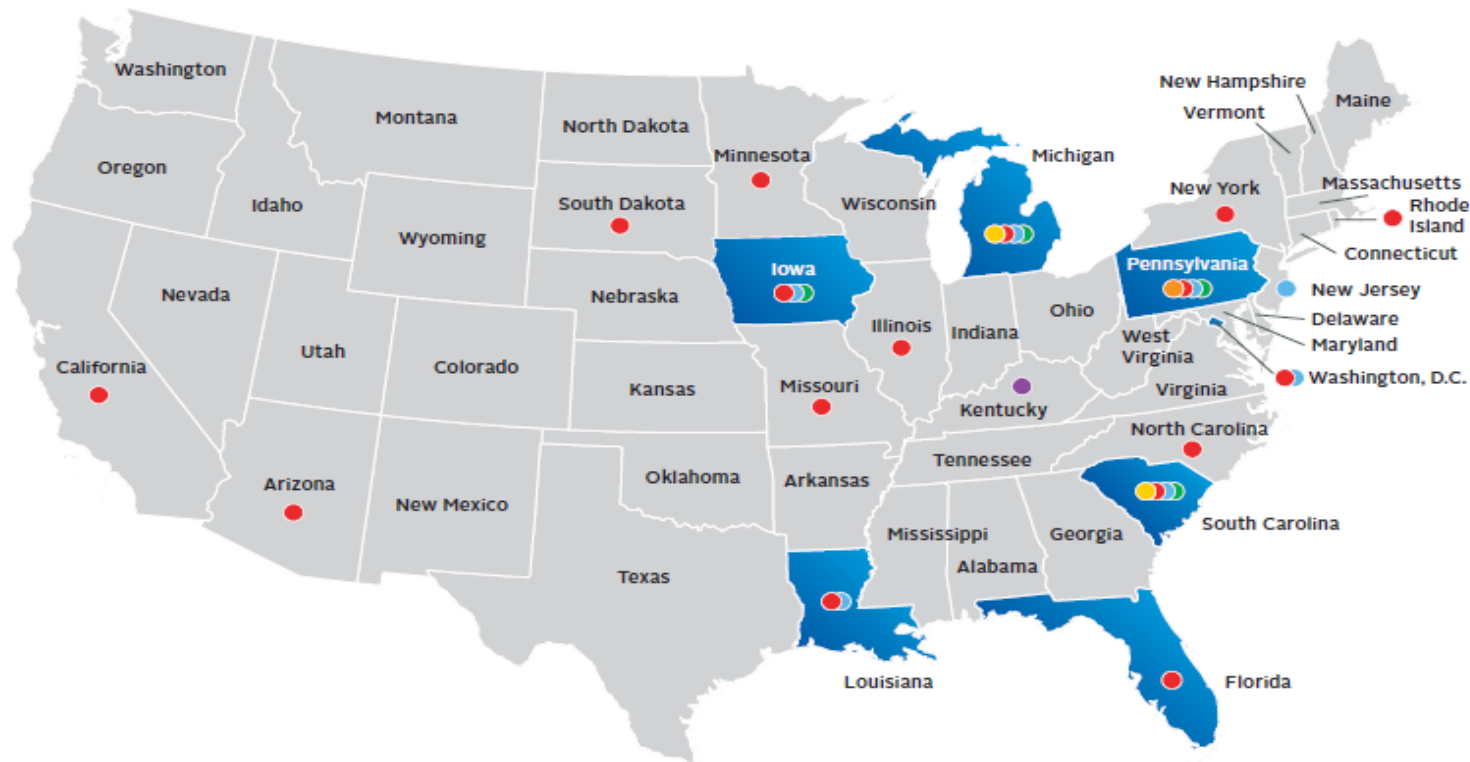
Our vision:

Leading America in health care solutions for the underserved.

Who we are

Nationally — AmeriHealth Caritas

With our nationwide presence, AmeriHealth Caritas handles an average of 3.4 million member and provider calls annually in our 24/7 call centers. Each month we process approximately 3 million claims and facilitate more than 1.6 million inquiries through our robust provider portal.



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Blue states Existing AmeriHealth Caritas Medicaid health plan markets

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

AmeriHealth Caritas Delaware Medicaid and Medical Assistance programs



The programs covered under AmeriHealth Caritas Delaware are:

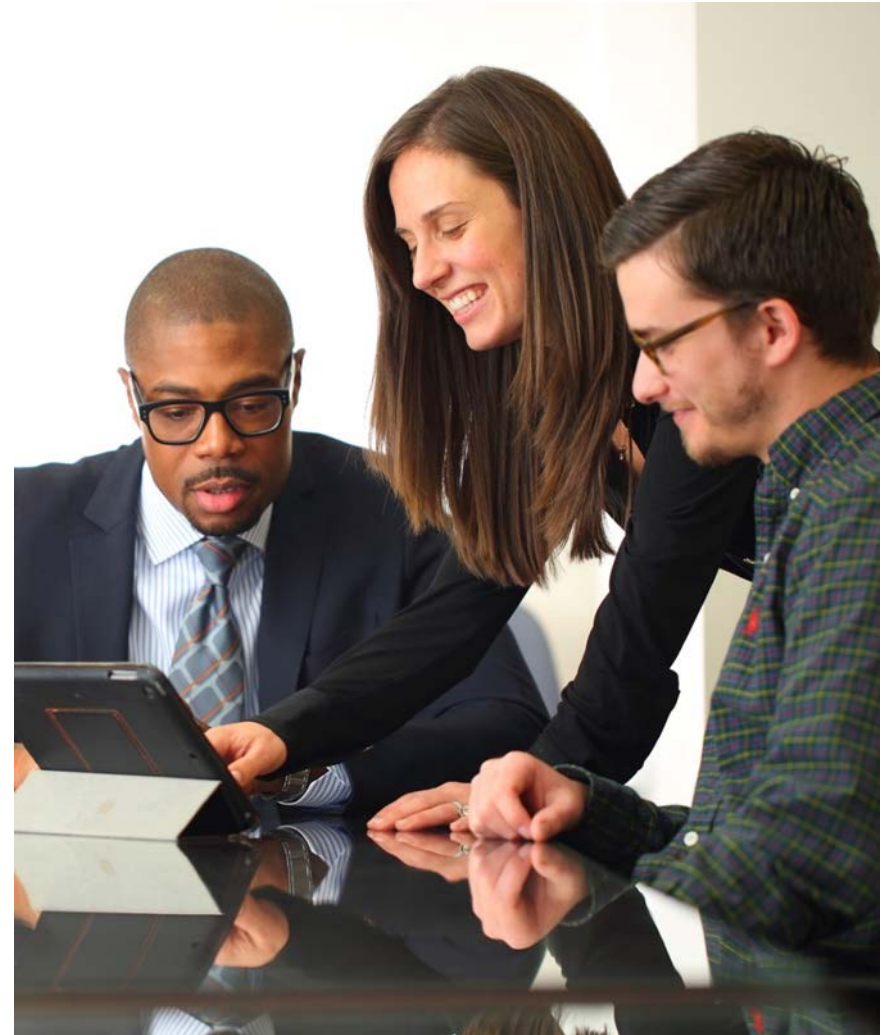
- **DSHP -Medicaid or the Diamond State Health Plan:**
 - A program for individuals who receive temporary assistance for needy families (TANF), (including children who qualify for Title IV-E foster care and adoption assistance and pregnant women), individuals who receive SSI but are not eligible for 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).
- **DSHP PLUS Diamond State Health Plan Plus Long Term Services and Supports -**The program that provides services, including long term services and supports for members that meet or are at risk for nursing facility level of care.

Network Management & Administrative Provider Support

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.



E-Solutions to Facilitate Communication

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!

E-solutions to Simplify Administration

AmeriHealth Caritas partners with Change Healthcare (formerly Emdeon), the largest electronic data interchange (EDI) clearinghouse in the country, to offer state-of-the-art EDI services to our providers. EDI optimizes productivity by streamlining your workflows and ensuring:



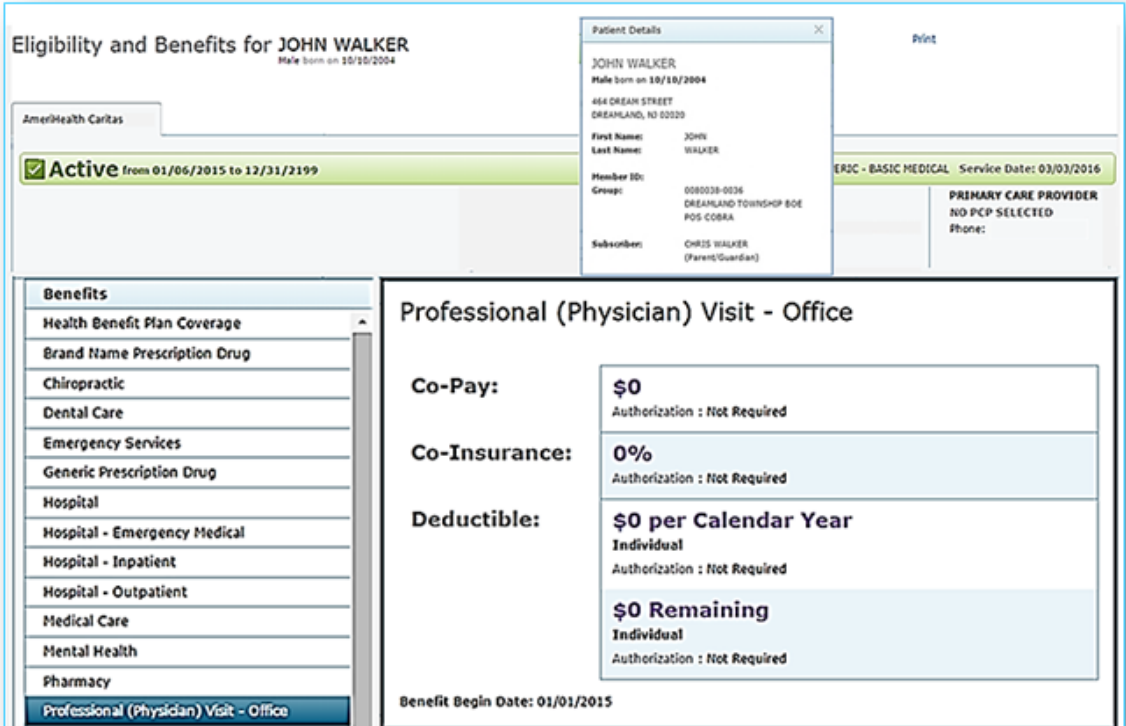
- Efficient Claims Solutions
- Accurate and secure reimbursements
- Early detection of claims errors
- Faster claim and billing reconciliation
- Lower administrative, postage, and handling costs.



E-Solutions to Support Patient Care Management

Our secure provider portal www.navinet.net offers web-based solutions that allow providers and health plans to share critical administrative, financial, and clinical data in one place. This tool can help you manage patient care with quick access to:

- Member eligibility and benefits information.
- Panel roster reports.
- Care gap reports to identify needed services.
- Member Clinical Summaries.
- Admission and discharge reports.
- Medical and pharmacy claims data.
- Electronic submission of prior authorization requests.



Eligibility and Benefits for JOHN WALKER
Male born on 10/10/2004

AmeriHealth Caritas

Active from 01/06/2015 to 12/31/2199

Benefits

- Health Benefit Plan Coverage
- Brand Name Prescription Drug
- Chiropractic
- Dental Care
- Emergency Services
- Generic Prescription Drug
- Hospital
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health
- Pharmacy
- Professional (Physician) Visit - Office**

Patient Details

JOHN WALKER
Male born on 10/10/2004
464 DREAM STREET
DREAMLAND, NJ 08020

First Name: JOHN
Last Name: WALKER

Member ID: 000038-0038
Group: DREAMLAND TOWNSHIP 80E
POS COBRA

Subscriber: CHRIS WALKER
(Parent/Guardian)

ERDC - BASIC MEDICAL Service Date: 03/03/2016

PRIMARY CARE PROVIDER
NO PCP SELECTED
Phone:

Professional (Physician) Visit - Office

Co-Pay: \$0
Authorization : Not Required

Co-Insurance: 0%
Authorization : Not Required

Deductible: \$0 per Calendar Year
Individual
Authorization : Not Required

\$0 Remaining
Individual
Authorization : Not Required

Benefit Begin Date: 01/01/2015

CREDENTIALING



Credentialing – *How do I Participate?*



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.

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@amerihealthcaritas.com

For Credentialing information please contact:

1. AmeriHealth Caritas Delaware Credentialing department by faxing your information to **215-863-6369**, or calling **1-866-423-1444**, or
 2. Email CredentialingDE@amerihealthcaritas.com for physical health, or after January 1, 2018, BehavioralHealthDE@amerihealthcaritas.com for behavioral health providers.
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Credentialing Professional Providers – Register with CAQH



AmeriHealth Caritas Delaware requires our providers register with CAQH, a universal database that simplifies and streamlines the data collection process for credentialing and re-credentialing, **at no cost.** CAQH allows providers to provide credentialing information to a single repository, via a secure Internet site, to fulfill the credentialing requirements of all health plans that participate with CAQH.

If you are registered with CAQH:

- Grant authorization for AmeriHealth Caritas Delaware to view your information in CAQH.
- Enter your CAQH registration number on the Provider Data Intake Form, which allows us to access your information. Go to www.amerihealthcaritasde.com for the Data Intake Form.
- Fax or email your completed Provider Data Intake Form to AmeriHealth Caritas Delaware Credentialing department at **215-863-6369, 1-866-423-1444** or Email CredentialingDE@amerihealthcaritas.com for physical health, or after January 1, 2018, BehavioralHealthDE@amerihealthcaritas.com for behavioral health providers.

If you are not a CAQH participating practitioner, please subscribe with them by going to proview.caqh.org.

Re-credentialing

All providers are re-credentialed every **36 months**, with the exception of Home and Community Based Service (HCBS) providers who are re-credentialed at least annually.



Credentialing – Facility

Facility and professional provider organizations must complete a facility application.

The facility application can be found at www.amerihealthcaritasde.com. Facilities must include the applicable items as required part of credentialing:

- Complete the facility application with signature and current date from the appropriate facility officer.
- Attest to the accuracy and completeness of the information submitted to the Plan.
- Submit documentation of any history of disciplinary actions, loss or limitation of license, Medicare/Medicaid sanctions, or loss, limitation, or cancellation of professional liability insurance.
- Completed documents can be Faxed to **215-863-6369**.
- The completed Behavioral Health Facility Application can be downloaded at www.amerihealthcaritasde.com, and faxed to **215-863-6369**.
- NOTE: Beginning January 1, 2018, behavioral health applications can be sent to behavioralhealthde@amerihealthcaritas.com.

ELIGIBILITY & BENEFITS



Eligibility & Enrollment – *How do I verify eligibility?*

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

Our secure provider portal www.navinet.net is a web-based application that allows providers and health plans to share critical administrative, financial, and clinical data in one place.

1. Go to the provider area of AmeriHealth Caritas Delaware's website, www.amerihealthcaritasde.com, select the following options - **Resources, NaviNet, Provider Portal**, or visit www.navinet.net.

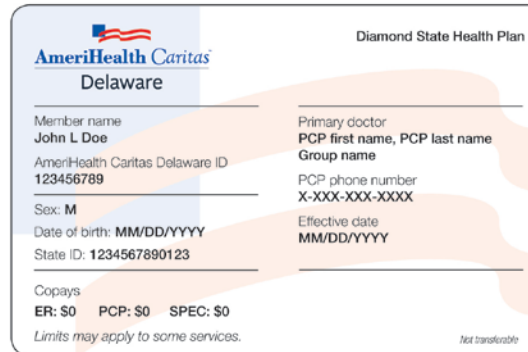
Note: More information or to sign up for NaviNet access go to www.navinet.com , or call NaviNet Customer Service at **1-888-482-8057**.

2. Contact AmeriHealth Caritas Delaware 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 Enterprise System (DMES) at <https://medicaid.dhss.delaware.gov/provider>.

Member ID Cards

DSHP Member ID Card

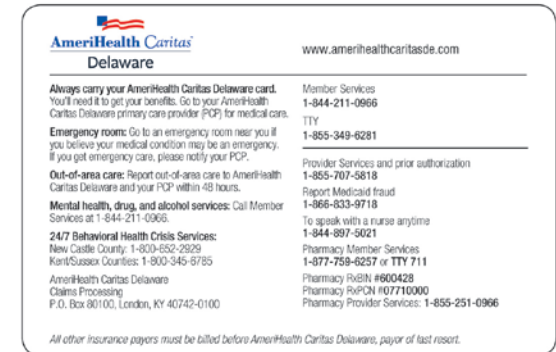


AmeriHealth Caritas Delaware Diamond State Health Plan

Member name: **John L Doe**
 AmeriHealth Caritas Delaware ID: **123456789**
 Sex: **M**
 Date of birth: **MM/DD/YYYY**
 State ID: **1234567890123**

Primary doctor: **PCP first name, PCP last name**
Group name
 PCP phone number: **X-XXX-XXX-XXXX**
 Effective date: **MM/DD/YYYY**

Copays: **ER: \$0 PCP: \$0 SPEC: \$0**
Limits may apply to some services.



AmeriHealth Caritas Delaware www.amerhealthcaritasde.com

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

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

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

Mental health, drug, and alcohol services: Call Member Services at 1-844-211-0966.

24/7 Behavioral Health Crisis Services: New Castle County: 1-800-652-2929 Kent/Sussex Counties: 1-800-345-6785

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

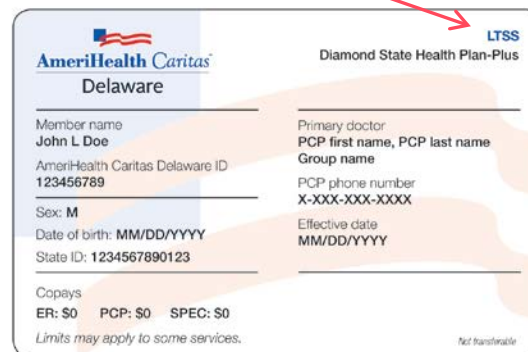
Member Services: **1-844-211-0966**
 TTY: **1-855-349-6281**

Provider Services and prior authorization: **1-855-707-5818**
 Report Medicaid fraud: **1-866-933-9718**
 To speak with a nurse anytime: **1-844-897-5021**

Pharmacy Member Services: **1-877-759-6257** or TTY 711
 Pharmacy RxBIN #600428
 Pharmacy RxCN #07710000
 Pharmacy Provider Services: **1-855-251-0966**

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

DSHP PLUS -LTSS Member ID Card



AmeriHealth Caritas Delaware Diamond State Health Plan-Plus **LTSS**

Member name: **John L Doe**
 AmeriHealth Caritas Delaware ID: **123456789**
 Sex: **M**
 Date of birth: **MM/DD/YYYY**
 State ID: **1234567890123**

Primary doctor: **PCP first name, PCP last name**
Group name
 PCP phone number: **X-XXX-XXX-XXXX**
 Effective date: **MM/DD/YYYY**

Copays: **ER: \$0 PCP: \$0 SPEC: \$0**
Limits may apply to some services.



AmeriHealth Caritas Delaware www.amerhealthcaritasde.com **LTSS**

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

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

24/7 Behavioral Health Crisis Services: New Castle County: 1-800-652-2929 Kent/Sussex Counties: 1-800-345-6785

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

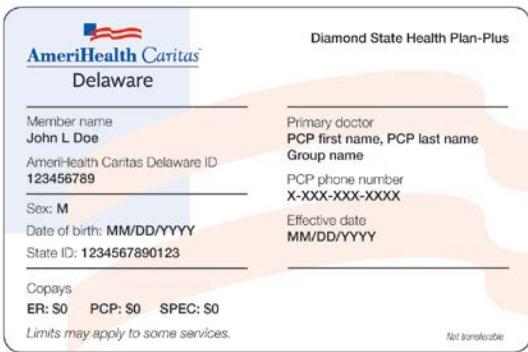
Member Services: **1-855-777-6617**
 TTY: **1-855-362-5769**

Provider Services and prior authorization: **1-844-897-5021**
 Report Medicaid fraud: **1-866-933-9718**
 To speak with a nurse anytime: **1-844-897-5021**

Pharmacy Member Services: **1-855-294-7048** or TTY 711
 Pharmacy RxBIN #600428
 Pharmacy RxCN #07710000
 Pharmacy Provider Services: **1-888-987-6396**

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

DSHP-PLUS Member ID Card



AmeriHealth Caritas Delaware Diamond State Health Plan-Plus

Member name: **John L Doe**
 AmeriHealth Caritas Delaware ID: **123456789**
 Sex: **M**
 Date of birth: **MM/DD/YYYY**
 State ID: **1234567890123**

Primary doctor: **PCP first name, PCP last name**
Group name
 PCP phone number: **X-XXX-XXX-XXXX**
 Effective date: **MM/DD/YYYY**

Copays: **ER: \$0 PCP: \$0 SPEC: \$0**
Limits may apply to some services.



AmeriHealth Caritas Delaware www.amerhealthcaritasde.com

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

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

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

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

Benefits – *Physical Health*

Physical health basic covered services include but are not limited to:

- Inpatient.
- Outpatient and ambulatory medical and surgical services.
- Gynecological, obstetric, and family planning services.
- EPSDT.
- Preventive Care.

For the most complete and up-to-date benefit information please visit www.amerihealthcaritasde.com, and refer to the provider manual, or call AmeriHealth Caritas Delaware Provider Services at **1-855-707-5818** for more information.



Benefits – Behavioral Health

Behavioral Health Service	Coverage
<p>Outpatient Mental Health and Substance Use Disorder (SUD) Services</p>	<p>Covered for 18 and older. Unless in PROMISE Program.</p> <p>Under age 18 covered for 30 visits per year. After 30 visits per year, services are covered by the Department for Services for Children, Youth and Families (DSCYF).</p>
<p>Includes crisis intervention services</p>	<p>Under age 18 covered for 30 visits per year. After 30 visits per year, services are covered by the Department for Services for Children, Youth and Families (DSCYF).</p>
<p>Inpatient Mental Health and Substance Use Disorder Services</p>	<p>Covered age 18 and older and for members participating in PROMISE SUD Inpatient Services, except for medically managed intensive inpatient detoxification, covered by DSAMH.</p>
<p>Partial Hospitalization, Intensive Outpatient</p>	<p>Under age 18 Covered for 30 visits per year.</p>
<p>Residential Treatment Facility</p>	<p>Covered for age 18-20.</p>

For a complete description of behavioral health benefits refer to the Provider Manual

Behavioral Health - SB 109 – Notification and Prior Authorization

Behavioral Health Service	Coverage
Substance Use Disorder Inpatient Rehab:	First 14 days require notification within 48 hours of admission and upon discharge. If days beyond 14 are needed, prior authorization is required.
SUD Intensive Outpatient (IOP):	First 30 days require notification within 48 hours of admission and upon discharge. If days beyond 30 are needed, prior authorization is required.
SUD withdrawal management:	First 5 days require notification within 48 hours of admission and upon discharge. If days beyond 5 are needed, prior authorization is required.

Benefits- Expanded Services

Member Programs

- BrightStart® Maternity Program
- *Focus on Fitness - Gym Membership
- Nutritional Counseling
- Smoking Cessation Program
- *Mission GED
- *Mobile Application
- *Cell Phone for eligible members
- *4 Your Kids Care

** Programs with an asterisk are not available until after 5/2018.*



Benefits – Dental and Vision

Dental Services

Are not a covered benefit, with the exception of the removal of bony impacted wisdom teeth.

Vision Services

AmeriHealth Caritas Delaware's routine vision, eye wear and medical/surgical benefits are administered through Avesis and covered for children 20 years of age and younger. Inquiries regarding these benefits should be directed to the Avesis provider line at **1-833-241-4243** or you may visit their web site at: www.avesis.com.

Benefits – Pharmacy Services

Pharmacy services are managed by the AmeriHealth Caritas pharmacy benefits manager, PerformRx. PerformRX provides case management, fulfillment of specialty medications and manages pharmacy benefits.

For the full and most current formulary please visit www.amerihealthcaritasde.com. For assistance please call PerformRx Delaware Provider Services **1-855-251-0966**.



Pharmacy – Formulary

AmeriHealth Caritas Delaware utilizes the Delaware Division of Medicaid & Medical Assistance (DMMA) preferred drug list.

The most up-to-date preferred drug list is available online at <https://medicaid.dhss.delaware.gov/provider/Home/PharmacyCornerLanding/tabid/2096/Default.aspx>.

For directions on Pharmacy Prior Authorizations please refer to the Utilization Management slides in this presentation, or for more information on Pharmacy Prior Authorizations and forms please visit www.amerihealthcaritasde.com.

Copayments

Copayment- Pharmacy

AmeriHealth Caritas Delaware charges copays for DSHP member's prescription drugs filled at the pharmacy.

Copays will be \$0 for the following:

- Prescriptions for members under the age of 21.
- Prescriptions filled for medications to stop smoking.
- Prescriptions filled for family planning.
- Hospice Care.
- Prescriptions for pregnant women, including up to 90 calendar days after the end of the pregnancy.
- Prescriptions for members in a long term care facility:
Inpatient hospital, Skilled nursing facility, ICF/IDICF/ID and State mental health institutes — except transferred resources.

Copayments cont.

The copay is based on the cost of each prescription. The most that members will pay for prescription copays each month is \$15.00 total. Once a member meets the **\$15.00 copay maximum** for the month, there will be zero copays for drugs filled for the rest of the month. The copay maximum will start over on the first of each month.

Prescription type	Copayment
Brand name	\$3.00
Generic prescriptions	\$1.00

NOTE: If a generic drug costs less than \$1.00, the member will pay the lesser cost of the drug.

CLAIMS & BILLING

Electronic Claim Submission

All claims submitted by practitioners and providers must be billed on the CMS-1500 or UB-04, via the electronic equivalent (EDI) of these standard forms or through 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 ([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.

NaviNet –Claim Inquiry Adjustment

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.

For directions on all claims filing please refer to the Claims Filing Instructions at www.amerihhealthcaritasde.com. Adhering to the claims filing best practices may reduce duplicate service denials and other unexpected 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.

Send all paper claims to:

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

Care Coordination & Medical Management

Integrated Health Care Management - IHCM

AmeriHealth Caritas Delaware uses a fully integrated member-centric approach and incorporates a member-based decision support system that drives both communication and care plan development through a multidisciplinary approach and allows members to move seamlessly from one component to another, depending on their unique needs, including social supports.



Care Coordination through Collaboration

There are six core components to our Integrated Health Care Management (IHCM) Program:

- **Bright Start® (Maternity Management)** Designed to assist expectant mothers by promoting healthy behaviors and controlling risk factors during pregnancy. The program is based on the Prenatal Care Guidelines from the American College of Obstetricians and Gynecologists (ACOG)
- **Rapid Response and Outreach Team (RROT)** -Designed to address the needs of members and to support providers and their staff. The team is composed of non-clinical Care Connectors.
- **Transitions of Care** This program coordinates services for new adult and pediatric members, as well as existing members, with short-term and/or intermittent needs. Members in this program typically have singular issues and/or comorbidities.
- **Complex Care Management (CCM)** This voluntary program serves members identified as needing comprehensive and disease-specific assessments, and re-assessments, along with the development of short- and long-term goals with a focus on prevention.
- **Community-Based Care Management Team:** A special group of community health workers who locate difficult- to-engage members to reconnect them with care management and provide hands-on coordination.
- **Pediatric Preventive Health Care** - This program is designed to improve the health of members under the age of 21 by increasing adherence to Early Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines.

Care Connectors

The Rapid Response team is designed to address the needs of members and to support providers and their staff. The team is composed of clinical and non-clinical Care Connectors. On behalf of Plan members and providers, this team performs functions including but not limited to:

- Receiving inbound calls and outbound outreach.
- Conducting outbound outreach activities.
- Providing care coordination support.
- IDEA (Individuals with Disabilities Education Act support) for children with special needs.

Both members and providers may request Rapid Response support by calling **1-844-623-7090**.



Let us Know

The Let Us Know program is a partnership between AmeriHealth Caritas Delaware and the provider community to collaborate in the engagement and management of our members with behavioral or physical health chronic conditions, as well as long-term services and supports (LTSS).

If you have a member with complex health needs, our support teams can help. There are three ways to **let us know**:

- Contact our Rapid Response and Outreach Team (RROT) at **1-844-623-7090**.
- Contact our Integrated Health Care Management (IHCM) programs **at 1-844-623-7090** and follow prompts.
- Use the NaviNet care gap worksheet - A pop-up alert appears when checking member eligibility in NaviNet. These alerts indicate the member is at risk.

Nurse Advice Line

AmeriHealth Caritas Delaware members have an added benefit of a Nurse Call Line, available **24 hours a day, 7 days a week** by calling **1-844-897-5021**.

Our 24/7 Nurse Call Line is a toll free, private service. Nurses can answer members questions about their health.



Non-Emergent Transportation

Non-Emergency Transportation (NEMT) is a covered benefit. For assistance contact Delaware Department of Health & Social Services' (DHSS) directly.



Member Advocate

Our Member Advocate will work in collaboration with the provider, member and the member's case manager to assist in obtaining care.

Members 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:



Behavioral Health

The AmeriHealth Caritas integrated health care management (IHCM) model connects care and disease management in a holistic approach that addresses a member's specific needs in one individualized, person-centered care plan to support body and mind.

For a list of services requiring prior authorizations please refer to the Utilization section of the provider manual.

The Plan's Utilization Management (UM) department hours of operation are 8:00 a.m. to 5:00 p.m. EST, Monday through Friday. For prior authorization requests for behavioral health inpatient admissions, the UM department is available 24/7/365 by calling **1-855-301-5512**.



Long Term Services and Support (LTSS)

Long-term services and supports are provided to AmeriHealth Caritas members who are approved for DSHP Plus long term services and supports. The Department of Health and Social Services (DHSS), Division of Medicaid & Medical Assistance (DMMA) determine initial and continued eligibility for Diamond State Health Plan (DSHP) Plus long-term services and supports.

AmeriHealth Caritas Delaware is committed to assisting individuals who have functional limitations and qualify to receive help with certain activities of daily living. Certain services are provided in the individual's home, community, or a licensed institution. Services may include: bathing, dressing, toileting, eating, and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation.

For more on LTSS please refer to the LTSS provider training, www.amerihealthcaritasde.com, or to reach a Care Connector please call 1-855-260-9544.

Utilization Management

Prior Authorizations

Utilization Management – How to obtain prior Authorization

Utilization Management decision-making is based only on appropriateness of care and services and existence of coverage. AmeriHealth Caritas Delaware providers are responsible for obtaining prior authorization for certain services.

For a full list of services that require prior-authorization please refer to the Provider Manual or www.amerihealthcaritasde.com.

How to obtain prior authorization :

1. By Form- Providers may need to complete a form before administering some health services to members. The form can be found at www.amerihealthcaritasde.com under *Forms*.
2. By phone- Call our Utilization Management department at **1-855-396-5770** for physical health and **1-855-301-5512**.
3. By fax- at **1-866-497-1384**.
4. Behavioral Health- call **1-855-301-5512** or by fax **1-877-234-4273**.

Imaging -NIA Magellan

AmeriHealth Caritas Delaware's radiology benefits vendor, National Imaging Associates, Inc. (NIA), provides utilization management review and authorization for non-emergent, advanced, outpatient imaging procedures.

Procedures Requiring Prior Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Myocardial Perfusion Imaging

Excluded from Program: Procedures Performed in the Following Settings:

- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care
- Surgery Center

NIA – How to Submit Authorization

The ordering facility or provider must obtain the appropriate prior authorization via NIA's website or by calling NIA at:

Ordering Providers:

- To initiate a request for an authorization please contact NIA via website, www.RadMD.com or via toll-free number **1-800-424-4791**.
- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System **1-800-424-4791**.

Rendering Providers:

- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System **1-800-424-4791**.

Prior Authorizations- Pharmacy

AmeriHealth Caritas issues prior authorizations for all drugs on the preferred drug list.

Providers can Contact Pharmacy Provider Services at **1-855-251-0966** between 8:30 am and 6:00 pm Monday through Friday (EST).

After business hours, Saturday, Sunday and Holidays, please call Pharmacy Member Services at **1-877-759-6257**.

Prior Authorization procedures are as follows:

The prescriber contacts AmeriHealth Caritas Delaware by:

- Submitting a web request under Pharmacy at www.amerihealthcaritasde.com, or
- Faxing a completed Prior Authorization form to **1-855-829-2872**.

Pharmacy Member Services may be contacted at **1-877-759-6257** for clinical issues during non-business hours such as weekends and holidays.

Pharmacy prior authorization forms can be found at www.amerihealthcaritasde.com.

Prior Authorizations – Review Time Frames

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

Emergency room services (in-network and out-of-network) do not require prior authorization. However, AmeriHealth Caritas Delaware reserves the right to retrospectively review all cases.

Appeals & Grievances

Appeals – Provider

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.

To Request an appeal on behalf of the member for the reversal of a medical denial a provider may submit an appeal in writing. For more information please visit www.amerihealthcaritasde.com.

Grievances - Member



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

AmeriHealth Caritas	1-855-777-6617
Diamond State Health Plan Plus Member Services:	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 a decision 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

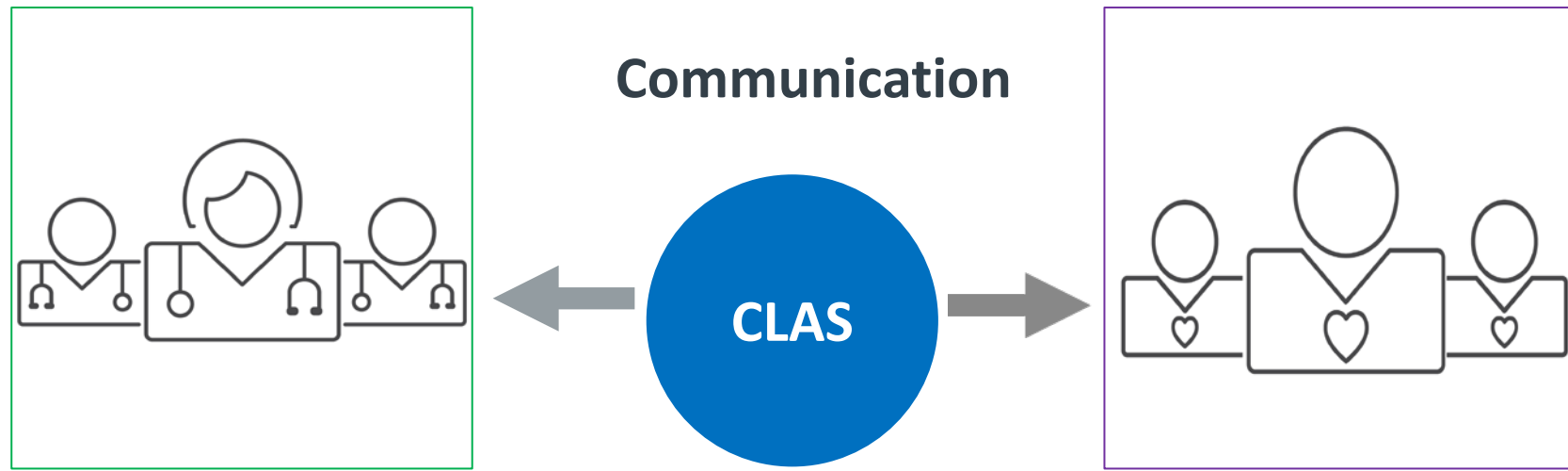
DSHP Plus Member Services **1-855-362-5769**; TTY: 1-855-362-5769

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 (CLAS)

What is CLAS?



- | | |
|--|---|
| <ul style="list-style-type: none">Cultural competency trainingLanguage servicesCulturally competent care | <ul style="list-style-type: none">Member engagementCommunity educationMember services |
|--|---|

Translation and Language 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 nearly every language spoken by our members in Delaware. Other materials are translated upon request. Translations can be done in nearly every language spoken by our members in Delaware.

Interpretation

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

Interpretation Services

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

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

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

Providers may request more information on the Cultural Competency Program by contacting Provider Services at 1-855-396-5790.

Annual Training – Cultural Sensitivity

In an effort to deliver culturally sensitive and appropriate care to members who have limited English proficiency, represent diverse cultural and ethnic backgrounds and special health needs, AmeriHealth Caritas Delaware requires providers to complete annual training.

Please refer to the provider manual for more information.

Compliance

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; 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**

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 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.

Resources

For a current list of AmeriHealth Caritas phone and fax numbers please refer to the Provider Quick Reference Guide at www.amerihealthcaritasde.com

Questions



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

