

Date	Topic	Description of Change/Update	Page
11/27/17	Report critical incident/provider preventable condition	Adding contact information for providers to call to report critical incidents or provider preventable conditions.	128
11/27/17	Eligibility	Spelled out FPL – Federal Poverty Level	11
11/30/17	Prior Auth limits for PT, OT, SP	Changing PT, OT, SP limit to 24 visits before prior auth is needed	97
12/1/17	LTSS flexible benefit	Added in home supports and services for qualified individuals.	173
12/1/17	Claims Rejections and Denials	Revised language in the claims section about timely filing for resubmission of rejected and denied claims.	139 – 141
12/5/17	SUD Intensive programs – added language to reflect SB 109	<p>SUD Intensive 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.</p> <p>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.</p> <p>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.</p>	59 - 60, 100 - 101
12/8/17	Clarified language about reference laboratories	Members may use reference laboratories at any of our contracted facilities.	75-76
12/14/17	Prior Auth requirements	Change to indicate that skilled nursing visits require prior auth from the first visit.	96
12/19/17	BH/SUD Outpatient treatment for children/adolescents age 17 and younger	All outpatient BH/SUD treatments require notification within 48 hours.	101

12/19/17	Vision and Eyewear benefits	Clarification to indicate routine vision and eyewear benefits are covered for children 20 years of age and younger.	75
12/22/17	Physical Health Services requiring Prior Authorization or Notification	Updated the list of services requiring prior authorization and notification.	96 – 98
12/22/17	Behavioral Health Services requiring Prior Authorization or Notification	Updated the list of services requiring prior authorization and notification.	100 – 101
12/28/17	Provider Complaints	Revised language from “Dispute” to Complaint	143
1/11/18	AmeriHealth Caritas Delaware Physical Location – address clarification.	Changed from 3 rd Floor to Suite 300	12
1/19/18	List of providers that are credentialed	Removed Physician’s Assistants— Not credentialed in Delaware.	22
1/23/18	Home based Services	Added Speech, Physical and Occupational Therapy to list of home based services requiring prior authorization.	96
1/23/18	Incontinence products	Removed age limit	97
1/23/18	Behavioral Health Services Requiring Prior Authorization or Notification	Removed developmental testing from services requiring authorization, and updated SUD treatment notification requirements.	101
2/8/18	OB/GYN Practitioner as a PCP	Corrected Bright Start phone and fax numbers.	39
2/8/18	Prior Authorization Contact Information	Corrected Bright Start phone number	95
3/8/18	Behavioral Health Services Requiring Prior Authorization or Notification	Removed Intensive Outpatient Program (Level 2.1) and Medically Monitored Intensive Inpatient Treatment (Level 3.7).	100
3/9/18	LTSS Covered Services	Added services to Attended Care and Independent Activities of Daily Living (Chore) service.	167 – 171
3/27/18	Basic Covered Services	Removed Coverage of first 30 days of SUD IOP for members under age 18.	59
3/27/18	Behavioral Health Services that do not require authorization/notification	Added BH/SUD OPT for members aged 18 and older.	101

3/27/18	Behavioral health services requiring notification	Updated language to comply with SB 109 requirements.	101
6/6/18	Primary Care Provider (PCP) Responsibilities	Added language Per 3.13.12.6 of the MCO Contract (When a member changes PCPs, the provider is required to forward copies of all medical records to the member's new PCP within 10 business days from receipt of the request.).	38
6/6/18	Medical Record Requirements	Added language Per 3.13.12.6 of the MCO Contract (When a member changes PCPs, the provider is required to forward copies of all medical records to the member's new PCP within 10 business days from receipt of the request.).	119 - 120