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Provider Credentialing Rights

Are you awaiting credentialing? 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, with the exception of 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 are to be made within 10 business days of notification and can be submitted via fax to **1-215-863-6369** or mailed to the AmeriHealth Caritas Delaware Credentialing department:
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 sent via email or by phone call to the provider.
- Be notified of a credentialing committee or medical director review decision within 30 calendar days for PCPs and 45 calendar days for specialty providers, upon receipt of a clean and complete application. Providers may appeal any initial or recredentialing denials 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**.



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.

Medical Record Reviews

Compliance with medical record review (MRR) 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.

- Practitioners are required to achieve an audit score of 90% or greater to meet the AmeriHealth Caritas Delaware's MRR standards.
 - Practitioners that do not achieve the score of 90% will have a reaudit performed 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 record content, organization, and ease of retrieving medical records.
- The timing of the MRR audit may overlap with AmeriHealth Caritas Delaware's HEDIS requests for medical records so you may receive multiple medical record requests during the same time, often 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.



Understanding Patient Hesitancy to Annual Pelvic Exams and Cervical Cancer Screenings

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.¹ The reason for this hesitancy can vary from patient to patient and creates a challenge for health providers addressing preventative care. From a patient perspective, pelvic exams can be seen as embarrassing, anxiety producing, and uncomfortable.²

Personal concerns with Cervical Cancer Screening?

Conversations with patients surrounding cervical cancer screening and personal care are often challenging. These discussions should include patient knowledge and fears, language preference, cultural understanding, and other hesitations and stigmas associated with pelvic exams. Research shows patients

reporting experience with the provider and prior experience with the health care system as a major contributor to determining cervical cancer screening.^{3,4} Other barriers 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
- 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}

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Understanding Patient Hesitancy to Annual Pelvic Exams and Cervical Cancer Screenings (continued)

The Delaware Department of Public Health recommends all women age 21 and older have a pelvic exam annually and women age 21-65 have a cervical cancer screening with either a PAP test every three years, or PAP test with HPV co-testing every five years (women age 30-65 only). Women who received the HPV vaccination should still be screened.⁶

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.

Members age 21 – 64 are eligible for a \$25 CARE card incentive for Cervical Cancer Screening. One every three years (Incentive distributed based on receipt of claim).



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>

⁶ Delaware Cancer Consortium, Delaware Health and Social Services. (n.d.). Retrieved February 20, 2023, from



A Collaborative Approach to Diabetes Care

The ABCs of diabetes management includes an A1C <8%, BP<140/90 mmHg, and non-HDL-C <130 mg/dL, as well as nonsmoking behavior. The complexity of diabetes management also requires the collaborative efforts between the 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 Collaboration

- A tailored discussion about diabetes with the member should include the member's level of health literacy as well as discussion about exercise, nutrition, access to resources and coordination of care with other health care practitioners.
- Review all Health-Related Social Needs (HRSN) to assess for opportunities to reduce barriers to care. Examples of HRSN include, but are not limited to, financial concerns, access to food, childcare, and

transportation. Ask and review any racial, ethnic, or religious concerns the member may have with maintaining compliance with a diabetes regimen.

- Promote member's utilization of telehealth for appointments and check-ups when members can't get to the office.
- 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.
- Depression screening is essential as people with diabetes are two to three times more likely to have depression. 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.

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A Collaborative Approach to Diabetes Care (continued)



Support Programs for Diabetes

AmeriHealth Caritas Delaware has a variety of programs to support members in understanding and managing 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. Based on the assessment of the member's needs, as well as input from the member and their PCP, the care coordinator or case manager develops a plan of care to assist the member in addressing their health and/or social concerns.
- Weight Watchers, which is a no-cost, six-month online membership for members with a pre-diabetes or diabetes diagnosis.

- Diabetes Self-Management Program (DSMP), which is a six-week workshop in collaboration with the Delaware Division of Public Health (DPH) to provide 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 our Food as Medicine program. Meals can be tailored to the dietic needs of the member.

If you would like more information on these and other wellness programs, contact your AmeriHealth Caritas Delaware Account Executive or visit <https://www.amerihealthcaritasde.com/wellness>.

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

¹ Centers for Disease Control and Prevention. May 15, 2024. Retrieved from <https://www.cdc.gov/diabetes/php/toolkits/new-beginnings-know-your-abcs.html>. ² Centers for Disease Control and Prevention. May 15, 2024. Retrieved from <https://www.cdc.gov/diabetes/living-with/mental-health.html>.

Asthma programs helps support our members

AmeriHealth Caritas Delaware has programs to support members in understanding and managing asthma and other chronic conditions.

- 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. It teaches children and their families how to manage asthma and its related health conditions. Designed for children ages three to 18, Healthy Hoops encourages children to adopt healthy lifestyles and behaviors, and take charge of their health.
- 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 at **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**.

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 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., & McIltrout, 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>



Critical Incidents 2025

DMMA has revised the reporting structure for **Critical Incidents**. All providers are now required to submit any Critical Incident directly to the appropriate agency, including the Delaware Division of Medicaid and Medical Assistance.

A critical incident includes the following:

- Unexpected death of a member.
- Suspected physical, mental, or sexual mistreatment, abuse and/or neglect of a member.
- Suspected theft or financial exploitation of a member.
- Severe injury sustained by a member when source of injury is unknown, and injury is suspicious, or injury requires transfer to acute care.
- Medication or treatment error or omission that jeopardizes a member's health or safety.
- Inappropriate or unprofessional conduct by a provider involving a member.

Access to the reporting portal is available without a password. The URL below provides a direct link to the form. Please be prepared to provide the following:

- The provider's first and last name
- The provider's phone number
- The member's first and last name
- The member ID
- Date and time of the critical incident
- The type of critical incident
- Details of the critical incident
- Date and time of notification to an investigative agency, if applicable.

All Critical Incidents should be reported as soon as practical, but no more than within one business day of discovery

<https://hssdedhssprod.wellsky.com/assessments/?WebIntake=9A2787C9-BDCF-449A-BFD7-59B32DD77BE7>

Behavioral Health Compliance Program Implemented

AmeriHealth Caritas Delaware has established a compliance program in alignment with regulations set forth by the U.S. Office of Inspector General (OIG) of the Department of Health and Human Services (HHS). We expect all contracted behavioral health providers to establish compliance programs in order to achieve compliance with relevant health care laws and regulations.

In order to assist providers in the development of their compliance program, the OIG has identified the minimum elements that should be included in a health care compliance program, as well as specific areas of compliance-concern, including:

1. Established written compliance standards, policies and procedures.
2. Appointment of a compliance officer to oversee the **Compliance Program**.
3. Effective internal compliance communications, such as the establishment of a Compliance Hotline.
4. Regular and effective staff training regarding ethics and the operation of the compliance program.
5. Monitoring and auditing systems designed to detect non-compliant activities.
6. Consistent enforcement of compliance expectations through disciplinary mechanisms.
7. Timely and consistent response and corrective actions when non-compliant activities are identified.
8. Monitor and measure the overall effectiveness of the compliance program.



This compliance resource is being issued to reinforce with providers the expectation that all AmeriHealth Caritas Delaware-contracted providers develop a comprehensive compliance program. In addition, we may request a copy of a provider's compliance plan during any of the following activities:

- a) Credentialing assessments.
- b) Medical record and service documentation audits.
- c) Quality Management audits
- d) Fraud, waste and abuse audits.
- e) Network Management/Provider Relations site visits.

OIG has developed a series of compliance program guidance documents directed at various segments of the health care industry, such as hospitals, nursing homes, third-party billers, and durable medical equipment suppliers, to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements.



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

The **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)** benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT ensures that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

- **Early:** Assessing and identifying problems early.
- **Periodic:** Checking children's health at periodic, age-appropriate intervals.
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified.
- **Treatment:** Control, correct or reduce health problems found.

Member rights and responsibilities

AmeriHealth Caritas Delaware is committed to treating our members 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**.



Balance Billing Members

AmeriHealth Delaware members should not be balance billed by any participating provider. We continue 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 below language from the **AmeriHealth Caritas Delaware Provider Manual** — Section IX: Claims Submission Protocols and Standards.

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.

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.

Do You Know Your Account Executive?

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



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