

Fall 2021

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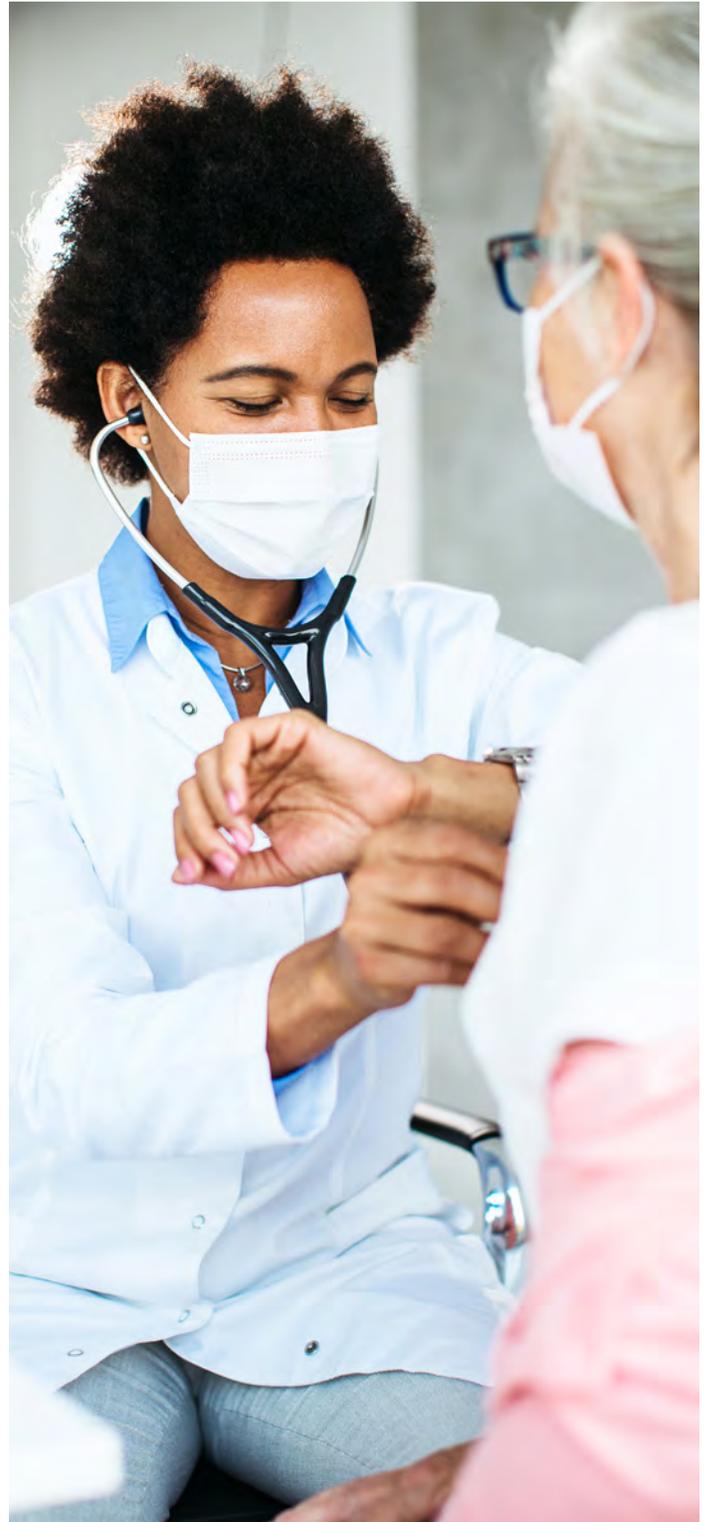
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October is Breast Cancer Awareness Month: Encourage your patients to get their breast cancer screenings.

According to the American Cancer Society, an estimated 281,550 women in the United States will be diagnosed with breast cancer in 2021, with an estimated 43,600 breast cancer-related deaths. The World Health Organization and the American Cancer Society report the two most common factors for breast cancer are gender (female) and age (older than 40).^{1,2}

Breast cancer screening continues to be essential for early diagnosis and treatment. Although some early stages of breast cancer are identified through signs and symptoms, breast cancer can be asymptomatic. Recommendations for age of initial breast cancer screening and frequency vary among professional organizations. The Delaware Department of Public Health recommends women have a clinical breast exam annually beginning at age 18, and women age 40 and older have a mammogram and clinical breast exam every year. Women with an increased risk for breast cancer should talk to their doctors to see if mammograms should be started before age 40.³

Health equity in breast cancer screening

Discussion of breast cancer screening can be more complex than asking a question. Providers should discuss breast cancer screening in context of individual knowledge and fears, health literacy, language preference, cultural understanding, and other social determinants of health that impact compliance. Evidence-based research indicates:

- Breast cancer survival rates are 10% lower for Black women compared to white women.⁴
- Patients with Limited English Proficiency (LEP) report lower rates of breast cancer screening (78%) compared to English speakers (90%).⁵
- A Cox regression study found center location, screening stage, age and income negatively impacted initial screening mammography and follow-up procedures or tests (i.e.. additional imaging and/or biopsy).⁵

AmeriHealth Caritas Delaware encourages primary care providers to discuss annual breast cancer screening with all eligible patients. This discussion can be included as part of the annual wellness visit and/or follow-up visits as a gap in care.

Members ages 50 – 74 are eligible for a \$15 incentive for mammography each year. (Incentive distributed based on receipt of claim.)

1 American Cancer Society Inc., Cancer Facts & Figures, 2021, No. 5008211, Published by the American Cancer Society, Atlanta, GA, www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2021.html.

2 World Health Organization, "Breast Cancer," March 26, 2021. www.who.int/news-room/fact-sheets/detail/breast-cancer.

3 "Screening and Prevention of Breast Cancer," Delaware Cancer Consortium, Delaware Health and Social Services, Accessed August 18, 2021. www.healthydelaware.org/Individuals/Cancer/Breast/Screening-Prevention#causes.

4 American Society of Clinical Oncology, Accessed August 18, 2021, www.cancer.net/cancer-types/breast-cancer/statistics.

5 Jose L. Cataneo et al., "Disparities in Screening for Breast Cancer Based on Limited Language Proficiency. A Retrospective Cohort Propensity Score Matched Study," *JACS*, 231:4;S36-S37, October 2, 2020, DOI: <https://doi.org/10.1016/j.jamcollsurg.2020.07.012>.

TeleECHO™ Clinics — An emerging, case-based learning model for providers

AmeriHealth Caritas Delaware invites you to join a teleECHO™ clinic — an emerging, case-based learning model for providers.

AmeriHealth Caritas Delaware is excited to launch a social determinants of health (SDOH) teleECHO clinic — an emerging, case-based learning model for practitioners. This opportunity is offered at no cost for participating AmeriHealth Caritas Delaware primary care providers (PCPs), physicians, psychologists, social workers, and licensed professional counselors within the state of Delaware. Please read on for more information and register to join an ECHO model™ clinic.

What is Project ECHO®?

The “Extension for Community Healthcare Outcomes,” or ECHO model, was developed at the University of New Mexico Health Sciences Center and is now used nationwide in the United States and internationally.

The ECHO model facilitates case-based learning for front-line practitioners via teleconferencing clinics. Similar to virtual chart rounds, the ECHO model creates a space where practitioners can share knowledge and build support to better manage patients with complex care needs.

For more information on Project ECHO, please visit <https://echo.unm.edu>.

What are the goals of this program?

The goals of the program are to:

- Integrate SDOH screenings into care assessments and support participants’ capacity to assess a patient’s SDOH.
- Increase awareness of the health impacts of SDOH.
- Promote understanding of the consequences of unmet SDOH needs on physical and behavioral health.
- Increase awareness of SDOH-related resources, including services based in the community, those offered by managed care organizations (MCOs), and resources for patient referral.

How does a teleECHO clinic work?

Practitioners from multiple locations connect at regularly scheduled times through teleconferencing. These virtual teleECHO clinics allow practitioners to present de-identified patient cases to a team of peers and experts for mentoring and shared learning. Case-based discussions may also be supplemented with short didactic presentations to improve content knowledge and share evidence-based practices.

Our health plan staff has been trained to facilitate the ECHO model and will guide the experience. Each teleECHO session will include participation from a team of specialists with expertise in integrated physical and behavioral care.

TeleECHO clinics are not intended to replace a practitioner’s clinical judgment; the practitioner is responsible for determining applicable treatment for the patients under his or her care.

Are continuing medical education credit hours offered for this program?

In support of improving patient care, this activity has been planned and implemented by AmeriHealth Caritas Delaware and Project ECHO. Project ECHO is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.



TeleECHO™ Clinics — An emerging, case-based learning model for providers (continued)

When and how often will teleECHO clinics take place?

Focus	Start date	Frequency
Social Determinants of Health	September 16, 2021 12:30 p.m. – 1:30 p.m. ET	Every other Thursday 12:30 p.m. – 1:30 p.m. ET
Registration		
https://amerihealthcaritas.zoom.us/meeting/register/tjwudOuqrjkiHtdUCC07z83W3GvD_bgHUrBa		

How do I register to participate?

Please follow the registration link above, choose **Select a Time**, and then make your selection by clicking **Tickets**. Then, complete and submit the registration form.

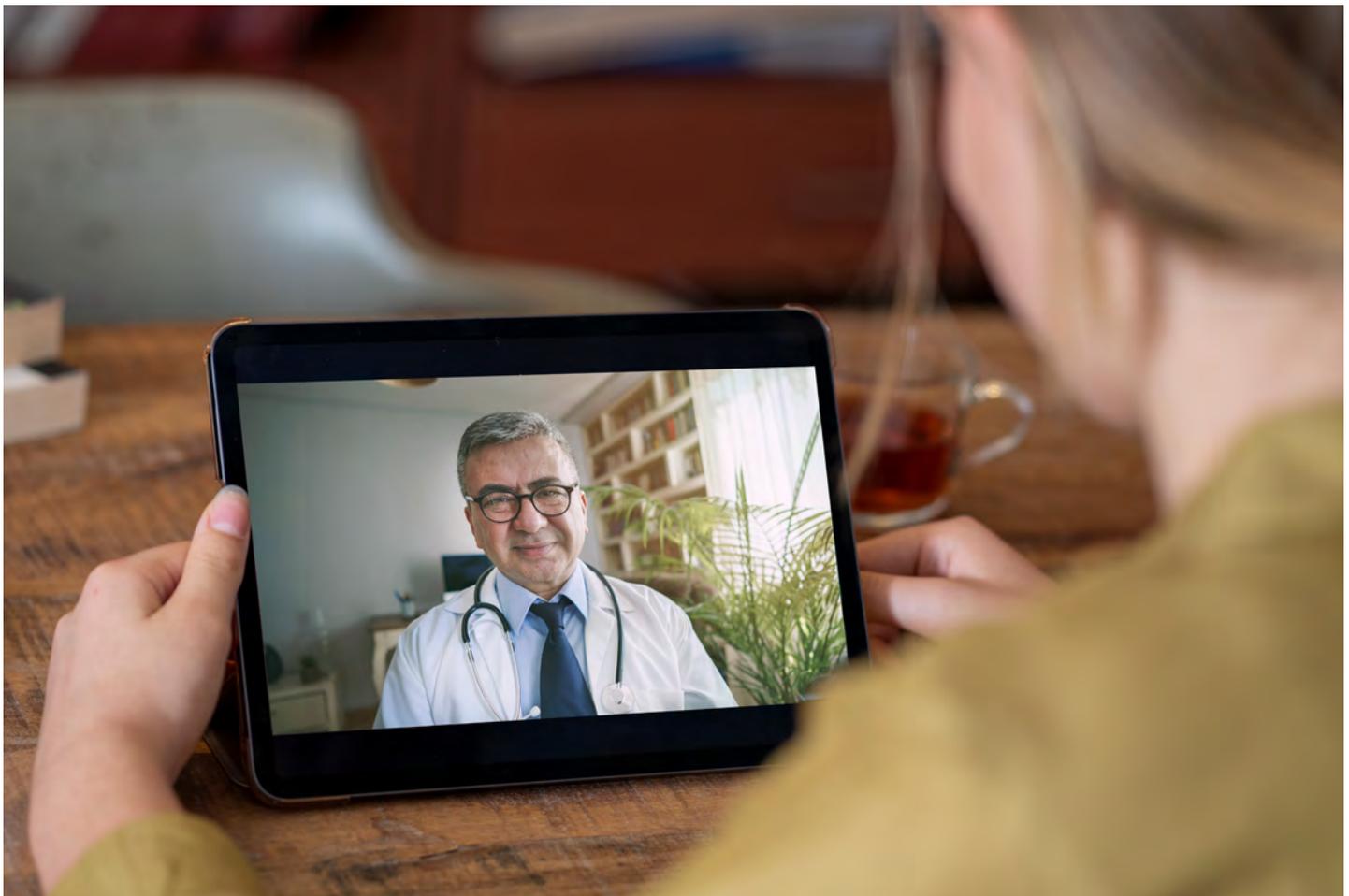
Once you submit your registration form, you will receive a confirmation email including additional instructions for participation.

Do I need special equipment to attend?

It is best if you have a webcam-equipped laptop, tablet, or smartphone to attend the teleECHO clinics. Clinics will take place via a cloud-based software application called Zoom. The application is PC- and Mac-compatible and is available at no cost to participants. However, you may need to download Zoom to your laptop, tablet, or smartphone in order to participate.

Questions?

Please contact the TeleECHO Program Coordinator at 1-855-410-6639 or projectecho@amerihealthcaritas.com.



Member Program Highlights

Diabetes Prevention Program (YMCA of Delaware)

AmeriHealth Caritas Delaware has partnered with the YMCA of Delaware to help our members reduce the risks of developing chronic conditions, including Type 2 diabetes. The YMCA's Diabetes Prevention Program is a yearlong, structured lifestyle and health behavior change program consisting of 25 one-hour group sessions. It is available at no cost to AmeriHealth Caritas Delaware members (ages 18 and older) who meet program eligibility criteria.

To qualify for the YMCA's Diabetes Prevention Program, participants must meet the following criteria:

- 18 years of age or older.
- Not pregnant.
- Overweight (BMI > 25 or BMI > 23 for Asian individuals).
- Not diagnosed with Type 1 or Type 2 diabetes or ESRD (end-state renal disease).

And have one of the following:

- Qualifying risk score as determined by the risk assessment. The score must be 9 or greater. The CDC Prediabetes Screening Test is available at www.cdc.gov/diabetes/prevention/pdf/prediabetes-screening-test-tag508.pdf.
- Previous diagnosis of gestational diabetes.

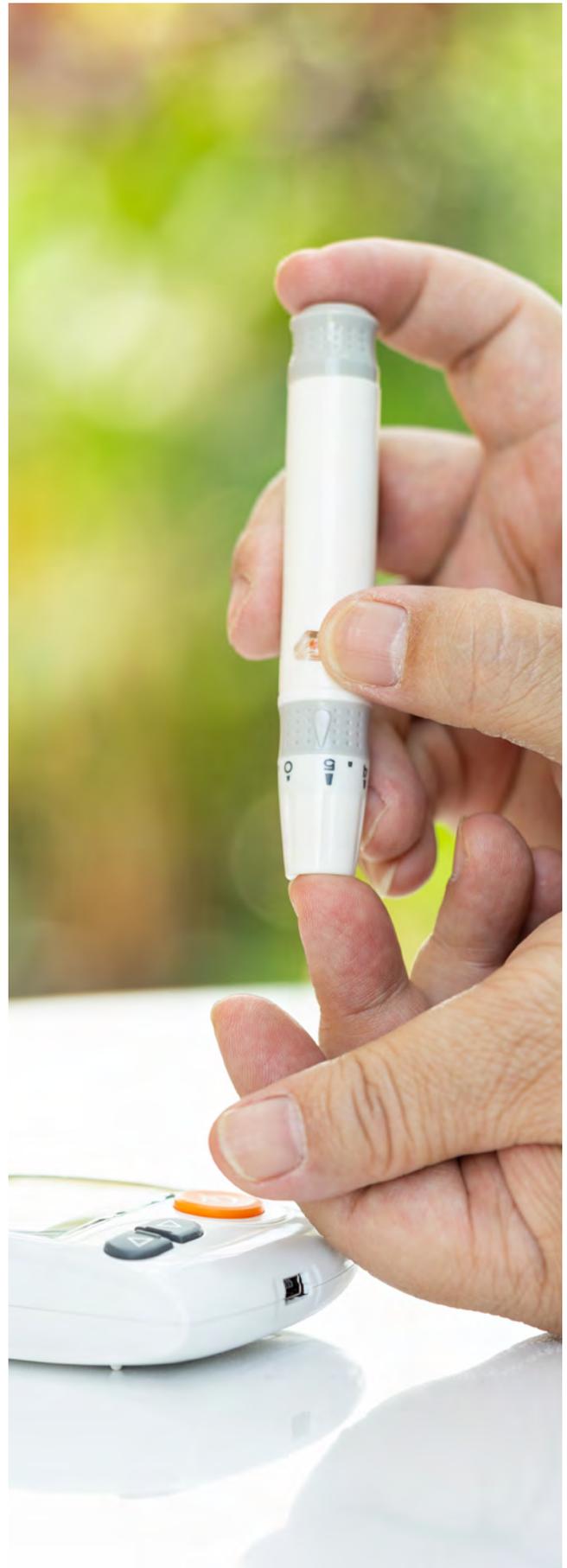
Diagnosed within the last year with prediabetes via a qualifying blood test value:

- HbA1c value of 5.7% to 6.4%.
- Fasting glucose of 100 to 125 mg/dL.
- Two-hour plasma glucose of 140 to 199 mg/dL.

Additional resources:

- To learn more about the program, contact the YMCA of Delaware's Healthy Living Department at 1-302-572-9622 or healthyliving@ymcade.org.
- Providers may also refer members to the program by completing the Health Care Provider Referral form at https://ymcادهfhlbf.formstack.com/forms/referral_healthy_living.

Please visit www.ymcade.org/preventdiabetes for a full overview of the program, eligibility criteria, class locations and schedules, and additional diabetes prevention resources.



Member Program Highlights (continued)

Delaware Division of Public Health Healthy Heart Ambassador Blood Pressure Self-Monitoring Program

Help your patients reduce their hypertension by following a new evidence-based program that empowers them to manage their high blood pressure (BP) while learning ways to eat healthier and be more physically active.

In this exciting, no-cost program from the Delaware Division of Public Health, specially 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:

- Older than 18 years.
- High BP diagnosis or prescribed a medication for high BP.
- No cardiac events in the past year.
- Don't have atrial fibrillation or other arrhythmias.
- Do not have or at-risk for lymphedema.

Program referrals:

You can refer patients to this program via a direct referral by calling **1-302-208-9097**, patient portal/text messaging, or a referral letter. Email DHSS_DPH_HHA@delaware.gov or contact Robina Montague at **1-800-642-8686, ext. 7814** for more details.

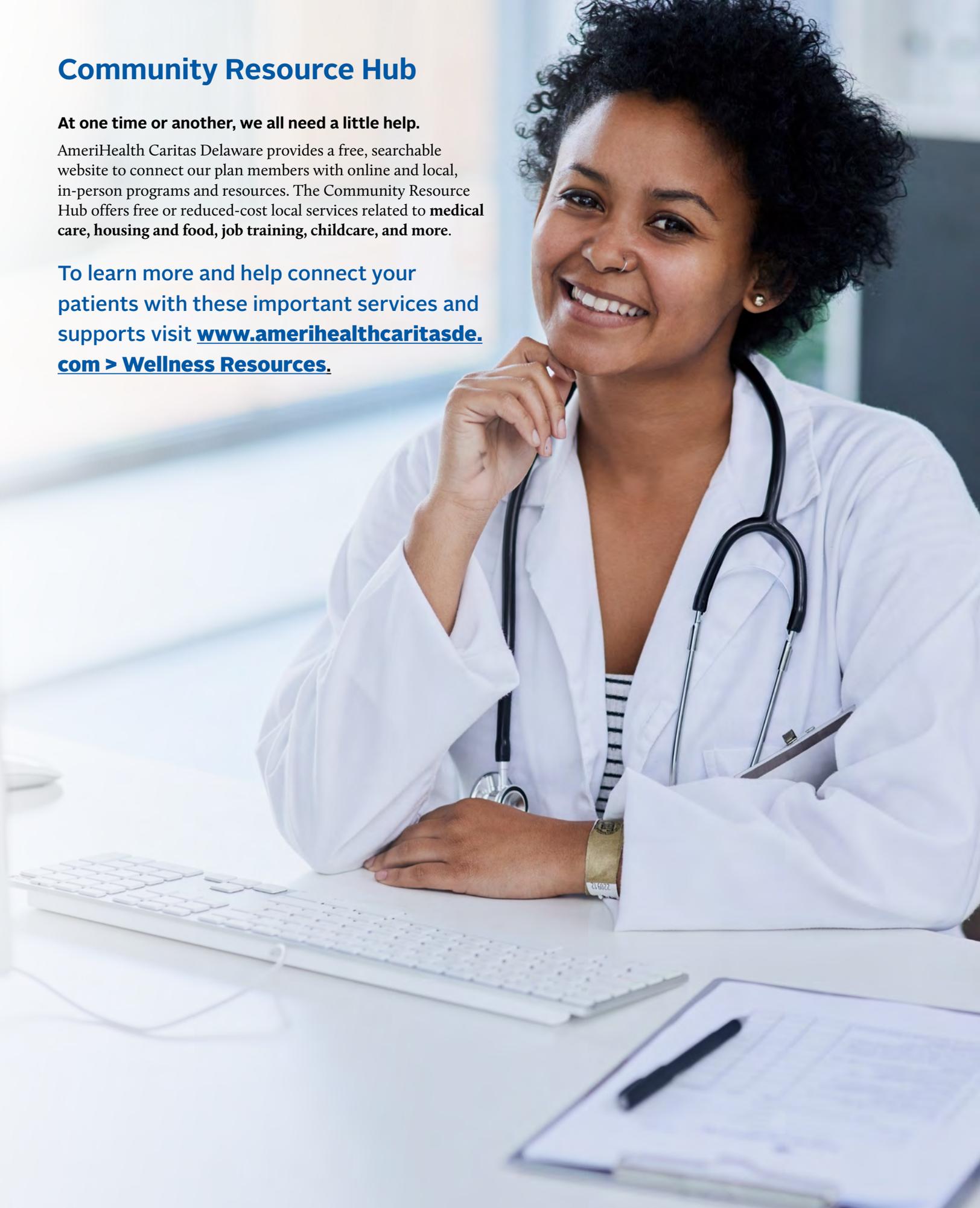


Community Resource Hub

At one time or another, we all need a little help.

AmeriHealth Caritas Delaware provides a free, searchable website to connect our plan members with online and local, in-person programs and resources. The Community Resource Hub offers free or reduced-cost local services related to **medical care, housing and food, job training, childcare, and more.**

To learn more and help connect your patients with these important services and supports visit www.amerhealthcaritasde.com > **Wellness Resources.**



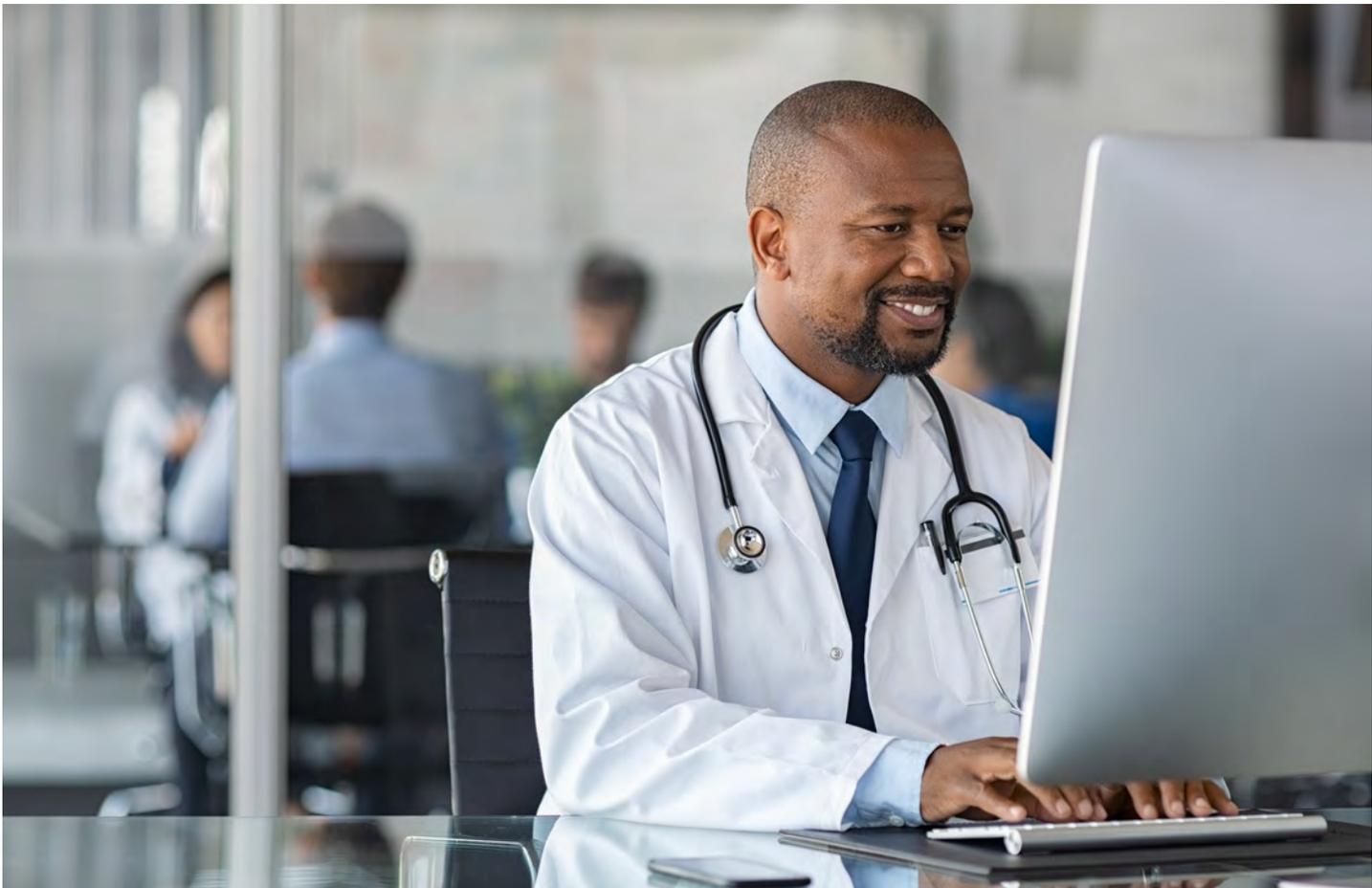
As a reminder: Comprehensive Medical Reports

Diamond State Health Plan-Plus Long Term Services and Supports (DSHP-Plus LTSS) is a program that provides services, including long-term services and supports, to members who meet nursing facility level of care, or are “at risk” for nursing facility level of care. Members qualifying for an AIDS/HIV Waiver must meet an acute hospital level of care to be in the program. At least annually, AmeriHealth Caritas Delaware must confirm that members still meet the level of care required to remain in the program. To complete this review for continued eligibility, a Comprehensive Medical Report must be completed by the primary care physician. It is imperative that the physician complete the one-page form and/or provide a History and Physical form. Of particular importance on the form is Question #8 (see below).

To meet a nursing home or community level of care, an individual must need assistance with at least one activity of daily living (ADL).

8. Progress: Applicant/member's condition is: Improving_____ Static_____ Deteriorating_____ Terminal_____ Remarks:_____ Meets a nursing home level of care for care in a facility or community: Yes_____ No_____

Physicians will receive a request from the member's Case Manager to complete the form, along with a fax number to send the completed form, and the Case Manager's contact information. AmeriHealth Caritas Delaware requests that the form be returned as soon as possible, but not more than five business days after receipt of the form.



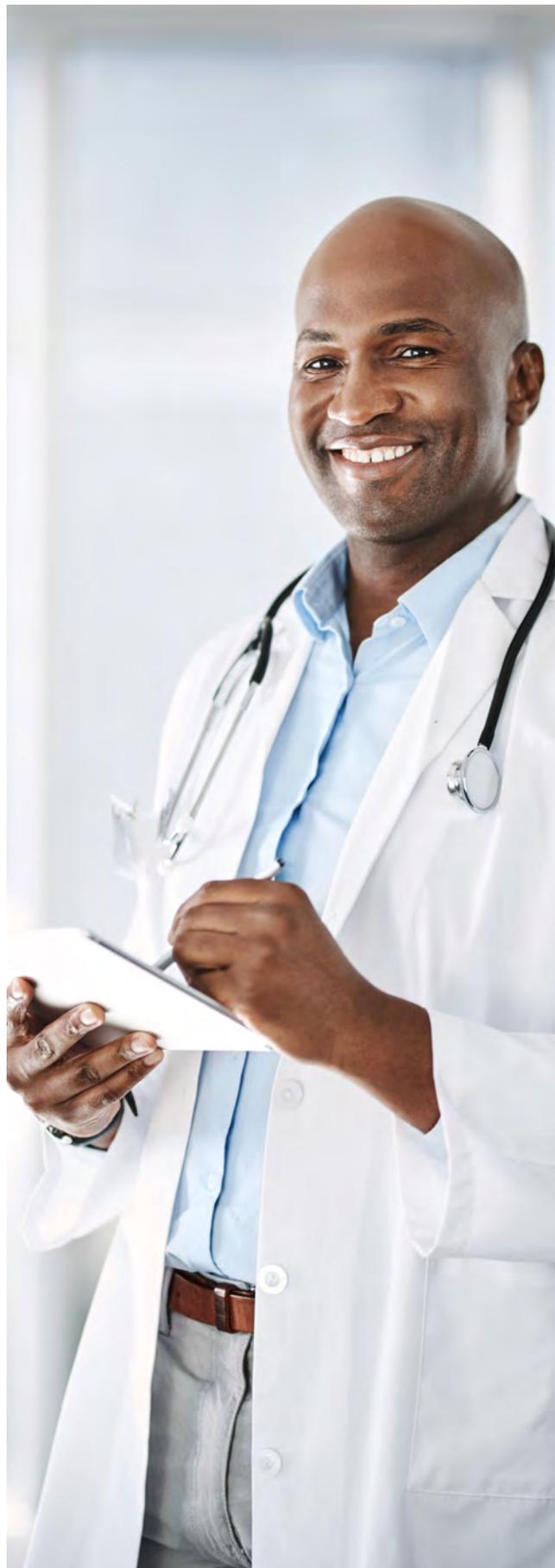
Prior Authorization Lookup tool now available on plan website

The Prior Authorization Lookup tool was designed to help reduce the administrative burden of calling Provider Services to determine whether prior authorization is required. The tool is easy to use and offers general information for outpatient services performed by a participating provider.

To try the Prior Authorization Lookup tool, visit www.amerihhealthcaritasde.com/provider/resources/prior-authorization-lookup.aspx.

Prior authorization requests cannot be submitted through the tool and should continue to be requested through your current process. We would like to remind you that you can submit your requests electronically via NaviNet. Through your single login to NaviNet, you can request prior authorization and view authorization history. If you are not already a NaviNet user, visit <https://navinet.secure.force.com/> to sign up.

If you have questions about the tool, please contact your Provider Account Executive or the Provider Services department at 1-855-707-5818. If you have questions related to a procedure code or prior authorization, please call 1-855-396-5770.



Do you know your Provider Network Management Account Executive?

Your Provider Network Account Executive is your liaison with AmeriHealth Caritas Delaware. They are responsible for orientation, continuing education, and problem resolution for our network providers. Email us or give us a call.

Ancillary providers:

Katrina Tillman

Phone: 1-302-233-1544

ktillman@amerihealthcaritasde.com

Behavioral health providers and facilities

Karen Lysinger

Phone: 1-302-233-5700

klysinger@amerihealthcaritasde.com

Hospitals

Tiara Goodmond

Phone: 1-302-270-6750

tgoodmond@amerihealthcaritasde.com

Long-term services and supports providers, skilled nursing facilities, and home health agencies

Deneka Smith

Phone: 1-302-286-5927

dsmith3@amerihealthcaritasde.com

Physical health providers

(United Medical, Mednet, and Delaware Chiropractic Services Network [DCSN], statewide)

Kristina Peden

Phone: 1-302-256-6254

kpeden@amerihealthcaritasde.com

New Castle County physician groups

Latasha Smith

Phone: 1-302-268-0424

lsmith@amerihealthcaritasde.com

Kent and Sussex counties physician groups and dental (SkyGen) and vision (Avesis) providers

Ashley McLaughlin

Phone: 1-302-286-5907

amclaughlin@amerihealthcaritasde.com

Leadership

Stephanie Miller

Phone: 1-302-270-6788

smiller@amerihealthcaritasde.com



Claim submission, provider complaints, and appeals

Important claim time frames		
Action	Time frame	Time frame begins
Initial claim submission (AmeriHealth Caritas Delaware is primary payer.)	120 days	Date of discharge (inpatient) or date of service (outpatient)
Corrected claim submission (AmeriHealth Caritas Delaware is primary payer.)	120 days	Date of discharge (inpatient) or date of service (outpatient)
Initial claim submission (AmeriHealth Caritas Delaware is secondary payer.)	60 days	Date of primary payer's final determination
Corrected claim submission (AmeriHealth Caritas Delaware is secondary payer.)	60 days	Date of primary payer's final determination
Provider complaint	12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claims submission, whichever is latest.	

Corrected claim submission guidelines	
Paper claims Submit to: AmeriHealth Caritas Delaware Attn: Claims Processing Department P.O. Box 7367 London, KY 40742	Claim filing guidelines: <ul style="list-style-type: none"> • CMS 1500 claim — Resubmission code “7” and the plan’s original claim number must be in field 22. • Institutional UB-04 claim — Bill type for form locator 4 should end in “7” and the plan’s original claim number must be entered in form locator 64A (document control number).
Electronic claims Payer ID: 77799	Claim filing guidelines: <ul style="list-style-type: none"> • Bill frequency code “7” in the 2300 claim loop in the field CLM05-3. • Bill the original claim number in the 2300 claim loop in the REF*F8 segment.

Important tips

- When submitting a corrected claim, you do not need to append a Provider Complaint form. Attaching a Provider Complaint form to a corrected claim will cause a delay in claim processing.
- Corrected claims must be received 120 days from the date of service, unless otherwise specified in your contract.
- If AmeriHealth Caritas Delaware is the secondary payer, corrected claims must be submitted within 60 days of the date on the primary insurer’s EOB.

Online trainings and guides available

Did you know that AmeriHealth Caritas Delaware provides online training that you can access at your convenience?

Visit the **Providers > Training and Education** section of our website to find available trainings and to access registration links, e-learning modules, and user guides.

Provider appeals

Providers may file an appeal on a member’s behalf, with the member’s written consent. The Notice of Adverse Benefit Determination letter has an attached consent form for your convenience. Consent forms must be signed by the member or the member’s authorized representative. The provider may not sign the form for the member.

Please mail all provider initiated appeals to: AmeriHealth Caritas Delaware P.O. Box 80106 London, KY 40742-0106 or call **1-855-396-5770** and follow the prompts.

Subscribe to Network News — AmeriHealth Caritas Delaware's email service

To help ensure that you are receiving all provider notices, subscribe to our email service, **Network News**.

We use Network News to share information on topics of importance to you, including important plan updates, provider training events, and more.

To subscribe:

- Complete the online form found under www.amerihhealthcaritasde.com > Providers > Newsletters and Updates or simply [click here](#).
- Click **Submit**.
- Watch for a confirmation email in your inbox.

Your information will be kept confidential.

We encourage all providers to **register**.



Connect with us on Facebook and Instagram

Follow AmeriHealth Caritas Delaware on Facebook or Instagram for event information, health tips, member information, and more. Search for **@AmeriHealthCaritasDE** on either social platform to find us.

If you suspect it, report it: Help us fight fraud, waste, and abuse

We at AmeriHealth Caritas Delaware recognize the importance of detecting, investigating, and preventing fraud, waste, and abuse.

Examples of fraud, waste, and abuse include:

- Accepting kickbacks for patient referrals.
- Violating physician self-referral prohibitions.
- Billing for services not furnished.
- Providing medically unnecessary care.

As a reminder, AmeriHealth Caritas Delaware providers are required by contract to make medical records accessible to all appropriate government agencies, including, but not limited to, Delaware Health and Social Services (DHSS), the Delaware Division of Medicaid and Medical Assistance (DMMA), the United States Department of Health and Human Services (DHHS), the Centers for Medicare & Medicaid Services (CMS), and/or the Office of the Inspector General (OIG), and their respective designees, to conduct fraud, waste, abuse, and/or quality improvement activities.

Anonymously report suspected fraud, waste, or abuse directly to AmeriHealth Caritas Delaware or to the Delaware Division of Medicaid & Medical Assistance (DMMA):

AmeriHealth Caritas Delaware:

- **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

DMMA:

- **Call:**
1-800-372-2022. Fax: **1-302-255-4425**, Attn: **SUR Unit**
- **Email:**
surreferrals@state.de.us
- **Mail:**
Division of Medicaid & Medical Assistance, Surveillance
and Utilization Review (SUR) Unit, Lewis Building,
P.O. Box 906, New Castle, DE 19720





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