

Winter 2022



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Balance Billing Members

AmeriHealth Caritas 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 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 balance 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 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, if program staff feels the member's condition requires long term/complex care a referral will be made to program staff in Complex Care Management (CCM).

Complex Care Management (CCM)

This program serves members identified as needing comprehensive and disease-specific assessments, and re-assessments, 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 member's 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 registered nurses 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 and is offered a referral to the appropriate behavioral health services
- Subsequent detailed reassessments are performed for any item that screens positive in the initial assessment.

“Let Us Know” Program

Providers are encouraged to refer members to the Integrated Health Care Management (IHCM) program 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, please contact the Rapid Response Outreach Team

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Transitions of Care (continued)

1-844-623-7090. Providers can also complete a “Let Us Know” intervention form and fax it to our Rapid Response Outreach Team fax line for members that have missed appointments, need transportation services, or further education on their treatment plan or chronic condition. This form can be downloaded from www.amerihhealthcaritasde.com.

Members are also referred to the IHCM program through internal plan processes. 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 with EPSDT and/or 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

the comprehensive assessment and member- centered plan of care development process. Program staff creates the member’s plan of care. Program staff complements the PCP’s recommendations in the development of 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 key and/ or current providers of care, such as the member’s behavioral health care 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 key providers to be part of the development of the member-centered care plan. As the member is reassessed, a copy of the care plan goals is supplied to both the provider and 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 both 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 a fully integrated Medical Management department. Under this collaboration, the plan’s integrated platform will seamlessly coordinate 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 an integrated plan of care for members in need of physical and behavioral health care coordination. Care Managers will also ensure that communication between the two disciplines, providers, and organizations occurs routinely for all members with physical and behavioral health issues. Care Managers will also coordinate with substance use disorder providers and community

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Transitions of Care (continued)

resources with the appropriate member consent as needed. Care Managers will proactively and regularly follow-up on required physical and behavioral health services, treatment planning, and provider-to-provider communication to ensure that member needs are reviewed, assessed, and updated.

Member-Centered Plan of Care

Through the IHCM program, AmeriHealth Caritas Delaware works with practitioners, members, and outside agencies, as appropriate, to develop member-centered plans 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 considers the cultural values, and any special communication needs of the member, family and/or the child.

AmeriHealth Caritas Delaware care planning is based upon 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 developing a treatment plan 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 IHCM program, the member is assisted in accessing any support needed to maintain their plan of care. The plan and the PCP are expected to ensure that members and their families (as clinically appropriate), are 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.

Plans of care for members with special health care needs are reviewed and updated every 12 months, at a minimum, or as determined by the member's PCP based on 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 the 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 presentation of a new chronic, sometimes life-threatening condition;
- Temporary or permanent changes in the fulcrum

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Transitions of Care (continued)

of care when a patient must change from a primary care physician to a specialist due to a surgical need or exacerbation of a chronic condition;

- Changes in a living situation to obtain more independence or because of a need for greater support; or,
- Caregiver and family changes.

During inpatient transitions, members are supported through the IHCM department. Members receive, at minimum, three outreach calls, starting within 24 - 48 business hours after discharge. These calls are strategically placed to ensure the member has the appropriate resources and has had a follow up appointment 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, appropriate public education regardless of the level or severity of their disability. IDEA provides funds to enable states to provide a public education to students with disabilities. Under IDEA, students with disabilities can receive public education because the law provides for individualized education programs (IEP) that meet the unique needs in the least restrictive environment for each child in the IDEA program. The law also provides guidelines for determining what related services are necessary and outlines a “due process” procedure to make sure these needs are adequately met.

Children, age 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 or guardian, PCP, teachers, and other stakeholders who are involved with the child’s learning.

AmeriHealth Caritas Delaware is involved 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 these children or their needs. Therefore, AmeriHealth Caritas Delaware also relies upon 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 any services that are needed to support the educational process.

IDEA, Part B, details eligibility criteria and services under the IDEA program that support an appropriate, free public education for this population. 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, details services for children from birth to three years who either have, or are at risk, for a developmental, educational, behavioral, or physical care delay. These children are likely not receiving special education services. Delaware Child Development Watch (CDW) program and AmeriHealth Caritas Delaware jointly 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 a screening procedure that indicates the potential need for services under IDEA. 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 developmental 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, the evaluation 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 complete, 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 arrange services consistent with the treatment plan 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 periodic progress updates. 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, but are not limited to those listed below:

- Children diagnosed with hyperactivity, attention



deficit disorders, autism spectrum disorder, severe attachment disorders, or other behavioral health disorders.

- Children with delay 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 that does 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, sexual abuse, or other
- Environmental situations that raise significant concern regarding the children's emotional being.

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

Clinical conditions:

- Chromosomal Abnormality or Genetic Disorder.
- Metabolic Disorder.
- Infectious Disease.

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Transitions of Care (continued)

- Neurological Disease.
- Congenital Malformation.
- Sensory Disorder (vision and hearing).
- Toxic Exposure.
- ATOD (alcohol, tobacco, and other).
- Exposure to HIV.

Neonatal conditions:

- Birth weight 2000 grams - Infant's birth weight less than 2000 grams.
- Premature birth – Gestational age less than or equal to 34 weeks.
- Respiratory distress - Infant experienced respiratory distress requiring mechanical ventilation for more than 6 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 1) fails newborn hearing screen, 2) presents with unresolved otitis media, or 3) 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.
 - 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;

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Transitions of Care (continued)

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 further evaluation when any of these conditions and/or situations, or other conditions and/or situations are present. Especially when the concern varies significantly from what is

expected at the member's age or stage of development. If the provider detects what is considered 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 re-administer the screening tool. However, when choosing to re-administer the screening, providers are expected to 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



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.

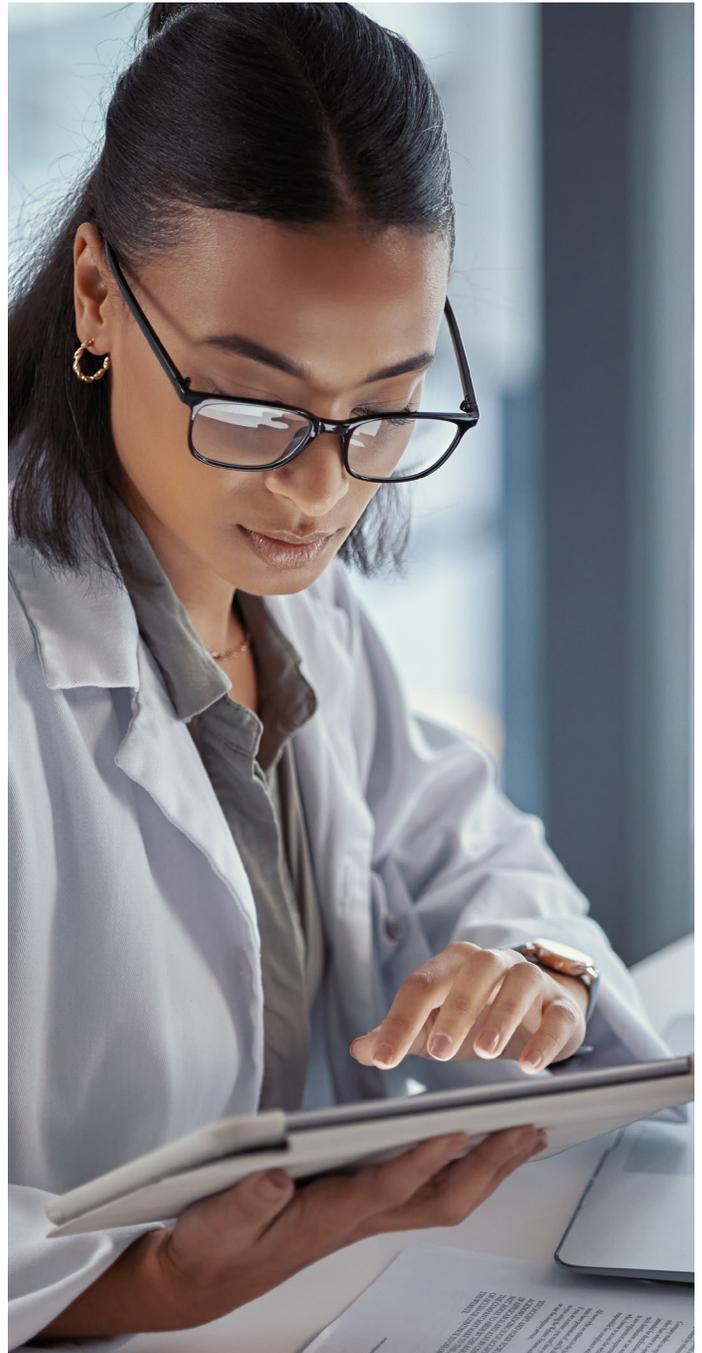
In addition to submitting and inquiring on existing authorizations, you will also be able to:

- Verify if **No Authorization is Required**
- Receive **Auto Approvals**, in some circumstances
- Submit **Amended Authorizations**
- **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. 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 9-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 3 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 to complete the application from the notice date.
- Failure to timely fulfill this requirement will result in termination.

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

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>



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.
- 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 for requesting language access services.
- Offer best practices when communicating through an interpreter and use of translation services.
- Provide useful tips and considerations for providers.





Provider Advisory Council Charter

It is important to AmeriHealth Caritas Delaware that our providers are engaged and express their views, as their input is valuable to providing the highest quality of care to our members.

The Provider Advisory Council (PAC), a subcommittee of AmeriHealth Caritas Delaware's Quality of Service Committee (QSC), provides a regional forum for providers to give input on AmeriHealth Caritas Delaware's clinical policy development and provider operations. The council will promote collaboration that enhances the service delivery system, improves provider satisfaction and member experience, and promotes data sharing and value-based payment strategies.

Provider Advisory Council representatives' opportunity:

PAC members serve in an advisory setting that allows freedom to communicate.

Bright Start Webinar Training

Please join us for the latest virtual Provider Training highlighting the services and benefits of the Bright Start program.

Registration: The final training modules will be held on December 19, 2022, at 11 a.m. and 2 p.m. To access the full list of dates and times, and to register for a session, please visit: <http://www.surveymonkey.com/r/SXVPBQJ>

All OB/GYN providers are encouraged to attend.

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.amerhealthcaritasde.com/assets/pdf/provider/provider-wellness-programs.pdf>

CLINICAL PRACTICE GUIDELINES

AmeriHealth Caritas of 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 the 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

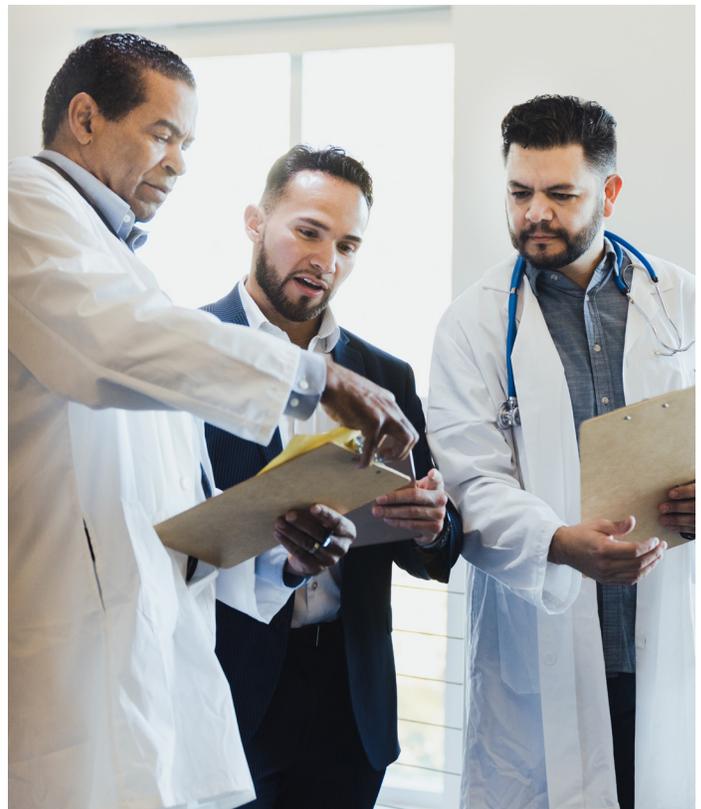
SUICIDE PREVENTION RESOURCE CENTER

- Caring for Adult Patients with Suicide Risk

U.S PREVENTATIVE SERVICES TASK FORCE

- A and B Recommendations
- HIV/AIDS

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





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