

Summer 2025



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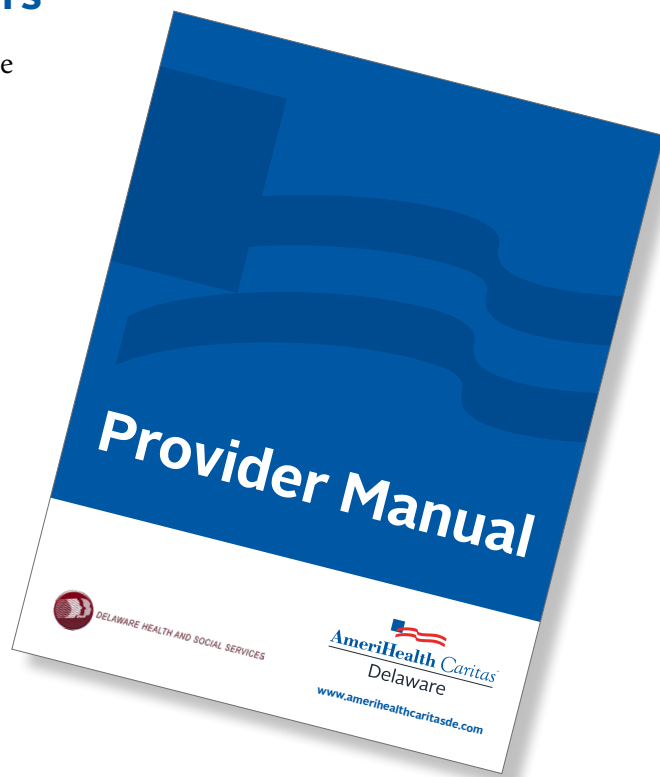
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Reminder: Do not balance bill members

AmeriHealth Caritas Delaware members should not be balance billed by any 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.



Find a doctor, drug, or pharmacy



As an AmeriHealth Caritas Delaware provider, you are a part of a dedicated network that is ready to meet our members' health care needs. We'll work with you to ensure that our members receive access to the quality health care they need.

Our network is designed to provide our members with integrated care. Find other committed providers like you in the directories:



AmeriHealth Caritas Delaware peer review process

The AmeriHealth Caritas Delaware peer review process focuses on patient safety and quality of medical care provided to all members. It is one component that AmeriHealth Caritas Delaware uses to monitor, evaluate, and improve the quality and appropriateness of care and service delivery to members. Other components include performance improvement projects, medical/case record audits, performance measures, surveys, and related activities.

Peer review is an evaluation of the professional practices of a provider by their peers. The evaluation assesses the necessity, appropriateness, and quality of care furnished by the provider in comparison to care customarily furnished by their peers, and consistency with recognized health care standards. The AmeriHealth Caritas Delaware Chief Medical Officer (CMO) oversees the peer review process and chairs the Peer Review committee.

The Peer Review committee membership is drawn from the provider network and includes peers of the participating provider being reviewed. Members and staff can notify the Peer Review committee of any situations or problems related to providers.

The peer review process includes the following:

- **Case review.** The review considers potential grievances and issues with the quality of care or service.
- **Thresholds.** AmeriHealth Caritas Delaware has established thresholds for issues with the quality of care or service identified by internal sources to establish off-cycle credentialing reviews and/or referrals to the Peer Review committee. At the



discretion of the CMO, a provider or facility can be referred to the Peer Review committee or Credentialing committee for substantiated issues, even if thresholds aren't met.

- **Peer Review committee.** This group reviews participating provider performance, when appropriate.
- **Tracking and reporting.** All providers will be tracked by the Quality Management department to determine if the established thresholds establish an off-cycle credentialing review and/or referral to the Peer Review committee.
- **Training and education.** AmeriHealth Caritas Delaware provides training and education to providers, staff, and members in the peer review process.

If you have questions or need more information about the peer review process, contact Provider Services at **1-855-707-5818**, or speak with your Provider Network Account Executive.



Reducing Disparities in the Management of Hypertension in African American Patients

Nationally, an estimated 55% of all African American adults have difficulty controlling their blood pressure. In an effort to reduce disparities within the population, AmeriHealth Caritas Delaware is offering an informational toolkit to support our network providers in addressing those hypertension-related disparities.

Within the toolkit, you will receive information about:

- Supportive best practices, tools, and strategies to work to reduce high blood pressure for your African American patients
- Barriers to care within the African American population

- Information on best practices for working with community-based organizations to reach your patient population
- Continuing education resources
- CPT codes and other billing information

In your role, you can build trust and educate yourself to support your African American patients through an equitable lens. Together we can effect change.



\$25 for annual completion of a blood pressure check with a result of 139/89 or lower for members ages 18 - 85 with a diagnosis of hypertension.



Blood lead level screening for AmeriHealth Caritas Delaware members

Lead poisoning remains a widespread and preventable environmental hazard for children in Delaware. Young children up to age six, whose brains develop rapidly, are at the greatest risk of harm from lead exposure. Both Delaware law (Title 16, Code 4459A) and Medicaid require primary care providers (PCPs) ensure all children receive the following blood lead screenings.

- One screening at or around 12 months of age
- One screening (second screen) at or around 24 months of age
- One screening for children ages two through six with no known history of prior blood lead test

Complete a lead screening at both 12 months and 24 months of age.	\$35 for 12/24 months
If screenings are not completed at 12 and 24 months of age, then complete one lead screening for children 24 – 72 months of age.	\$25 for 25 to 72 months
Reward applies to each completed screening.	

¹"Delaware Regulations: Administrative Code: Title 16: Department of Health and Social Services: Division of Public Health: Health Systems Protection: 4459A Regulations Governing the Childhood Lead Poisoning Prevention Act," Delaware General Assembly, <https://regulations.delaware.gov/AdminCode/title16/4459A>



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 claim's submission, whichever is latest. 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 (<https://www.amerihealthcaritasde.com/assets/pdf/provider/provider-manual.pdf> **Medical Record Reviews**):

- Compliance with AmeriHealth Caritas Delaware medical record 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 as deemed appropriate.
- Practitioners are required to achieve a medical record review audit score of 90% or greater to meet AmeriHealth Caritas Delaware's MRR standards.
- Practitioners that do not achieve the score of 90% will have a reaudit 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 at [amerihealthcaritasde.com](https://www.amerihealthcaritasde.com), and has sections pertaining to medical record content, organization, and ease of retrieving medical records.
- Please note the timing of the medical record review audit overlaps with AmeriHealth Caritas Delaware's HEDIS requests for medical records, so you may receive multiple medical record requests during the same time frame for the same members. Unfortunately, the requests for both projects are different, and each are looking at different measures. The same records cannot be used for both projects.

Beware of phishing scams — Don't take the bait!

One of the biggest information security risks for most organizations occurs when an associate opens a phishing email and clicks on the link. It only takes one click on a phony link to impact an organization's cybersecurity efforts.

Why it's important

Phishing scams are emails that look real but are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information (PHI) and personally identifiable information (PII), as well as a company's confidential and proprietary information, at risk.

It may be a phishing email if it:

- Promises something of value (e.g., "Win a free gift card").
- Asks for money or donations.
- Comes from a sender or company you don't recognize.
- Links to a site that is different from that of the company the sender claims to represent.
- Comes from a trusted business partner that has experienced a security incident. All emails sourcing from outside your organization should be scrutinized
- Asks you for personal information, such as your username and password/passphrase.
- Includes misspelled words in the site's URL or subject line.



If you suspect an email may be phishing, here are some tips:

- Do not click any links in the email.
- Do not provide your username and password; you should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as retailers (like Amazon) or banks.
- Do not reply or forward the email to anyone within your organization.
- Familiarize yourself with your organization's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- Your organization's information security department may have additional information and guidance on how to protect yourself from scams.

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>





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Delaware

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