Introduction for Delaware Providers

Corporate Provider Network Management
Overview

- Delaware snapshot.
- Who we are.
- Why Medicaid managed care?
- Why AmeriHealth Caritas?
- Why partner with us?
- Medical management.
- Quality and value-added services.
- How to reach us.
Delaware Snapshot
Delaware’s Department of Health & Social Services (DHSS) oversees the Diamond State Health Plan (DSHP), a full-risk Medicaid managed care program that includes primary and acute physical health, pharmacy, behavioral health, and long term services and supports benefits.

Current Diamond State Health Plan managed care contracts expire in December 2017. In May, DHSS released a Request for Qualifications (RFQ) for new managed care organizations, with implementation targeted for January 2018. DHSS currently contracts with two organizations to manage this program: United and Highmark/Gateway (Delaware Health Options).

AmeriHealth Caritas Delaware intends to pursue this opportunity to become a Diamond State Health Plan care management organization and provide Medicaid managed care services to enrollees in Delaware.
Membership

Total member enrollment is approximately 235,000. Membership includes the following:

- Aged, Blind, and Disabled (ABD)
- Children’s Health Insurance Program (CHIP)
- Temporary Assistance for Needy Families (TANF)
- Managed Long Term Services & Supports (MLTSS)
Who We Are
History and Background

Mercy Health System

Mercy Health System joins forces with Independence Blue Cross to form the AmeriHealth Mercy Family of Companies.

Founded as Mercy Health Plan in 1983 by Mercy Health System.

Behavioral health services are offered through PerformCare®.

Pharmacy services are offered through PerformRx℠.

Independence Health Group assumes majority ownership of AmeriHealth Mercy with BCBSM joining as a minority owner.

AmeriHealth Mercy becomes AmeriHealth Caritas.

Paul A. Tufano named Chairman and CEO of AmeriHealth Caritas.

- 171,000 members
- 2.4 million members
- 5.4 million members

1983 to 1999
2006 to 2011
2012 to 2016
AmeriHealth Caritas is part of the Independence Health Group in partnership with Blue Cross Blue Shield of Michigan.

**Our mission:**
We help people get care, stay well, and build healthy communities.

**Our vision:**
Leading America in health care solutions for the underserved.
Why Medicaid Managed Care?
Why Medicaid Managed Care?

Medicaid managed care promotes a culture of wellness through interventions that coordinate care, handle chronic conditions, engage and educate patients, and offer access to high-quality care.

In successful programs, managed care organizations (MCOs) serve as active advocates for members to help them access appropriate health care at the right time and in the right settings.

All but two states have adopted some form of managed care in an effort to increase access to quality care for Medicaid consumers, while finding savings in increasingly costly Medicaid budgets.¹

Why Medicaid Managed Care?

A full-risk Medicaid managed care model can be effective in managing special populations, including those with behavioral health issues, intellectual and developmental disabilities, and long-term care needs. MCOs can offer improved:

- **Access**
- **Coordination**
- **Quality**
Why AmeriHealth Caritas?
Who We Are

The AmeriHealth Caritas Family of Companies is one of the largest Medicaid managed care organizations in the United States. We offer a full spectrum of managed care services such as physical health, behavioral health, and prescription drug management. We are uniquely qualified to provide this population with the coordinated care they deserve.

We are:

• A national presence, delivering Medicaid managed care in six states and the District of Columbia, currently touching the lives of more than 5.7 million members.

• A well-established company with more than 30 years of experience serving Medicaid beneficiaries and other low-income populations in rural and urban settings.

• An industry leader in managing medically complex members that has served the ABD population since 1997 and currently serves more than 230,000 ABD members.

• A mission-driven company whose goal is to keep families and communities healthy by helping them connect to their physicians, with a focus on preventive care and health maintenance.

• An organization with diverse expertise, including Medicaid, Medicare-Medicaid plans (MMPs), Medicare Advantage dual-eligible special needs plans (D-SNPs), behavioral health, pharmacy benefit management (PBM), and specialty pharmacy services.
Where We Are

Blue States  Existing AmeriHealth Caritas Medicaid health plan markets

- **D-SNP**  
- **MMP**  
- **Behavioral health managed care**  
- **Pharmacy benefits management**
- **Medicaid third-party administration**
- **LTSS experience**

DE6-1522-01
Our Capabilities

AmeriHealth Caritas’ corporate systems and centers currently:

• Handle an average of **3.4 million member and provider calls annually** in our 24/7 call centers.

• Facilitate more than **1.6 million inquiries monthly** through our robust web-based provider portal.

• Receive more than **91 percent of provider claims electronically** with an **automatic adjudication rate of 82 percent.**

• Process an average of **3 million claims monthly.**
Our Mission

We help people get care, stay well, and build healthy communities.

AmeriHealth Caritas delivers the expertise needed for success in helping families get the care they need.

By partnering with dedicated providers and working with local communities, we expect to achieve positive health outcomes for the Medicaid population in Delaware.
Why Partner with Us?
How We Can Support You

Our goal is to support providers through tools to conduct business and care for plan members. Our technology is complemented by high-touch interaction to support you in delivering care. We pride ourselves in maintaining the flexibility to customize our systems to accommodate the unique requirements of every market with:

- e-Solutions.
- Dedicated local staff.
- Involvement through provider committees.
- Integrated health care management (IHCM).
- PerformPlus® value-based programs.

AmeriHealth Caritas understands and values the importance of strong provider partnerships.
AmeriHealth Caritas partners with Change Healthcare (formerly Emdeon), the largest electronic data interchange clearinghouse in the country.

**Our e-Solutions can help you optimize productivity through:**

- Claim status inquiry.
- Efficient claims submission.
- Accurate, timely, and secure reimbursement.
- Earlier detection of claim errors.
- Faster claim and billing reconciliation.
- Reduction of paper workload for your organization.
- Lower administrative, postage, and handling costs.
e-Solutions to Support Patient Care Management

Our secure provider portal offers web-based solutions that allow providers and health plans to share critical administrative, financial, and clinical data in one place. This tool can help you manage patient care with quick access to:

- Member eligibility and benefits information.
- Panel roster reports.
- Care gap reports to identify needed services.
- Member Clinical Summaries.
- Admission and discharge reports.
- Medical and pharmacy claims data.
- Electronic submission of prior authorization requests.

Image is for illustrative purposes and does not contain actual patient or provider data.
**e-Solutions to Facilitate Communication**

AmeriHealth Caritas is dedicated to supporting our participating providers and ensuring they have the information they need at their fingertips. We keep you informed through several communication methods:

- Provider Manual.
- Network News.
- Connections newsletter.
- Provider-focused website section.
- Provider education.

**Searchable online tools:**

- Online provider directory.
- Drug formularies.

Excellent provider communication and service are organization-wide priorities.
Dedicated Local Staff

When you join AmeriHealth Caritas, a local dedicated staff you know and trust will assist you. A Provider Network Account Executive is assigned to your practice and will routinely meet with you face-to-face. Local representation also includes a provider service call center and a local medical management team.
We welcome direction and feedback from our providers through membership in our provider committees.

- Quality Assessment Performance Improvement (QAPI) Committee.
- Quality of Clinical Care Committee.
- Credentialing Committee.
- Pharmacy and Therapeutics Committee.
- Provider Advisory Councils.
Support in Caring for Patients

AmeriHealth Caritas has extensive experience with Medicaid beneficiaries (Temporary Assistance for Needy Families, Children’s Health Insurance Program, ABD, and dual eligible) and other low-income populations.

Our innovative approach to serving members identifies and focuses on the unique needs of each individual — from their physical health to the broader range of behavioral, social support, and long-term services, and other needs that impact the member’s current and future health. We offer providers high-touch support in caring for these most vulnerable patients, our members:

• Care Managers.
• A team of registered nurses, social workers, and non-clinical care connectors.
• Community outreach teams.
• 24/7 Nurse Call Line for members.
• Telemedicine.
Medical Management
Integrated Health Care Management (IHCM)

Person-centered approach to participant care
Integrated health care management programs address participants’ comprehensive needs

Participant and family
How Our Services Are Integrated

• The AmeriHealth Caritas IHCM program is a holistic solution that uses a population-based health management program to provide comprehensive care management services. Our goal is to address care gaps and foster health equities with our IHCM program.

• This fully integrated, member-centric model incorporates a member-based decision support system that drives both communication and care plan development through a multidisciplinary approach and allows members to move seamlessly from one component to another — including social supports— according to their unique needs.
Integrated and Person-Centered Model of Care

• We address all conditions in one individualized plan of care for the member. The IHCM program includes assessment, treatment, and other care planning, as well as service coordination of physical health, behavioral health, and social and environmental support needs.

• We involve members, guardians, care teams, providers, as well as existing community-based services and organizations to avoid or delay institutional-based care, supporting members who desire to remain in the home.

• We have a unique set of tools and experiences to help engage, educate and empower members to actively participate in improving their health outcomes.

High quality outcomes. Lower costs. Healthier communities.
Coordinating Care Through Ongoing Collaboration

**Rapid Response and Outreach episodic care:** The Rapid Response and Outreach Team addresses the urgent needs of our members and supports providers and their staff.

**Community Care Management Team:** A multidisciplinary care team who works in the community, meeting our members in the neighborhoods where they live and coordinating with the primary care provider (PCP) practice.

**Community Outreach Solutions Team:** Special group of community health workers who locate difficult- to-engage members to reconnect them with care management and provide hands-on coordination.

**Complex care management:** This voluntary program is focused on prevention, education, lifestyle choices, and adherence to the individual treatment plan. Nurse and social worker Care Managers embedded into the practice site of key providers to collaboratively manage the care of members.

**Behavioral health care management:** Experienced behavioral health nurses and other licensed mental health professionals address complex issues surrounding members’ care and behavioral health needs.
AmeriHealth Caritas is committed to assisting individuals who have functional limitations and qualify to receive help with certain activities of daily living. Certain services are provided in the individual’s home, community, or a licensed institution. Services may include:

- Eating
- Taking medication
- Dressing
- Getting to appointments
- Household chores
- Bathing

We believe all individuals—regardless of age, income, or ability—have the right to make choices that affect all aspects of their lives.
Single Care Team for All Member Needs
LTSS: Supporting Members in Their Community

**High-touch person-centered model of care**
- Reflects individuals' goals, needs, preferences, and desired outcomes.
- Provides for low ratios for high-risk members for frequent interaction.
- Ensures member choice of care manager and ICT members.
- Fosters development of trusted relationships.

**Home-based clinical advancements and innovation**
- Extends the reach of care coordination to the home.
- Enables identification of real-time issues (i.e., ER admissions), care gaps, and changes in condition.
- Allows for on-demand interaction and collaboration between members, caregivers, and their care team.

**Diversion and transition of care initiatives**
- Supports members' ability to live and work in their settings of choice. Ensures timely initiation of in-home supports.
- Focuses on post-acute and short-term nursing facility stays.
- Provides enhanced benefits to support community living and optimal functioning including:
  - Flexible Community Benefit to provide waiver-like services for non-waiver members.
  - Welcome Home Benefit to bridge uncovered expenses that facilitate a smooth and sustained transition to the community.

**Coordinating care and services across the continuum**
- Enables coordination through integrated care teams and IT platform.
- Assignment of a single care coordinator for members in D-SNP/LTSS.
- Supports choice of the most integrated setting of care.
- Ensures member choice of service provider through a robust network that is broad and inclusive.

**Focus on community-based partnerships and collaboration with providers**
- Ensures high-quality, seamless care and service coordination for members through collaboration and alignment with community-based organizations.
- Provides resources and training our providers need to simplify interactions with the health plan and ensure a smooth program transition.
- Promotes quality improvement through partnerships with providers with a range of value-based purchasing models.
AmeriHealth Caritas understands the importance of addressing the functional limitations of individuals to help provide for their health and welfare and to support their quality of life.

Through a waiver program, HCBS address the social needs of individuals by supplementing and supporting their medical treatment received through the health plan. HCBS may include:

- Adult day health.
- Personal care services.
- Personal emergency response services.
- Respite care.
- Transition services.
Quality and Value-Added Services
Quality Assurance

The AmeriHealth Caritas QAPI program provides a framework for evaluating the delivery of health care and services provided to members.

- Develops goals and strategies considering applicable state and federal laws and regulations and other regulatory requirements, National Committee for Quality Assurance accreditation standards, evidence-based guidelines established by medical specialty boards and societies, public health goals, and national medical criteria.

- Uses performance measures such as Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), consumer and provider surveys, and available results of the External Quality Review Organization (EQRO), as part of its QAPI program.

- Develops preventive health and clinical guidelines using criteria established by nationally recognized professional organizations and input from AmeriHealth Caritas.
Partnering with Physicians for Quality Improvement

AmeriHealth Caritas is leading the way in innovative payment methods, including opportunities to share savings through collaborative provider partnerships.

Our goal is to help practices increase timely and appropriate ambulatory care, with a result in positive patient outcomes, while also maximizing revenue.

### A range of value-based purchasing models

<table>
<thead>
<tr>
<th><strong>CORE</strong></th>
<th>Includes PCP value-based models, dental program, and perinatal program.</th>
<th>Supported by advanced technology and analytic supports.</th>
<th>Represents “upside only” financial potential.</th>
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<td><strong>PREMIUM</strong></td>
<td>Includes shared savings, specialty, and federally qualified health center (FQHC) programs.</td>
<td>Designed to support different levels of provider risk tolerance and sophistication.</td>
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<td><strong>ELITE</strong></td>
<td>Features increasing levels of fiscal responsibility and health system risk.</td>
<td>May include risk-based collaboration and population health management.</td>
<td>Expands beyond the typical structure of the health system.</td>
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What Makes PerformPlus® Different?

According to our current partners, the best features are flexibility, transparency, and multiple opportunities for success.

• Unique focus on clinically preventable events.
• Custom dashboards to provide you with the data and transparency you need to succeed.
• Many opportunities for performance rewards within each program.
• Peer-based and trend-based measures.
• Programs tailored to your needs.
• Excellent customer service and satisfaction.
• Programs available for specialty groups.
• Reliable risk adjustment.
• Member and provider analytics (MPA) and self-service reporting.
How to Reach Us

• Call us at 1-844-460-9578.

• Email us at ProviderRecruitmentDelaware@amerihealthcaritas.com.

• Visit us at www.amerihealthcaritas.com or http://becomeaprovider.amerihealthcaritas.com/.
More than 30 YEARS of making care the heart of our work.