



**delaware
first health**

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PROVIDER NEWSLETTER



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Transforming the health of the communities we serve, one person at a time.

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What's New

Delaware First Health Earns NCQA Accreditation and LTSS Distinction!

Delaware First Health (DFH) is proud to have earned Health Plan Accreditation and Long-Term Services and Supports (LTSS) Distinction from the National Committee for Quality Assurance (NCQA). This honor by NCQA reinforces Delaware First Health's commitment to providing accessible, high-quality care to Delawareans.



Changes are coming to Delaware D-SNP plans!

The state of Delaware announced that it is increasing the alignment of Medicaid and Medicare systems to improve the health outcomes of dually eligible members.

Effective January 1, 2026, the state will require exclusively aligned enrollment for Medicaid members choosing to enroll in a Delaware Dual Special Needs Plan (D-SNP). This means that dually eligible members joining a Medicare Advantage D-SNP must join a plan affiliated with the same parent company as the Delaware Medicaid Managed Care Organization to which they belong. For example, Delaware First Health Medicaid Members would enroll with a Wellcare D-SNP.

D-SNPs operating in the Delaware market by a parent company that was not awarded a MCO contract by the state will be allowed to operate for an optional one-year grace period in 2025. D-SNPs who will be transitioning out of the market by 2026 are prohibited from enrolling additional members in 2025. Any dually eligible members wishing to join a D-SNP in 2025 must join one with a parent company that was awarded a MCO contract by the state.

We hope that you will join us in educating Delaware's dually eligible members about this important change that will result in better coordination of care and improved health outcomes for your patients and our members.

LTSS Prior Authorization Requirements Lifted

We are happy to announce an enhancement to our authorization service processes.

Effective, September 1st, 2024, referrals will be sent to providers for approved services in lieu of an authorization.



This referral process will notify providers of service initiation, changes, and terminations. Each referral will include contact information for the member and the LTSS Case Manager for outreach. Once services are initiated with a referral from Delaware First Health, they can continue uninterrupted until a termination notice is received, or the services are not being utilized by the member. Benefit limitations apply and will be outlined in the service referral.

Please defer to the Delaware First Health provider authorization tool to determine if additional authorization requirements are needed. Continue to bill for services as usual, however, you may now omit the authorization number.

For a full list of the approved HCPC codes, please review the original announcement on our [Provider News webpage](#).



LET'S GO DIGITAL

Delivery Notifications

In response to your feedback, healthcare providers may now use the [Delivery Notification Form](#) to notify Delaware First Health (DFH) of a mother's delivery. **This form MUST be completed within three (3) business days of the mother's discharge and faxed to 833-974-1203.** Please **Note:** If an inpatient stay is longer than 48 hours for a vaginal delivery or 96 hours for a cesarean delivery, a separate prior authorization request noting the length of stay outside of the global delivery timeframe is required and can be entered electronically in the DFH portal or faxed to 833-974-1203.

PCP Change Request Form

This [PCP Change Request Form](#) allows providers to assist members with changing their assigned PCP by completing and returning the form signed by the member. This new form is one initiative we are working on to assist the alignment of PCP assignment with attribution. More to come on this!

Self-Report Practitioner Race & Ethnicity

Delaware First Health is committed to maintaining a provider network that can meet the cultural and linguistic needs of our members. Because some members feel more comfortable with practitioners who share their language or background, we believe it is important to collect this data and provide members with choice.

Please add or [update your race/ethnicity and language spoken by the practitioners and/or your office](#) so we can better serve our members. The data will be included in our online directory and shared with our member facing teams so they may assist members with finding a provider that meets their needs. If you have multiple practitioners within your group, you can submit your information via our Provider Intake Roster Template, which is located on the [Manuals, Forms and Resources page](#) of our website.

Social Determinants of Health (SDoH) Mini Screener

This [SDoH Mini Screener](#) should be used to collect member SDoH data during patient visits for providers who do not have an SDoH screener integrated into their EMR system. Data obtained will be documented in the patient's EHR, and then matched and assigned to the standardized (Z codes) for billing purposes. You may access it on the [Provider Forms webpage](#) of our website.



Member Outreach Form

This Member Outreach Form should be used to request member outreach assistance from the Delaware First Health Member Advocacy Team. The Member Advocacy team will outreach members for various reasons:

- Missed scheduled appointments
- Frequent ER utilization
- Addressing care gaps
- Addressing barriers to Social Determinants of Health
- Connecting members to Care/Case Management
- *and more!*

For any questions, please outreach to: dfh_memberadvocates@centene.com.

Provider Demographic Updates

Delaware First Health needs your help to ensure we have your most up to date provider information. This information is important so that our members can find you in our online Find A Provider (FAP) provider directory and to ensure data does not cause claims payment issues. Please visit our [Provider Data Updates page](#) for information on how to keep your information current.

Provider Feedback Forms

Your feedback matters! We have a couple of ways for you to share your thoughts with us:






- Share your health plan experience with us by completing a brief online [Provider Feedback Form](#). We want to know what we are doing well and what we can do better.
- Our **LTSS team** would also like to hear from you directly. Please take a moment to complete a survey assessing the current process and upcoming changes. You can access this quick survey via the [DFH LTSS Authorizations and Administrative Burden Survey link](#).



Availity Essentials

Availity Essentials has been chosen as the new, secure provider portal. (Effective Oct. 21, 2024*)

Manage patient administrative tasks quickly and easily:

-  Validate eligibility and benefits
-  Submit claims
-  Check claim status
-  Submit authorizations
-  Access payer resources

For providers new to Availity Essentials, getting an account is the first step toward working on Availity.

[REGISTER NOW](#)

**Please note this is a phased rollout. The legacy portal will be available until the transition is completed by end-of-year 2025.*

Secure Provider Portal

Our current secure portal is still available for other functions that our providers use today.

Visibility of Multiple TINs

One point of entry allows for quick and easy access to Ambetter Health of Delaware member information for multiple TINs/practices.

Access Daily Patient Lists From One Screen

One concise view allows primary care providers to scan patient lists for Ambetter Health of Delaware member eligibility, care gaps, and much more.

Manage Batch Claims for Free

Submit and manage claims, including batch files, for free. View detailed Electronic Funds Transfer (EFT) payment history.

Simplify Prior Authorization Process

“Smart Sheets” feature prompts for required clinical information when submitting prior authorization requests.

Streamline Office Operations:

- View patient demographics and history
- Secure messaging between provider and Ambetter Health of Delaware
- Update provider demographics

Continued



Risk Condition Validation (RCV) and Clinical Quality Validation (CQV)

As of September 4, 2024, Delaware First Health started sending open risks and care gaps to providers via Availity Essentials.

Access CQV Work Queue and Forms

Use tools on the Availity Essentials Portal to complete Clinical Quality Validation (CQV) and attach medical records for your patients.

Seamless Submissions

The RCV and CQV apps are quick, easy alternatives to current submission methods. You decide what works best for you and your group.

Close Care Gaps

Participating providers across our Medicaid, Marketplace, and Medicare/DSNP networks can use the RCV app to earn bonuses as part of the Continuity of Care (CoC) program and use CQV to close care gaps

RESOURCES

Log into Availity to view the [RCV demo](#) and [CQV demo](#)

Join one of our upcoming free webinars in October and November 2024, [Availity Essentials Overview](#) to learn additional tips for streamlining your workflow

For providers new to Availity Essentials, getting an account is the first step toward working on Availity.



Administrators can register with Availity Essentials here: www.Availity.com/documents/learning/LP_AP_GetStarted

Have your tax ID number ready during signup.

Providers needing additional assistance with registration can call Availity Client Services:
1-800-AVAILITY (282-4548)
Monday through Friday, 8 a.m. – 8 p.m. ET.

For general questions, please reach out to Provider Services at
1-877-236-1341 or contact your [Provider Engagement Administrator](#).





Claims Corner

Helpful Links

[Clinical and Payment Policies](#)

Follow this link to access all new and existing clinical and payment policies

[Provider Form, Manuals and Other Reference Resources](#)

[Legacy Provider Portal](#)

[Availity Essentials Portal Login](#)

[Availity Essentials Portal Registration](#)

[Provider Engagement Representative Territory List](#)

[Evolent \(Formerly NIA\)](#)

[Provider News](#)

Stay up to date on all announcements, events, helpful resources and training opportunities.

[21st Century Cures Act Reminders](#)

[Medicaid Prior Authorization Tool](#)

Behavioral Health Modifiers

Delaware First Health requires Behavioral Health (BH) providers to bill according to the Delaware First Health BH Fee Schedule with applicable modifiers. Claims submitted without applicable modifiers will be denied by the health plan. Please use the [Claims Modifiers for Behavioral Health Services](#) resource as a guide to acceptable CPT code and modifier combinations for the most provided BH services.

Updates to November Check Runs: Veteran's Day and Thanksgiving Holiday

Due to the following upcoming holidays (Veteran's Day on 11/11 and Thanksgiving on 11/28), we are requesting the following updates to check run:

- Veteran's Day Holiday - Check run will occur on Tuesday, 11/12 and Thursday, 11/14.
- Thanksgiving Holiday - Check run will occur on Monday, 11/25 only. Check run on Thursday, 11/28 is canceled. Check run will pick back up on its normal schedule the week of 12/2.

21st Century Cures Act

All providers must register with the Delaware Medical Assistance Program (DMAP) with the appropriate NPI/taxonomy/service location combination. Please bill with the appropriate registered NPI/taxonomy/location on the claims. We are seeing increased denials due to missing taxonomies on claims.

Please Verify Member ID Numbers

Delaware First Health (DFH) wants to ensure that your claims are paid promptly and correctly. To do so, it is imperative that the correct Managed Care Organization and member identification (ID) number is used in all claims and authorization submissions. The DFH member identification number is the same as the member's Medicaid ID number. As a reminder, providers are responsible for verifying member eligibility every time a member is seen in the office. Providers can verify eligibility in the following ways:

- Log on to our secure provider portal at www.DelawareFirstHealth.com.
- Call our automated member eligibility IVR system and live agents at our toll-free Provider Services number: 1-877-236-1341



Antibiotics: Curse or Cure?

Understanding the Dangers of Overprescription

A member schedules a sick visit, reporting difficulty breathing and general illness, then requests an antibiotic prescription. Problem solved, right? Unfortunately, this scenario is all too familiar for many healthcare providers, who often face pressure to prescribe antibiotics based on patient demands. **However, simply giving in to these requests doesn't address the root cause of the illness. In fact, it can make things worse.**

If the patient is satisfied, what's the problem? The issue lies in the fact that antibiotics don't treat viral infections, such as the common cold or flu. Prescribing them in these cases not only fails to resolve the illness but can also lead to serious complications. **Misusing antibiotics promotes resistance, meaning the drugs may no longer work when they're truly needed.** The Centers for Disease Control and Prevention (CDC) estimates that roughly one-third of all antibiotics prescribed are unnecessary or inappropriate.

So why do antibiotics get overprescribed? Several factors contribute, including pressure from patients, lack of knowledge or experience among providers, and time constraints that limit opportunities for patient education. Patients often rely on providers for guidance, but this can be a valuable opportunity to educate them about proper treatment for their symptoms.

What can you do as a healthcare provider? When a patient insists on antibiotics, take the time to explain why they aren't always the right solution. Offer alternative treatments and educate them on the dangers of antibiotic resistance. By sharing this information, you're not just treating one patient—you're contributing to healthier outcomes for the entire community.

Provider Insights: Improving ADHD Follow-up Care

Your role in meeting the ADD HEDIS Measure

Understanding the ADD HEDIS Measure: The Attention-Deficit/Hyperactivity Disorder (ADD) HEDIS measure focuses on the management of children aged 6–12 years who are newly prescribed ADHD medication. The measure tracks two key components:

- 1. Initiation Phase:** A follow-up visit with a provider with prescribing authority within 30 days of the first ADHD medication dispensation. The first ADHD medication dispensation is defined as the first dispensation within 120 days.
- 2. Continuation and Maintenance Phase:** Two additional follow-up visits within the 9 months following the initiation phase.

Why This Matters?

- Effective follow-up care ensures proper medication management, monitors side effects, and supports adherence.
- Children with ADHD receiving consistent follow-up care have better clinical outcomes, improved school performance, and enhanced quality of life.

Your Role: Key Strategies for Success

- 1. Schedule Early Follow-Up Visits:** Ensure that a follow-up appointment is scheduled before the patient leaves your office or clinic. This helps meet the 30-day follow-up requirement.
- 2. Utilize Telehealth Options:** Consider telehealth follow-ups for increased convenience and accessibility.
- 3. Educate and Engage Families:** Provide clear guidance and educational materials on the importance of follow-up visits for medication adjustments and monitoring.
- 4. Leverage Care Coordination:** Use your practice's care coordinators or case managers to help schedule follow-up visits, reminders and address any barriers to care.
- 5. Document Thoroughly:** Accurate documentation in the medical record is crucial. Ensure every follow-up visit, patient communication, and care plan adjustment is clearly recorded.

References

1. Worldwide country situation analysis: Response to antimicrobial resistance 2015 [World Health Organization]. Available: <https://www.who.int/drugresistance/documents/situationanalysis/en/> [Accessed September 4, 2024].
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5. Cadieux G, Tamblyn R, Dauphinee D, et al.. Predictors of inappropriate antibiotic Prescribing among primary care physicians. *CMAJ* 2007;177:877–83. 10.1503/cmaj.070151 [PMC free article] [PubMed] [CrossRef] [Google Scholar]



When It Comes to RSV, You Call the Shots.

You have the best interest of your patients at heart. More than that, you have their trust. Your patients trust you more than any other source when it comes to vaccines. And your recommendation is the most effective way to ensure they get the ones they need.

You Can Help Protect Your Patients and Your Community.

Respiratory syncytial virus (RSV) is the leading cause of childhood respiratory illness in the United States, resulting in thousands of hospitalizations and hundreds of deaths per year. Infants six months and younger are at highest risk. Prevention is essential to combat the severity of RSV. The Food and Drug Administration (FDA) has approved, and The Centers for Disease Control and Prevention's (CDC) recommends maternal RSV vaccine and the infant RSV monoclonal antibody providing two opportunities to protect against the negative side-effects of RSV.

Maternal RSV Vaccination (Abrysvo)

Pfizer's bivalent RSVpreF vaccine, Abrysvo is the only RSV vaccine approved for use during pregnancy.

- A single injection given to pregnant individuals at 32 weeks through 36 weeks gestational age has shown reduction in severe RSV infection in infants by 81% within 90 days of life and 69% within 180 days of life.
- CPT code 90678
Should be given seasonally, September through January.
- May administer with other vaccines recommended during pregnancy, such as flu, COVID-19, and Tdap.
- Provides protection for the infant if maternal vaccination occurred at least 14 days prior to birth.



Infant RSV Monoclonal Antibody (Nirsevimab)

For the 2024-2025 RSV season, there are known supply shortages of Nirsevimab. In areas with shortages, guidance is to encourage maternal RSV vaccination as an alternative.

- A single intramuscular injection for infants younger than 8 months of age born during or entering their first RSV season (October through March) to prevent severe RSV.
- CPT codes 90380 and 90381
- Available for infants if maternal RSV not given, vaccination status unknown, or the infant was born within 14 days of maternal RSV vaccination.
- Has shown an 80% reduction in RSV-related healthcare visits and hospitalizations.

Want to Learn More?

Scan to access the Centers for Disease Control and Prevention's Recommendations for [Use of Nirsevimab for the Prevention of RSV Among Infants and Young Children.](#)



Scan to view The American College of Obstetricians and Gynecologists (ACOG) clinical guidance on [Maternal Respiratory Syncytial Virus Vaccination.](#)



Thank you for being a trusted partner in the health care decisions of those you care for.

Contact the provider relations team at de_providerengagement@delawarefirsthealth.com or visit www.delawarefirsthealth.com for additional information and answers to coding and billing requirements.



As the days grow shorter and temperatures drop, many individuals experience changes in mood and energy levels. For some, these changes develop into Seasonal Affective Disorder (SAD), a type of depression that occurs at a specific time of year, usually in the fall and winter. As healthcare providers, recognizing and effectively managing SAD is crucial to improving patient outcomes during these months.



Understanding Seasonal Affective Disorder

SAD is characterized by recurrent depressive episodes that follow a seasonal pattern. According to the American Psychiatric Association, symptoms typically include:

- **Depressed Mood:** Persistent feelings of sadness or hopelessness.
- **Anhedonia:** Loss of interest or pleasure in activities once enjoyed.
- **Low Energy:** Increased fatigue and lethargy.
- **Sleep Disturbances:** Often hypersomnia or excessive sleepiness.
- **Changes in Appetite:** Cravings for carbohydrates leading to weight gain.
- **Difficulty Concentrating:** Trouble focusing on tasks or making decisions.
- **Social Withdrawal:** Preference for solitude over social interactions.

The prevalence of SAD varies by geographic location, affecting up to 10% of the population in regions with long winter nights. Women are disproportionately affected, representing approximately 60-90% of diagnosed cases.

Pathophysiology Insights

While the exact cause of SAD is not fully understood, several factors are implicated:

- **Melatonin Regulation:** Reduced sunlight can disrupt the body's melatonin levels, affecting sleep patterns and mood.
- **Serotonin Levels:** Decreased sunlight may lead to lower serotonin production, contributing to depression.
- **Circadian Rhythm Disruption:** Changes in the biological clock due to altered light exposure can influence mood and sleep.

Screening and Diagnosis

Early identification is essential. Consider incorporating the following into your practice:

- **Screening Tools:** Utilize questionnaires like the PHQ-9 to identify at risk patients.
- **Diagnostic Criteria:** Refer to the DSM-5 criteria for Major Depressive Disorder with seasonal pattern specifier.



Seasonal Affective Disorder: Identification & Management in Clinical Practice

Management Strategies

An individualized treatment plan may include one or a combination of the following interventions:

Light Therapy

- **Mechanism:** Exposure to bright artificial light to compensate for reduced natural sunlight.
- **Protocol:** Patients sit near a light box emitting 10,000 lux for about 30 minutes each morning.
- **Efficacy:** Studies indicate a response rate of up to 70% when used consistently.



Pharmacotherapy

- **Antidepressants:** Selective Serotonin Reuptake Inhibitors (SSRIs) like sertraline or fluoxetine are commonly prescribed.
- **Considerations:** Initiate treatment prior to symptom onset for patients with recurrent SAD.

Psychotherapy

- **Cognitive Behavioral Therapy (CBT):** Focuses on altering negative thought patterns and behaviors.
- **Benefits:** CBT may have longer-lasting effects compared to light therapy alone.

Lifestyle Modifications

- **Exercise:** Encourage regular physical activity to boost endorphin levels.
- **Diet:** Advise a balanced diet to mitigate carbohydrate cravings and weight gain.
- **Sleep Hygiene:** Promote consistent sleep schedules to regulate circadian rhythms.

Patient Education and Support:

- **Awareness:** Educate patients about SAD and its seasonal nature.
- **Monitoring:** Schedule follow-ups to monitor treatment efficacy and adjust as needed.
- **Resources:** Provide information on support groups or counseling services.



Conclusion

Seasonal Affective Disorder is a significant mental health concern that can impact patients' quality of life during the fall and winter months. By proactively identifying symptoms and implementing evidence-based management strategies, healthcare providers play a vital role in mitigating the effects of SAD. Stay informed about the latest guidelines and consider interdisciplinary approaches to enhance patient care during the seasonal transition.

Clinical Performance Improvement Plan (PIP) for Pregnant People (PPP) with Opioid Use Disorder

Delaware First Health, in collaboration with the Delaware Division of Medicaid and Medical Assistance (DMMA) and other MCOs, has launched a targeted clinical Performance Improvement Plan (PIP) to address the needs of pregnant and parenting people with opioid use disorder (OUD). This population faces significant challenges, as overdose is the leading cause of maternal deaths, and OUD is closely tied to poor maternal and infant health outcomes.

Goals and Aims

The overarching goal of this PIP is to enhance the quality of care delivered to pregnant and parenting members with OUD by increasing their access to evidence-based treatments. One of the specific aims is to increase the utilization of pharmacotherapy options, such as buprenorphine or methadone.

Key Opportunities and Interventions

Several opportunities have been identified to improve care, and targeted interventions are being implemented at Delaware First Health:

Engagement with Perinatal Care

Strengthening partnerships with obstetrical and substance use disorder (SUD) providers to improve engagement, especially in the late postpartum period when the risk of return to use is high.

Outreach and Support

Improving internal processes for outreach and assessment, particularly in the late postpartum period, to ensure continued engagement in care.

Emergency Department (ED) Utilization

Working with ED providers to better identify and support pregnant and parenting people with OUD, helping them access appropriate care outside of emergency settings.

Harm Reduction Strategies

Promoting harm reduction initiatives, such as naloxone access, and raising awareness about the co-occurrence of behavioral and physical health conditions like Hepatitis C.

Moving Forward

This PIP is an important step in improving health outcomes for this vulnerable population. By addressing key barriers, strengthening provider relationships, and promoting education on harm reduction and treatment options, Delaware First Health aims to significantly enhance care for pregnant and parenting people with OUD.

For more information or to get involved in these initiatives, please contact our clinical team.



Collaborative Efforts

The PIP also emphasizes collaboration with community partners:

- Delaware First Health is working closely with SUD providers and OB/GYN clinics to address barriers such as stigma and transportation, which often prevent members from seeking care.
- The plan includes support for harm reduction outreach through partnerships with organizations like Impact Life, and participation in conferences and training on harm reduction strategies.
- A workgroup has been established with DMMA to explore reimbursement opportunities that support provider efforts in this area.





Maternal Health: Meet & Greet *Let's Have Lunch!*

We would love to come to your office or meet virtually for brief introductions.

Delaware First Health appreciates the care you provide to our perinatal members every day! We are seeking to strengthen our partnership with you by offering the opportunity to host some meet and greets with your staff and some of our clinical and provider relation teams. Our Maternal Health team would love the opportunity to share and gather information such as:

- Member benefits and incentives
- Unique value-added benefits for our maternity members, as well as
- Understand your barriers and needs for caring for our members

You may set up time to meet in-person or virtually. In-person meetings may be scheduled during your lunch or after-hours. We will cover your lunch during the in-person or virtual meeting.



To set up your in-person afternoon or evening session, email:

de_providerengagement@delawarefirsthealth.com. Please include your contact information in the inquiry and a representative will follow-up to confirm your details.

Questions? Email: nicole.evans2@delawarefirsthealth.com



October is Breast Cancer Awareness Month



Breast cancer screening is a critical tool in the early detection of breast cancer. Healthcare providers play a vital role in recommending appropriate screening based on individual patient risk factors.

To support this important cause, Delaware First Health has sent a Breast Cancer Awareness flyer to your fax machine soon. This flyer will provide valuable information and resources to help spread awareness. Keep an eye out for it and join us in making a difference this October!





US 2024 Estimates:

New Cases: 313,510

(2,790  , 310,720 )

Delaware: 1,140

Deaths: 42,780

(530  , 42,250 )

Delaware: 160

Information and statistics sourced from ACS, 2024

Early Detection Saves Lives!

During Breast Cancer Awareness Month, we encourage all providers to utilize the [Breast Cancer Screening Tool](#) to enhance early detection and awareness. Implementing this tool can help ensure that our patients receive the necessary screenings and support. Let's work together to promote proactive health measures this month!

Additionally, Delaware First Health provides our members with financial incentives for completing breast cancer screenings. Members aged 40-74 receive a \$15 My Health Pays reward for an annual breast cancer screening. Access the full list of rewards here: [My Health Pays Rewards](#).



Antipsychotic medications can elevate the risk for developing metabolic syndrome, described as a cluster of signs and symptoms, including insulin resistance, dyslipidemia, and hypertension, that increases subsequent risk of type 2 diabetes, heart disease, and stroke. Metabolic syndrome can also increase the risk of atherosclerotic cardiovascular disease and premature death. Providers including psychiatric pharmacists can improve patient care through metabolic syndrome monitoring and recommendation of appropriate interventions. Patients taking antipsychotic medications should receive routine monitoring for weight, fasting plasma glucose/A1c, lipids, and blood pressure. 1

Provider Tips

- Complete a full comprehensive exam before diagnosing and prescribing.
- Discuss weight management options, physical activity, sleep, and a well-balanced diet.
- Educate patients and their caregivers on the importance of completing annual visits and blood work.
- To increase compliance, consider using standing orders to get HbA1c and LDL-C lab tests.
- Verify the lab is contracted with the health plan to ensure the patient will not incur unnecessary charges.
- Maintain appointment availability and schedule follow-up visits before the patient leaves the office.
- Discuss the importance of disease management, medication adherence and lab work.
- Coordinate care with all medical and behavioral health providers.
- Partner with the health plan, address barriers and refer patients and caregivers to community-based and case management services.

Measures

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Diabetes Screening for People with Schizophrenia or bipolar disorder who are Using Antipsychotic Medications (SSD)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Additional Support

- National Alliance on Mental Illness (NAMI): www.nami.org
- American Heart Association: www.heart.org
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov

Source:

1. National Library of Medicine: [Ment Health Clin](#). 2021 Nov; 11(6): 311–319.



“Quality in a service or product is not what you put into it. It is what the customer gets out of it.”

Patients that experience a positive encounter while at their provider’s office are more likely to provide feedback, resulting in benefits and advantages for that office. When patients feel like their time is valued, their health is important, and they have a trusting relationship with their doctor, they are more likely to visit regularly. Here are some of the benefits of a positive experience:

- ✓ **Patient Loyalty & Trust** – Positive experiences are predicated on patients feeling heard and trusted. Positive experiences make the patient more likely to return and ultimately lead to enhanced continuity of care.
- ✓ **Improved Health Outcomes** – Built on loyalty and trust, continuity of care provides the doctor the opportunity to better treat the patient. Greater familiarity of specific symptoms, side effects, etc. all enable patient care and support adherence to treatments and prescribed medications that drive positive outcomes.
- ✓ **Potential for New Patients** – When a patient has a positive experience with their doctor, they are more likely to recommend that doctor to other individuals seeking care. Word of mouth is often highly influential in helping build a practice and increasing revenue.



- **Be present** in the conversation with your patients
- Utilize **good eye contact** to show your interest and attention
- Ask **open ended questions** to encourage your patients to provide further context and additional details
- **Paraphrase and read back your patients' main points** to ensure a full understanding

Getting Needed Care

- Coordinate urgent appointments with the appropriate office(s)
- Encourage patients to register and view results through the patient portal (where available)

Scheduling Appointments & Care Quickly

- Maintain a triage system and consider leaving a few appointment times available each day to ensure high risk patients are prioritized and seen quickly or provide alternate care (e.g., phone, urgent care center)
- If a patient is requesting to be seen as soon as possible but their doctor is unavailable, refer the patient to a nurse practitioner or physician assistant
- Be mindful to make every patient interaction as positive as possible
- If there is an extended wait time, actively keep patients informed and offer the patient the opportunity to reschedule

Care Coordination

- Prioritize appointments for patients who have recently been discharged from a hospital or facility
- Ask all pertinent questions to ensure awareness. Obtain and review records from hospitals/other providers
- Request that patients bring in a list of their medications for each visit
- Request EMR access to allow for timely coordination of care

Rating of Healthcare

- Encourage patients to schedule their routine appointments or follow-up visits as soon as they can.
- Train all office staff to be courteous and empathetic
- Be mindful and respectful of all patients
- Provide clear expectations for treatment and procedures – make sure to use language the patient will understand.
- Spend enough time with the patient and do not rush them to ensure all concerns are addressed



Maternal Care Access

According to a report released on September 10, 2024, by March of Dimes, **more than 5.5 million women live in counties with no or limited access to maternity care services. Delaware is also seeing maternity access challenges down-state.** In the American Hospital Association's Advancing Health podcast, **Julie Peterson, CEO of Kittitas Valley Healthcare, recently shared how her rural organization continued to provide comprehensive OB-GYN services after 3 full-time OB-GYN specialists decided to leave.** [Click here](#) to listen to the podcast.



We would love to hear your thoughts via our [Provider Feedback form](#) on barriers to maternal care access in Delaware, and what your practice is doing and can do to support our member. We need your help ensuring all members have timely access to care

Improving Access to Care with Telehealth Visits

Delaware First Health promotes and supports the appropriate and effective use of telehealth services. We encourage providers to offer telehealth visits to support members' preference when appropriate. CMS recently issued a comprehensive guide for providers, [Telehealth for Providers: What You Need to Know](#). The toolkit includes:

- Telehealth basics including, an overview of what constitutes telehealth, when to use it and the types of telehealth
- Steps for using telehealth (including selecting a vendor, preparing for telehealth implementation, conducting a telehealth visit
- Telehealth tips, including how to setup for a telehealth visit and how to effectively communicate during a telehealth visit)
- Considerations for various populations, including people with disabilities, non-English speaking patients and telehealth for rural populations and behavioral health
- Billing for telehealth

In addition to promoting our network provider's use of telehealth, we have partnered with Teladoc to provide our members with 24/7 access to health care for non-emergency health issues. To use Teladoc members will have to setup an account online, call 1-800-835-2362, or download the app on the App Store or Google Play.

Our team is available to provide technical assistance to providers to support telehealth practice. Please email your Provider Engagement Administrator if you have any questions.



Provider Workforce Challenges

Provider workforce challenges is an issue across our country. At Delaware First Health, we want to better understand the challenges our providers face with hiring, recruiting, and retaining healthcare workers and strategies to address these barriers and enhance workforce development. Please share your comments via our [Provider Feedback Form](#) by submitting your information, select "Other" department, then input your feedback and comments.



Coming Soon! 2024 Access to Care Assessment & Attestation

Delaware First Health is pleased to kick off our first Access to Care Assessment & Attestation where we will be reviewing information about your practitioners and your office practices so we can ensure we are offering our members timely access to quality care. These assessments will occur in the upcoming months and will be scheduled in person or virtually. Topics will include:

- Practitioner roster with practice/group
- PCP Panel size of 2500 across all payers and LOBs
- Panel status (open, closed, existing)
- Age limitations
- Results from secret shopper appointment audits (appointment availability and office waiting times)



Delaware First Health uses PCP engagement and loyalty categories to evaluate the member’s interactions with their assigned PCP (based on TIN level). The categories are based on claims and members’ analysis meeting certain criteria (e.g., status member, time, and duration of PCP assignment, claim status and paid date, etc.).

✓ Engagement

looks at how often the assigned members are seen by their assigned PCP. Engagement includes all assigned members whether they have had a PCP visit.

✓ Loyalty

looks at how often the assigned members are seen by their assigned PCP. Engagement includes all assigned members whether they have had a PCP visit.

Each PCP (per TIN) will have an engagement and loyalty score based on the level of interactions with the members. Each eligible member’s engagement/loyalty category is included in reporting available to providers. These tools can help PCPs and their staff to identify member activity and prioritize outreach.

Below is each engagement/loyalty category with the definitions and recommended strategy for outreach. Please reach out to your Provider Engagement Administrator (PEA) if you have additional questions.

Provider Engagement & Loyalty Categories and Outreach Strategies

		Engagement/ Loyalty Category	Definition	Engagement Strategy
<div style="display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Provider Engagement</div> <div style="margin: 0 10px;">}</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Provider Loyalty</div> <div style="margin: 0 10px;">}</div> </div>		Assigned PCP Exclusive	These patients have been seen by you or one of your practitioners in the same PCP practice.	Identify which of these members have care gaps and close at their next appointment
		Multiple PCP Assigned	These patients have been seen by your practice AND other PCP practices (outside assigned TIN)	Initiate a patient outreach plan, set an appointment if appropriate, close care gaps and discuss the benefits of PCP loyalty
		Multiple PCP No Assigned	These patients have not been seen at your practice AND have been seen at multiple PCP practices.	We are working to implement a process where we move these members from your panel. In the meantime, you can outreach to members to discuss updating their assigned PCP to the doctor they have been seeing for care.
		Other Exclusive	These patients have been seen by another PCP practice exclusively (outside assigned TIN).	Same strategy as “Multiple PCP No Assigned”
		No PCP Claims	These patients have been seen by another PCP practice exclusively (outside assigned TIN).	Outreach and set an appointment for PCP visit. Explain the importance of preventative screening and maintaining a relationship with a PCP. Share information about our member incentives and value-adds. Identify health risks and set follow-up appointments and discuss benefits of loyalty.
		No Claims	These patients have no claims data to indicate they have received any medical care from a PCP, ED or urgent care center.	Same strategy as No PCP Claims



Protect Yourself and Your Patients *With These Reminders of Proper Documentation*

Documentation of all current conditions identified in a provider-member encounter is foundational in healthcare. Details that appear in medical records can be translated into the standardized codes that inform each member’s future care, billing, provider reimbursement and medical compliance.

The importance of complete and accurate documentation of provider-member encounters cannot be overstated, as it impacts member care, health insights, reimbursement, and supports compliance.



Supports Member Care:

Complete documentation of all current conditions provides a clear, detailed record of a member’s medical history, treatments, and outcomes. This is vital for continuity of care, helping care coordinators understand a member’s medical journey and make informed decisions. Each current condition must be documented, even if it is controlled or has been previously documented.

Enhances Insights and Quality Improvement

Codes from medical records are used in aggregating healthcare data for population insights, health initiatives, and quality improvement projects. Incomplete or inaccurate data can skew data, leading to flawed insights and compromising the effectiveness of member focused healthcare initiatives.

Ensures Proper Reimbursement

Accurate medical records ensure that your organization is paid correctly for all services rendered. Incomplete or inaccurate medical records lead to inaccurate coding which can lead to delayed or denied claims, resulting in adverse financial impacts.

Ensures Proper Reimbursement

Coding of medical records is based on the underlying documentation and must align with guidelines set by organizations like the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA). Failing to code correctly can result in penalties, audits, or legal issues related to fraud and abuse.

Delaware First Health is committed to supporting complete and accurate documentation of all current conditions present during a member-provider encounter. For these reasons, we offer the Continuity of Care (CoC) program.

WE ARE HERE TO HELP.

The CoC is a claims-based program that grants a financial incentive to provider organizations for fully documenting member-provider encounters. Contact your [provider engagement representative](#) today to learn more about your opportunity to join.





OUR SERVICE TO DELAWARE IS DRIVEN BY OUR COMMITMENT TO:



Focus on Individuals



Whole Health



Active Local Involvement

In addition to the State-provided Diamond State Health Plan (DSHP) and (DSHP Plus) benefits, Delaware First Health members also receive extra value-added services such as the benefits mentioned below. Please visit our [website](#) for a comprehensive listing of those additional services.



Help Paying For Over-The-Counter Pharmacy Products



Housing Transition Allowance

Earn dollar rewards on your My Health Pays® Visa Prepaid Card for making healthy choices.



My Health Pays® Rewards Program

Earn dollar rewards on your My Health Pays® Visa Prepaid Card for making healthy choices.



Start Smart For Your Baby®

Free resources and support to help pregnant members and new parents.



Weight Watchers® Memberships

Earn dollar rewards on your My Health Pays® Visa Prepaid Card for making healthy choices.



At-Home Asthma Resources



Member Incentives for Flu Shots



Pays financial incentives for many healthy activities, including annual wellness exams, preventative screenings, HbA1c tests for members age 18-75 with diabetes, and more.

My Health Pays rewards dollars are added to the member's rewards card after we process the claim for each activity completed. Members can learn more at DelawareFirsthealth.com or by calling 1-877-236-1341 (TTY:711)

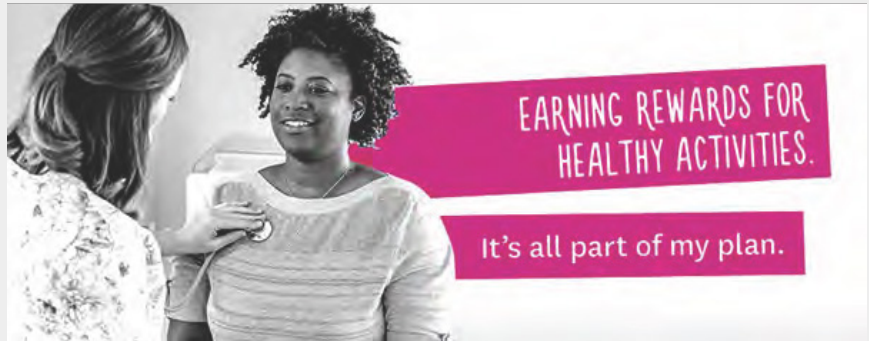
Get One of a Kind Support with Pyx Health

Our health plan now offers the Pyx Health platform to members at no cost as a Value-Added Benefit. The platform provides compassionate support through phone calls and a mobile app, connecting members to support, and resources for a healthier, happier life. We're empowering individuals to combat loneliness and connecting healthcare to address this national epidemic.

Connect members one of three ways:

1. Smartphone Apps:
 - [Apple Store \(iPhone\)](#)
 - [Google Play \(Android\)](#)
2. Phone: 1-855-499-4777 (option 1)
3. [Pyx Website](#)

My Health Pays® Rewards



Delaware First Health rewards our members for focusing on their health! Our members can earn My Health Pays rewards by completing healthy activities like a yearly wellness exam, annual screenings, tests and much more. The reward dollars are added to a rewards card after we process the claim for each activity completed.

Help Our Members Start Earning Rewards Today!

- | | |
|--|---|
| \$10 Member Portal Registration | \$20 Prenatal Visits. Reward requires three prenatal visits. |
| \$15 PCP Confirmation within 30 Days of Enrollment. | \$40 Postpartum Visit |
| \$20 Health Risk Assessment | \$100 Infant Well Visits. Requires six visits or claims to receive reward. |
| \$20 Child Well Visit | \$25 Child Lead Screenings |
| \$15 Adult Well Visit | \$20 Adult Annual Dental Visit |
| \$15 Flu Vaccination | \$20 Diabetes HbA1c Test |
| \$15 Breast Cancer Screening | \$20 First Tobacco Cessation Medication |
| \$15 Cervical Cancer Screening | \$20 Behavioral Health Hospitalization Follow-up Visit |
| \$15 Colorectal Cancer Screening | \$20 Substance Use Disorder Residential Stay Follow-up Visit |
| \$20 Notification of Pregnancy | |
| \$50 Prenatal Visit within First Trimester | |



Members can learn more at DelawareFirsthealth.com or call 1-877-236-1341 (TTY:711)



Closing Care Gaps for Measurement Year (MY) 2024

Delaware First Health is committed to helping our providers increase your practice’s HEDIS rates and address care opportunities for our members. We have several [HEDIS resources](#) on our website to assist you.

HEDIS Resources

- [HEDIS Quick Reference Guide](#)
- [HEDIS Adult Pocket Guide](#)
- [HEDIS Pediatric Pocket Guide](#)

PLEASE NOTE: To count for MY 2024, providers must complete the supplemental data process by 1/31/2025. Please act today!

Supplemental Data

We are reminding providers there is still time to close care gaps through any of the following means:

- CPT II code submission on claims
- Medical record upload via our secure Provider Portal
- Availity Clinical Quality Validation (CQV)

Pay-For-Performance (P4P)

Objective

Enhance quality of care through a PCP driven program with a focus on preventative and screening services which align with HEDIS guidelines, while promoting engagement with our members.

Member Attribution

Delaware First Health Members who have been formally assigned to a Provider TIN, with no minimum panel size requirements

Performance Incentive

Each measure is assigned an incentive dollar amount and target percentage. Increasing amounts are paid on each compliant event once the target has been met for that specific measure. Target pays 100% of the incentive dollar amount

Performance Target and Measurement Period

- Measures and targets are based on current NCQA technical specifications and Quality Compass 33.33 th, 50th , 66.67th and percentiles or State Quality Performance Program (QPP), as noted on the schedule of measures.
- Measurement period is Calendar year January 1 – December 31, unless otherwise stated in the HEDIS technical specifications for a particular measure.
- Each measure is evaluated independently allowing Provider to earn an incentive payment for one, multiple, or all the measures.

Payout and Reporting

- Three payouts per year
- Monthly reporting gaps in care
- Monthly performance scorecards

2024 Measures List	Target	Target Pays 100% of Incentive
Hemoglobin A1c Control for Patients with Diabetes	50%	\$35
Timliness of Prenatal Care	66.67%	\$50
Cervical Cancer Screening	50%	\$25
Breast Cancer Screening	50%	\$25
Colorectal Cancer Screening*	50%	\$25
Controlling High Blood Pressure	33%	\$25
Childhood Immunization Status (Combo 10)	50%	\$30
Adults' Access to Preventative/ Ambulatory Health Services	50%	\$50
Immunizations for Adolescents (Combo 2)	50%	\$30
Child and Adolescent Well Care Visits/ Well Child Visits (Total)	50%	\$30
Asthma Medication Ratio (Total)	33%	\$25



IMPROVING PATIENT OUTCOMES BY IDENTIFYING AND ADDRESSING SOCIAL NEEDS

Social determinants influence health in very direct ways. A patient’s housing, food, and safety needs can create barriers blocking quality care and can contribute to poor health. Delaware First Health wants to partner with you to address social determinants of health. Together, we can identify and address social barriers and improve the health of our members.



How can these needs be identified?

You should include supplemental codes in the patient’s diagnosis section on a claim form. Reporting Social Determinants of Health (SDOH) codes allow physicians, hospitals, health systems, and payers to better track patient needs and identify solutions to improve health outcomes.



How can Delaware First Health help?

Delaware First Health can connect your patients to community resources that help meet their social needs. Our toll-free Member Services number is 1-877-236-1341 (TTY: 711)

Members can seek help with:

- ✓ Housing or living conditions
- ✓ Food assistance
- ✓ Transportation issues
- ✓ Unsafe situations or domestic violence
- ✓ Affordable childcare
- ✓ Job/education assistance
- ✓ Financial assistance (utilities, rent)
- ✓ Family supplies (diapers, formula, cribs, and more)



How can you help Delaware First health assist your patients?

- ✓ Provide them with referrals to address the identified social need and Delaware First Health’s Community Help Line number.
- ✓ Include ICD-10 Z codes on your claim (included here as a reference for you).

Description	Codes
Occupational exposure to risk factors	ICD-10: Z57.0
Problems related to education and literacy	ICD-10: Z55, Z55.5, Z55.6
Problems related to employment and unemployment	ICD-10: Z56.0
Problems related to physical environment	ICD-10: Z58.0, Z58.6, Z58.8, Z58.81, Z58.89
Problems related to housing and economic circumstances	ICD-10: Z59.0, Z59.00, Z59.01, Z59.02, Z59.1, Z59.10, Z59.11, Z59.12, Z59.19, Z59.4, Z59.41, Z59.48, Z59.8, Z59.81, Z59.811, Z59.812, Z59.82, Z59.86, Z59.87, Z59.89
Problems related to social environment	ICD-10: Z60.0
Problems related to upbringing	ICD-10: Z62.0, Z62.2, Z62.23, Z62.24, Z62.8, Z62.81, Z62.814, Z62.815, Z62.82, Z62.823, Z62.83, Z62.831, Z62.832, Z62.833, Z62.89, Z62.892
Other problems related to primary support group, including family circumstances	ICD-10: Z63.0
Problems related to certain psychosocial circumstances	ICD-10: Z64.0
Problems related to other psychosocial circumstances	ICD-10: Z65.0
CPT screening codes applicable to SDOH	CPT: 99204-99205, 99211-99215, 99241-99245, 99381-99387, 99391-99397



IMPROVING PATIENT OUTCOMES BY IDENTIFYING AND ADDRESSING SOCIAL NEEDS



SDOH Community Resources

Delaware First Health is committed to building strong relationships with our Providers to ensure our members receive the best possible care. A critical component in providing care is making sure that both members and providers are aware and able to reach necessary community resources.

We continue to offer digital assistance to search for local community resources, additional programs and support at: [https://delawarefirsthealth.findhelp.com/.](https://delawarefirsthealth.findhelp.com/)

Additional important Delaware First Health contacts include:

- Member Services: 1-877-236-1341 (TTY: 711), option 2
- Care Coordination: 1-877-236-1341 (TTY: 711), option 2
- **24-Hour Nurse Advice Line /Behavioral Health Crisis Line:** 1-877-236-1341 (TTY: 711), press * to connect to the Nurse Advice/Crisis Line

As always, we welcome provider feedback to ensure we are moving forward, working together, to continue offering our members the best possible care. We would love to hear from you either by reaching out to our Provider Engagement team or via our new digital [Provider Feedback Form](#) located on our website under the provider section of our website. You may use the following resource to locate your specific [Provider Engagement Administrator](#) with additional questions.



Best Practices: Include supplemental codes in the patient's diagnosis section on a claim form. Assign as many SDOH codes necessary to describe all of the social problems, conditions, or risk factors documented during the current episode of care.



Our collaborative efforts can help reduce SDOH barriers.

We're here to help, and we continue to support our providers. For additional assistance or questions, please contact Member Services or Care Coordination at 1-877-236-1341 (TTY: 711).



DON'T MISS THESE OPPORTUNITIES!

Our provider education team is dedicated to improving our partnership by providing initial and ongoing education through orientations, office visits, training, and updates. We have upcoming educational and training opportunities that are designed to improve our collaborative relationship and foster best practices to better serve our members. We encourage all our providers to visit our [website](#) for the current provider training schedule and to register for the training. Below is upcoming Medicaid educational and training opportunities for Q4 2024.

SKiLLS LOADING...



Availity Essentials Training	
Dates and Times	
Location: Register and Get Started with Availity Essentials	
Availity Essentials Introduction	Tuesday, October 29, 2024, 10:30am
Authorization Tools	Tuesday, October 29, 2024, 10:30am
Claim Submission	Tuesday, October 30, 2024, 11:00am
Claim Follow-up Tools	Thursday, October 31, 2024, 3:00pm
Risk & Quality Applications	Friday, November 1, 2024. 11:00am

New Provider Orientation (Virtual)
Dates and Times
Tuesday, November 5, 2024. 10:00am - 11:00am
Wednesday, December 18, 2024, 2:00pm - 3:00pm

Secure Provider Portal Training (Virtual)
Dates and Times
Wednesday, November 13, 2024, 2:00pm - 3:00pm
Wednesday, December 18, 2024, 1:30pm - 3:00pm

DMMA EVV Virtual Provider Portal Forum	
Dates and Times	Location
Wednesday, November 27, 2024, 10:00am - 11:00am	Registry Link

Contact Delaware First Health provider relations at 1-877-236-1341, option 3. You may also visit our [provider training webpage](#) to view a full list of training and locate contact information for your assigned [Provider Engagement Administrator](#).



Enhance Your Skills in Suicide Prevention



Suicide is not inevitable for anyone. Providers play a powerful role in early identification of at-risk individuals. In fact, primary care is a critical point of contact for those contemplating suicide with 77% of people having seen their primary care provider within the year prior to their death and 45% within the month prior.¹

To help combat this unnecessary loss of life, Delaware First Health is offering a free accredited continuing education course titled “Identifying and Supporting Individuals at Risk for Suicide.” Many clinicians find themselves uncertain in providing suicide assessment and support for patients. This training is designed to empower you with the knowledge and skills to identify and support at-risk individuals, allowing for timely and effective support. This course is accredited by Centene Institute for Advanced Health Education and offered in partnership with Delaware First Health.

Why Take This Course?

- **Free and Accredited**
This course is available at no cost and offers 1.50 continuing education credits for physicians, nurses, and other members of the healthcare team.
- **On Demand Education**
Delivered virtually, this comprehensive course will strengthen your ability to identify at-risk individuals early on. Highlights include insight into suicide risk, assessment strategies, unique risk factors and populations to consider and guidance for directing appropriate levels of support.
- **Immeasurable Impact**
Help us save lives in the communities we serve.

How to Enroll

This course is accessible through Centene Institute for Advanced Health Education at www.centeneinstitute.com in partnership with Delaware First Health. Once you have registered as a new user, navigate to the Activity Catalog. In the Activity Catalog, search for the course title “[Identifying and Supporting Individuals at Risk for Suicide](#)” and register by clicking on ENROLL NOW.

Or **scan the code** to view the full course description, additional credit information and enroll.

Delaware First Health recognizes that increased access to suicide prevention saves lives. Your partnership and participation can make a significant impact to help individuals live their lives to their fullest.

Contact Delaware First Health provider relations at 1-877-236-1341, option 3. You may also visit our [provider training webpage](#) to view a full list of training and locate contact information for your assigned [Provider Engagement Administrator](#).

¹ Spottswood, M., Lim, C. T., Davydow, D., & Huang, H. (2022). Improving Suicide Prevention in Primary Care for Differing Levels of Behavioral Health Integration: A Review. *Frontiers in medicine*, 9, 892205.



FREE ACCREDITED COURSES

Delaware First Health (DFH) is committed to supporting our BH and SUD/OUD providers so you have the resources to support our members. We are pleased to provide information on various free clinical training opportunities offered.

The Providers Clinical Support System (PCSS) is a SAMHSA funded national training program on substance use disorder (SUD), alcohol use disorder (AUD), and opioid use disorder (OUD). You may access these resources here: [SUD training Portal](#)

PCSS has three entities that all support individual SUD topics:

- **Providers Clinical Support System (PCSS) Medications for Alcohol Use Disorders (PCSS-MAUD)**

Provides free training, guidance, and mentoring to multidisciplinary healthcare practitioners on the prevention, diagnoses, and treatment of alcohol use disorder (AUD).

- **Providers Clinical Support System -Medications for Opioid Use Disorders (PCSS-MOUD) -**

Provides free training, guidance, and mentoring to multidisciplinary healthcare practitioners on the prevention, diagnoses, and treatment of opioid use disorder (OUD). This training meets the DEA requirements for eight-hour training to obtain a new or renew a DEA registration.

- **Providers Clinical Support System - Universities (PCSS-Universities)**

Integrates SUD curriculum to the education and training in various colleges/universities for students in the medical, physician assistant, and nurse practitioner fields.



Contact Delaware First Health provider relations at 1-877-236-1341, option 3. You may also visit our [provider training webpage](#) to view a full list of training and locate contact information for your assigned [Provider Engagement Administrator](#).



FREE ACCREDITED COURSES

To accommodate the needs of diverse populations, it is important for providers and their staff to annually participate in ongoing training and education efforts. Cultural Competency/ADA training provides important information to support providers in caring for Delaware First Health (DFH) members. All providers, contracted and those intending on contracting, with DFH must complete this training on an annual basis.



DFH Behavioral Health Clinical Provider Training

Topic	Dates and Times
Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants	Wednesday, October 30, 2024, 8:15am-5:00pm
Birth Equity: Postpartum and Infant Year One: Center on the Dyad	Friday, November 8, 2024, 12:00pm-1:30pm
Behavioral Health Screening Tools for Providers	Tuesday, November 12, 2024, 1:00pm - 4:00pm
DE Substance Related and Addictive Disorders, Module 7 (Opioids)	Wednesday, November 13, 2024, 1:00pm - 4:00pm
Screening, Brief Intervention, and Referral to Treatment	November 20, 2024, 11:00am - 1:30pm
DE Substance Related and Addictive Disorders, Module 7 (Opioids)	Wednesday, December 11, 2024, 2:00pm-3:30pm
Behavioral Health Screening Tools for Providers	Tuesday, December 17, 2024, 12:30pm - 3:30pm
Screening, Brief Intervention, and Referral to Treatment	Wednesday, December 18, 2024, 1:30pm - 4:00pm

Cultural Humility: Building Upon the Foundation of Cultural Humility

Dates and Times
Wednesday, November 15, 2024, 11:00am - 1:30pm
Wednesday, December 11, 2024, 11:00am - 1:30pm

Contact Delaware First Health provider relations at 1-877-236-1341, option 3. You may also visit our [provider training webpage](#) to view a full list of training and locate contact information for your assigned [Provider Engagement Administrator](#).





A Few Reminders...

Interpreter Services

Providers are required to provide Interpretation Services in all languages, including American and Mexican Sign Language, at all key points of contact through a variety of formats, including but not limited to an in-person interpreter upon a member's request; telephone, relay, or video remote interpreting 24 hours a day seven days a week; or through other formats, such as real-time captioning or augmentative & alternative communication devices, that ensure effective communication.

Interpreter services can be accessed by calling 1-877-236-1341 or the phone number on the back of the member's ID card.



Balance No Billing

As a reminder, federal law prohibits providers from balance billing Medicaid recipients. Payment by Delaware First Health or non-payment for services is payment in full for services plus the amount of applicable cost sharing. Providers are not permitted to solicit or bill, charge, or collect a deposit from the member beyond member liability (applicable deductible, coinsurance or copayment). Please remind your staff accordingly.

Mainstreaming Provider

Non-Discrimination

As a reminder, all participating providers must accept Delaware Medicaid members for treatment and care. Providers cannot intentionally segregate members in any way from other individuals receiving services and treat Medicaid members differently.

Report Fraud, Waste, and Abuse

Report Medicaid fraud, waste, and abuse by contacting Delaware First Health's anonymous and confidential hotline at 866-685-8664 or by contacting the health plan's Compliance officer at 314-445-0175.



Provider Changes - New and Existing Providers

As a reminder, all providers must notify Delaware First Health of changes to provider data at least 30 days prior to the effective date of changes, when possible. Additionally, providers are required to notify us of the addition of new providers at least 60 days of such addition. Visit our [Provider Data Updates](#) website for additional information.

Nursing Facility Notifications

Nursing facility staff are reminded to notify Delaware First Health case management of nursing facility conferences and any changes in a member's condition. Please send an email to DFHLTSS@delawarefirsthealth.com at least two weeks in advance of any nursing facility conference. You can also provide our case managers with timely updates by completing the [Nursing Facility Report](#) (formerly known as Member Census).

Appointment Standards

The Delaware Medicaid program requires providers to meet appointment standards as set forth in the State's Quality Strategy (QS). Please refer to our [Provider Manual](#) for additional information. Also, please remind all staff to comply with audits conducted by or on behalf of our plan relating to appointment standards as our goal is to ensure our members can access the care they need when they need it.



We're Always Here to Help!



Key Contacts We're Always a Phone Call or Click Away

	Phone Number	Hours of Operation
Provider Services	1-877-236-1341, option 3	Monday - Friday 8:00 am - 5:00pm EST
Pharmacy Services	1-833-236-1887	24hrs/7 days a week
Member Services	1-877-236-1341, option 2	Monday - Friday 8:00 am - 5:00pm EST
Utilization Management	1-877-236-1341, option 3	Monday - Friday 8:00 am - 5:00pm EST
24-Hour Nurse Advice Line/Behavioral Health Crisis Line	1-877-236-1341, press * to connect to the Nurse Advice/Crisis Line	24hrs/7 days a week



Stay Connected

Visit our [provider webpage](#) to review various provider resources, Provider News, and obtain contact information for your assigned [Provider Engagement Administrator](#).

Our Support Doesn't Stop There

Our provider website contains essential information, including member surveys, health equity resources, language services and resources, provider credentialing rights, the utilization management process, how to access care management services and other sources of support for you. Read more now:

<https://www.delawarefirsthealth.com/providers/quality-improvement/quality-care.html>.

If you have additional questions or need specific support, call Provider Services at 1.877.236.1341.



Delaware First Health invites all Providers to Participate in our affiliated Ambetter (Health Insurance Marketplace) and Wellcare (Medicare Advantage and DSNP) Plans

Effective 1/1/24, Delaware First Health introduced two affiliated products designed to meet healthcare needs in Delaware. Ambetter Health of Delaware (Health Insurance Marketplace), offers affordable, comprehensive solutions for lower-income individuals and families who may not qualify for Medicaid or have access to employer coverage.

Our WellCare (Medicare/DSNP) plans allow us to serve seniors and better coordinate care for our DSNP members. If you are not already participating in all three networks, we encourage you to submit a request to add the new product by completing the online [Contract Request Form](#). Select Amendment to Existing Contract and indicate which product(s) you seek to add to your contract.

For more information about our plans:

MEDICAID
[delawarefirsthealth.com](https://www.delawarefirsthealth.com)
1-877-236-1341

**HEALTH INSURANCE
MARKETPLACE**
[ambetterhealthofdelaware.com](https://www.ambetterhealthofdelaware.com)
1-833-919-3214

MEDICARE
[wellcarede.com](https://www.wellcarede.com)
NON-DUALS/C-SNP PLANS:
1-800-977-7522
DUALS/D-SNP PLANS:



