



Member Handbook

Diamond State Health Plan, and Delaware Healthy Children Program,
Diamond State Health Plan-Plus and Diamond State Health Plan-Plus
Long-Term Services and Support (LTSS)



DELAWARE HEALTH AND SOCIAL SERVICES


AmeriHealth Caritas
Delaware

Information is accurate as of January 1, 2026

www.amerihealthcaritasde.com

Discrimination is against the law

AmeriHealth Caritas Delaware complies with applicable federal civil rights laws and does not discriminate on the basis of race; ethnicity; color; sex; religion; national origin; creed; marital status; age; Vietnam era or disabled veteran status; income level; gender identity; the presence of any sensory, mental, or physical handicap; or any other status protected by federal or state law. AmeriHealth Caritas Delaware does not exclude people or treat them differently because of race; ethnicity; color; sex; religion; national origin; creed; marital status; age; Vietnam era or disabled veteran status; income level; gender identity; the presence of any sensory, mental, or physical handicap; or any other status protected by federal or state law.

AmeriHealth Caritas Delaware provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact AmeriHealth Caritas Delaware 24 hours a day, seven days a week, at **1-844-211-0966 (TTY 1-855-349-6281)** for Diamond State Health Plan (DSHP) and **1-855-777-6617 (TTY 1-855-362-5769)** for Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS).

If you believe that AmeriHealth Caritas Delaware has failed to provide these services or discriminated in another way on the basis of race; ethnicity; color; sex; religion; national origin; creed; marital status; age; Vietnam era or disabled veteran status; income level; gender identity; the presence of any sensory, mental, or physical handicap; or any other status protected by federal or state law, you can file a grievance with:

- AmeriHealth Caritas Delaware Grievances
P.O. Box 80102, London, KY 40742
1-844-211-0966 (TTY 1-855-349-6281) for DSHP OR
1-855-777-6617 (TTY 1-855-362-5769) for DSHP-Plus LTSS
- You can also file a grievance by calling Member Services at **1-844-211-0966 (TTY 1-855-349-6281)** for DSHP and **1-855-777-6617 (TTY 1-855-362-5769)** for DSHP-Plus LTSS.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TTY 1-800-537-7697)

Multi-language interpreter services

English: You can have this information in other languages and formats, such as large print, Braille, and audio at no charge to you. You can also have this interpreted over the phone in any language. To request language services or other formats, call Member Services 24 hours a day, 7 days a week, at **1-844-211-0966**. For TTY, call **1-855-349-6281**. For pharmacy services, call **1-877-759-6257**. To speak to a nurse 24/7, call **1-844-897-5021**.

Spanish: Puede solicitar esta información en otros idiomas y formatos, como letra grande, Braille y audio, sin costo alguno para usted. También se le puede interpretar esto por teléfono en cualquier idioma. Para solicitar servicios de idiomas u otros formatos, llame a Servicios al Miembro las 24 horas del día, los 7 días de la semana, al **1-844-211-0966**. Para TTY, llame al **1-855-349-6281**. Para servicios de farmacia, llame al **1-877-759-6257**. Para hablar con un enfermero las 24/7, llame al **1-844-897-5021**.

Simplified Chinese: 您可以免费索取这些信息的其他语言版本及大字印刷、盲文点字、音频等其他格式。您亦可以要求通过电话口译的方式将这些内容翻译为任何语言。如需语言服务或其他格式, 请拨打会员服务部每周 7 天、每天 24 小时全天候提供服务的电话 **1-844-211-0966**。TTY 使用者请拨打 **1-855-349-6281**。如需药房服务, 请拨打 **1-877-759-6257**。如需每周 7 天、每天 24 小时随时与护士交谈, 请拨打 **1-844-897-5021**。

Haitian Creole: Ou ka jwenn enfòmasyon sa yo gratis nan lòt lang oswa nan lòt fòm, tankou nan gwo karaktè, nan Bray oswa sou odyo. Mete sou sa, nou ka entèprete enfòmasyon sa yo nan telefòn nan nenpòt lang. Pou mande yon sèvis nan lang pa w oswa pou mande yon lòt fòm, rele ekip Sèvis pou manm yo 24 è sou 24, 7 jou sou 7, nan **1-844-211-0966**. Nimewo TTY pou moun ki pa tande byen yo se **1-855-349-6281**. Pou sèvis famasi, rele nan **1-877-759-6257**. Pou pale ak yon enfimye 24 è sou 24, 7 jou sou 7, rele nan **1-844-897-5021**.

Gujarati: તમે આ માહિતી અન્ય ભાષાઓ અને સ્વરૂપો જેમ કે વિશાળ છપાઈ, બ્રેઈલ અને ઓડિયોમાં તમને કોઈ ખર્ચ થયા વગર મેળવી શકો છો. તમે આનું બીજી કોઈ ભાષામાં ફોન પર અર્થઘટન પણ કરાવી શકો છો. ભાષા સેવાઓ કે અન્ય સ્વરૂપોની માગણી કરવા, મેમ્બર સર્વિસીસને દિવસના 24 કલાક, અઠવાડિયામાં 7 દિવસ **1-844-211-0966** નંબર પર ફોન કરો. TTY માટે, **1-855-349-6281** નંબર પર ફોન કરો. ફાર્મસી સેવાઓ માટે, **1-877-759-6257** નંબર પર ફોન કરો. કોઈ નર્સ સાથે 24/7 વાતચીત કરવા, **1-844-897-5021** નંબર પર ફોન કરો.

French: Vous pouvez recevoir ces informations dans d'autres langues ou dans d'autres formats, par exemple en gros caractères, en Braille ou au format audio. Vous pouvez également vous faire interpréter ces informations par voie téléphonique dans n'importe quelle langue. Pour demander des services linguistiques ou d'autres formats, appelez l'équipe Services aux membres, qui est disponible 24 heures sur 24, 7 jours sur 7, au **1-844-211-0966**. Les utilisateurs du service TTY peuvent composer le **1-855-349-6281**. Pour les services de pharmacie, composez le **1-877-759-6257**. Pour contacter notre service d'infirmiers, qui est disponible 24 heures sur 24, 7 jours sur 7, composez le **1-844-897-5021**.

Korean: 이 정보를 타 언어 또는 확대 문자나 점자, 음성 자료와 같은 타 형태로도 무료로 제공받을 수 있습니다. 또한 이 정보를 어떠한 언어로도 전화상으로 통역 서비스를 통해 전달받을 수 있습니다. 언어 서비스나 타 자료 형태를 요청하려면 주 7일 24시간 언제든지 회원 서비스 **1-844-211-0966**번으로 연락하시기 바랍니다. TTY 사용자는 **1-855-349-6281**번으로 연락하십시오. 약국 서비스는 **1-877-759-6257**번으로 연락하십시오. 주 7일 24시간 언제든지 간호사와 상담하려면 **1-844-897-5021**번으로 연락하십시오.

Italian: Queste informazioni sono disponibili gratuitamente in altre lingue e formati, ad esempio in caratteri grandi, Braille e audio. È possibile anche farle tradurre in qualsiasi lingua tramite un servizio di interpretariato telefonico. Per richiedere servizi linguistici o altri formati, chiamare Member Services 24 ore al giorno, 7 giorni alla settimana al numero **1-844-211-0966**. Per TTY, chiamare **1-855-349-6281**. Per i servizi di farmacia, chiamare **1-877-759-6257**. Per parlare con un infermiere 24 ore su 24, 7 giorni su 7, chiamare **1-844-897-5021**.

Vietnamese: Quý vị có thể nhận thông tin này bằng các định dạng và ngôn ngữ khác như bản in khổ lớn, chữ nổi Braille, và bản âm thanh miễn phí. Quý vị cũng có thể nghe diễn giải thông tin này qua điện thoại bằng bất cứ ngôn ngữ nào. Để yêu cầu các dịch vụ ngôn ngữ hoặc các định dạng khác, hãy gọi Ban Dịch Vụ Hội Viên 24 giờ trong ngày, 7 ngày một tuần theo số **1-844-211-0966**. Người dùng TTY xin gọi số **1-855-349-6281**. Đối với các dịch vụ dược phẩm, xin gọi số **1-877-759-6257**. Để trao đổi với y tá 24/7, xin gọi số **1-844-897-5021**.

German: Diese Informationen stehen Ihnen auch in anderen Sprachen und Formaten, wie Großschrift, Braille und Audio, kostenlos zur Verfügung. Sie können sich diese Informationen auch über das Telefon in jede beliebige Sprache von einem Dolmetscher übersetzen lassen. Um auf diese Sprachdienstleistungen oder andere Formate zuzugreifen, kontaktieren Sie bitte Member Services unter **1-844-211-0966**; dieser Service wird rund um die Uhr, 7 Tage die Woche angeboten. Wählen Sie **1-855-349-6281** bzgl. TTY. Unter **1-877-759-6257** erreichen Sie den Apothekenservice. Unter **1-844-897-5021** erreichen Sie rund um die Uhr eine Krankenschwester.

Tagalog: Maaari mong makuha ang impormasyong ito sa iba pang mga wika at format gaya ng malaking print, Braille, at audio nang walang sisingilin sa iyo. Maaari mo rin itong ipa-interpret sa telepono sa anumang wika. Upang humiling ng mga serbisyo sa wika o iba pang mga format, tumawag sa Mga Serbisyo sa Miyembro, 24 na oras sa isang araw, 7 araw sa isang linggo sa **1-844-211-0966**. Para sa TTY, tumawag sa **1-855-349-6281**. Para sa mga serbisyo ng parmasya, tumawag sa **1-877-759-6257**. Upang makipag-usap sa isang nurse nang 24/7, tumawag sa **1-844-897-5021**.

Hindi: यह जानकारी आपको अन्य भाषाओं एवं बड़े अक्षरों, ब्रेल, और ऑडियो जैसे प्रारूपों में निःशुल्क प्राप्त हो सकती है। आप फोन पर इसका किसी भी भाषा में अनुवाद भी करवा सकते हैं। भाषा सेवाओं या अन्य प्रारूपों का अनुरोध करने के लिए, सदस्य सेवाओं को **1-844-211-0966** पर कॉल करें, दिन में 24 घंटे, साप्ताह के 7 दिन। TTY के लिए **1-855-349-6281** पर कॉल करें। फार्मसी सेवाओं के लिए **1-877-759-6257** पर कॉल करें। नर्स से 24/7 बात करने के लिए **1-844-897-5021** पर कॉल करें।

Urdu:

یہ معلومات آپ کو دیگر زبانوں اور بڑے حروف، بریل، اور آڈیو جیسے شکلیں میں مفت حاصل ہو سکتی ہے۔ آپ فون پر اس کا کسی بھی زبان میں ترجمہ بھی کروا سکتے ہیں۔ زبان کی خدمات یا دیگر شکلوں کے لئے درخواست کرنے کے لئے، رکن خدمات کو **1-844-211-0966** پر کال کریں۔ دن میں 24 گھنٹے، ہفتہ کے 7 دن۔ TTY کے لئے **1-855-349-6281** پر کال کریں۔ فارمیسی خدمات کے لئے **1-877-759-6257** پر کال کریں۔ نرس سے 24/7 بات کرنے کے لئے **1-844-897-5021** پر کال کریں۔

Arabic:

يمكنك الحصول على هذه المعلومات بلغات وصيغ أخرى، مثل مطبوعة كبيرة، أو بطريقة برايل أو بصيغة صوتية، بدون تكلفة عليك. كما يمكنك الحصول عليها مترجمة عبر الهاتف بأي لغة. لطلب الخدمات اللغوية أو الصيغ الأخرى، اتصل بخدمات الأعضاء على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع على الرقم **1-844-211-0966**. رقم الهاتف النصي **1-855-349-6281**. لخدمات الصيدلية اتصل بالرقم **1-877-759-6257**. للتحدث مع ممرضة على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع، اتصل بالرقم **1-844-897-5021**.

Telugu: మీరు ఈ సమాచారాన్ని ఇతర భాషలు మరియు పెద్ద ప్రింట్, బ్రైల్ మరియు ఆడియో లాంటి ఇతర ఫార్మాట్లలో మీకు ఎలాంటి ఖర్చు లేకుండా పొందగలరు. మీరు దీనిని ఏ భాషలోకి అయినా అనువదించబడి పోనులో కూడా పొందగలరు. భాషా సేవలు లేక ఇతర ఫార్మాట్ల కోసం, రోజుకు 24 గంటలు, వారానికి 7 రోజులు **1-844-211-0966** కు కాల్ చేయండి. టిటివై కోసం, **1-855-349-6281** కు కాల్ చేయండి. ఫార్మసీ సేవల కోసం **1-877-759-6257** కు కాల్ చేయండి. 24/7 నర్సుతో మాట్లాడటానికి, **1-844-897-5021** కు కాల్ చేయండి.

Dutch: Deze informatie is beschikbaar in andere talen en formaten, zoals in grote letters, braille en audio, zonder extra kosten voor u. De informatie kan ook telefonisch door een tolk voor u worden vertaald in elke gewenste taal. Voor verzoeken over vertaaldiensten of andere formaten kunt u de Ledenservice bellen op **1-844-211-0966**, 24 uur per dag en 7 dagen per week. Voor telex belt u **1-855-349-6281**. Voor apotheekdiensten belt u **1-877-759-6257**. Als u met een verpleegkundige wilt spreken, 24 uur per dag, 7 dagen per week, belt u **1-844-897-5021**.

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Special note from AmeriHealth Caritas Delaware

AmeriHealth Caritas Delaware is a managed care organization (MCO), or health plan, that makes sure you and your covered family members get the care that's right for you. We help you and your covered family members stay healthy. We work to make sure you and your covered family are treated with the dignity and respect you deserve. Also, we work to make sure your health care services are provided in a way that is private and confidential. AmeriHealth Caritas Delaware is dedicated to you.

Our mission

Our mission at AmeriHealth Caritas Delaware is to help people:

- Get care.
- Stay well.
- Build healthy communities.

How we can help you

The AmeriHealth Caritas Delaware Member Services team is available to help you 24 hours a day, seven days a week. We can help you with the following questions:

- How do I get medical care?
- How do I choose my primary care provider (PCP) and find a medical home?
- How can I find a behavioral health provider?
- How do I get my medical records?
- How do I get a list of AmeriHealth Caritas Delaware providers?
- What services and benefits are covered?
- How do I find out about special needs services?
- What do I do if I get a bill?
- How do I file a grievance or an appeal?

Call us at **1-844-211-0966 (TTY 1-855-349-6281)** for DSHP and **1-855-777-6617 (TTY 1-855-362-5769)** for DSHP-Plus LTSS to talk to a Member Services representative 24 hours a day, seven days a week. Or go to **www.amerihealthcaritasde.com**.

On the web

We have made it easy for you to find what you are looking for on our website.

Go to **www.amerihealthcaritasde.com** for the following information:

- Help finding a provider. Search our online provider directory to find a provider near you.*
- Benefits and services.
- Preventive health guidelines and screening recommendations.
- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices.
- Member rights and responsibilities.
- Grievances, appeals, and State Fair Hearings.
- Community services.
- Contact information.
- Your Member Portal.

If you do not have access to the internet, most of the information above is included in this handbook. If you have questions, please call Member Services.

* The online directory provides the name, address, phone number, specialty, and board certification status of providers in our network. You can also visit **www.healthgrades.com**. This site gives more information about providers, such as which medical school they attended and where they did their residency training. If you do not have access to the internet, please call Member Services for a paper copy of the listing.

Other languages and formats

AmeriHealth Caritas Delaware can provide written member materials in languages other than English and in other formats for the visually impaired.

These materials do not cost you any money.

Other languages and formats (continued)

Please call AmeriHealth Caritas Delaware Member Services to ask for member materials, including this Member Handbook, in another language or format. If you do not speak English, we can help you. Our language line service has representatives who speak languages other than English.

American Sign Language (ASL) services are available by contacting Member Services. Please call Member Services two weeks prior to the date of service to set up ASL services.

If your PCP or specialist cannot provide an interpreter for your appointments, AmeriHealth Caritas Delaware will also provide an interpreter to help you. Interpreter services do not cost you any money. Call Member Services to be connected to the language line for interpreter services.

Cultural Competency

The goal of our cultural competency program is to ensure that all of our members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, and regardless of gender, sexual orientation, or gender identity, are able to access quality health care services. We recognize that it is our responsibility, along with our participating providers, to meet the unique needs of our diverse membership through appropriate health-related information and services.

TTY

If you are deaf or hard of hearing, our TTY number is **1-855-349-6281** for DSHP and **1-855-362-5769** for DSHP-Plus LTSS. You can also call the Delaware Relay service at **711** or **1-800-232-5460**.

Important contact information

AmeriHealth Caritas Delaware Member Services

for DSHP.....	1-844-211-0966 (TTY 1-855-349-6281)
for DSHP-Plus LTSS.....	1-855-777-6617 (TTY 1-855-362-5769)

Available 24 hours a day, seven days a week.

Pharmacy Member Services.....	1-877-759-6257
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Available 24 hours a day, seven days a week.

Member Advocate.....	1-833-669-7674
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A Member Advocate is someone from the plan who can assist members, health care providers, and case managers in obtaining care, scheduling appointments, and with grievances and appeals.

24/7 Nurse Call Line.....	1-844-897-5021
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Our 24/7 Nurse Call Line is a confidential service that you can call 24 hours a day, seven days a week. Trained nurses can answer questions about your health and give you information when your PCP is not available. They can help you decide which kind of care you need.

When you call the toll-free 24/7 Nurse Call Line, the nurse will:

- Ask you questions about your health.
- Give you information on how to care for yourself at home, when appropriate.
- Give you information to help you decide what other care you need.

Welcome

Behavioral health

for DSHP.....1-844-211-0966 (TTY 1-855-349-6281)
for DSHP-Plus LTSS.....1-855-777-6617 (TTY 1-855-362-5769)

24/7 Behavioral health crisis services

Behavioral health crisis services are available statewide from the Delaware Division of Substance Abuse and Mental Health.

Suicide and Crisis Lifeline.....988

Northern Delaware (New Castle County).....1-800-652-2929

Southern Delaware (Kent and Sussex Counties).....1-800-345-6785

Crisis Intervention Services staff are available 24 hours a day, seven days a week, to help people with severe personal or family problems. These problems may include depression, anxiety, feelings of hopelessness, thoughts of suicide, delusions, paranoia, misuse of drugs or alcohol, and major life changes such as loss of employment or an important relationship. Members can call or visit the crisis intervention location closest to them, including:

Northern Delaware	Southern Delaware
Mobile Crisis Intervention Services (MCIS) Fernhook Building 14 Central Avenue New Castle, DE 19720 1-302-577-2484	Mobile Crisis Intervention Services (MCIS) 700 Main Street (rear entrance) Ellendale, DE 19941 1-302-424-5550
Recovery Innovations Crisis/Restart Program 659 East Chestnut Hill Newark, DE 19713 Restart Program: 1-302-300-3100 Crisis Center: 1-302-318-6070	Recovery Response Center 700 Main Street Ellendale, DE 19941 1-302-424-5660

Care Coordination

If you have any questions about the Care Coordination program, please contact AmeriHealth Caritas Delaware Care Coordination at **1-844-623-7090 (TTY 1-855-349-6281)**.

LTSS Case Management

If you have any questions about the LTSS Case Management program, please contact AmeriHealth Caritas Delaware Case Management at **1-855-777-6617 (TTY-855-362-5769)**.

Welcome

ModivCare transportation services

Nonemergency transportation services are provided by Delaware Medicaid.

Nonemergency transportation.....1-866-412-3778
Where’s My Ride? Hotline.....1-866-896-7211

AmeriHealth Caritas Delaware Fraud, Waste, and Abuse Hotline.....1-866-833-9718

You can write AmeriHealth Caritas Delaware Member Services at: AmeriHealth Caritas Delaware P.O. Box 80100 London, KY 40742-0100	For medical records request please contact: Attn: Compliance Department 220 Continental Drive, Suite 300 Newark, DE 19713 Fax: 1-302-722-4355
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State contact information

Health Benefits Manager — Enrollment.....1-800-996-9969
Call this number for MCO choice counseling, and to enroll or disenroll from a health plan.

State of Delaware, Division of Social Services
Customer Relations.....1-800-372-2022 or 1-302-571-4900

Change Report Center.....1-866-843-7212

Delaware Tobacco Quit Line.....1-866-409-1858

Find your local Delaware Health and Social Services (DHSS) office at dhss.delaware.gov.

My AmeriHealth Caritas Delaware ID number (Fill in your number.):_____

My other family members’ AmeriHealth Caritas Delaware ID numbers:_____

My primary care provider (PCP) or medical home:_____

My child’s PCP or medical home:_____

My behavioral health provider:_____

My child’s behavioral health provider:_____

My dentist:_____

My child’s dentist:_____

My AmeriHealth Caritas Delaware Care Coordinator:_____

My child’s AmeriHealth Caritas Delaware Care Coordinator:_____

My AmeriHealth Caritas Delaware LTSS Case Manager:_____

Welcome

AmeriHealth Caritas Delaware ID card

After you are enrolled in AmeriHealth Caritas Delaware, you will get an AmeriHealth Caritas Delaware ID card. If you have not received your card, or if you have lost it, please call AmeriHealth Caritas Delaware Member Services to request a new card. Members can also order a new card through the Member Portal. Your AmeriHealth Caritas Delaware ID card is very important; keep it with you at all times.

If you need to use your medical, pharmacy, mental health, or substance use benefits before you get your AmeriHealth Caritas Delaware ID card, please call Member Services.

Delaware Health and Social Services (DHSS) Medicaid ID card

You will also get a Medicaid ID card from DHSS. If you lose your Medicaid ID card, call Delaware Medicaid Customer Relations at **1-866-843-7212** or **1-302-571-4900**.

Please keep all cards. If you need help or if you have questions about your cards, call AmeriHealth Caritas Delaware Member Services.

Things to know about your health insurance ID cards

You need to show your health care insurance cards at every provider and pharmacy visit, including behavioral health appointments. You need to show your:

- AmeriHealth Caritas Delaware ID card.
- Medicaid ID card.
- Any other health insurance cards you have.

It is important to carry all of your cards with you at all times.

Example of what your ID card will look like

Diamond State Health Plan	
AmeriHealth Caritas Delaware	
Member name John L Doe	Primary doctor PCP first name, PCP last name Group name
AmeriHealth Caritas Delaware ID 123456789	PCP phone number X-XXX-XXX-XXXX
Sex: M	Effective date MM/DD/YYYY
Date of birth: MM/DD/YYYY	
State ID: 1234567890123	
Copays ER: \$0 PCP: \$0 SPEC: \$0 RX(G): RX(B): DENTAL: \$0	
Limits may apply to some services. <small>Not transferable</small>	

Delaware	
AmeriHealth Caritas Delaware	
www.amerhealthcaritasde.com	
Always carry your AmeriHealth Caritas Delaware card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Delaware primary care provider (PCP) for medical care.	
Emergency room: Go to an emergency room near you if you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.	
Out-of-area care: Report out-of-area care to AmeriHealth Caritas Delaware and your PCP within 48 hours.	
Mental health, drug, and alcohol services: Call Member Services at 1-844-211-0966.	
Member Services 1-844-211-0966	Provider Services and prior authorization 1-855-707-5818
TTY 1-855-349-6281	Report Medicaid fraud 1-866-833-9718
	To speak with a nurse anytime 1-844-897-5021
	Pharmacy Member Services 1-877-759-6257 or TTY 711
	Pharmacy RxBIN #019595 Pharmacy RxCN #PRX00771 Pharmacy Provider Services: 1-855-251-0966
AmeriHealth Caritas Delaware Claims Processing P.O. Box 80100, London, KY 40742-0100	
<small>All other insurance payers must be billed before AmeriHealth Caritas Delaware, payer of last resort.</small>	

Diamond State Health Plan-LTSS	
AmeriHealth Caritas Delaware	
Member name John L Doe	Primary doctor PCP first name, PCP last name Group name
AmeriHealth Caritas Delaware ID 123456789	PCP phone number X-XXX-XXX-XXXX
Sex: M	Effective date MM/DD/YYYY
Date of birth: MM/DD/YYYY	
State ID: 1234567890123	
Copays ER: \$0 PCP: \$0 SPEC: \$0 RX(G): RX(B): DENTAL: \$0	
Limits may apply to some services. <small>Not transferable</small>	

Delaware	
AmeriHealth Caritas Delaware	
www.amerhealthcaritasde.com	
Always carry your AmeriHealth Caritas Delaware card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Delaware primary care provider (PCP) for medical care.	
Emergency room: Go to an emergency room near you if you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.	
Out-of-area care: Report out-of-area care to AmeriHealth Caritas Delaware and your PCP within 48 hours.	
Mental health, drug, and alcohol services: Call Member Services at 1-855-777-6617.	
Member Services 1-855-777-6617	Provider Services and prior authorization 1-855-707-5818
TTY 1-855-362-5769	Report Medicaid fraud 1-866-833-9718
	To speak with a nurse anytime 1-844-897-5021
	Pharmacy Member Services 1-888-987-6396 or TTY 711
	Pharmacy RxBIN #019595 Pharmacy RxCN #PRX00771 Pharmacy Provider Services: 1-855-294-7048
AmeriHealth Caritas Delaware Claims Processing P.O. Box 80100, London, KY 40742-0100	
<small>All other insurance payers must be billed before AmeriHealth Caritas Delaware, payer of last resort.</small>	

Eligibility and Disenrollment

It is easy to get care with AmeriHealth Caritas Delaware.

Enrolling

If you are eligible for Medicaid, the Delaware Division of Social Services will give you the opportunity to choose a managed care organization (MCO) for you and your covered family members. If you do not choose an MCO, you will be auto-assigned to one. A Medicaid Health Benefits Manager can help if you:

- Decide to change health plans.
- Have questions about your choice of health plans.

You can talk to a Health Benefits Manager by calling **1-800-996-9969**.

Completing the Health Risk Assessment

Once you are enrolled in AmeriHealth Caritas Delaware, you will get a welcome kit. It contains information about your benefits and services. The kit also includes a Health Risk Assessment (HRA). Please read and answer each question as best you can. Mail the assessment to us in the self-addressed envelope found in your welcome kit.

Changing your health benefits plan

When you are enrolled in a health plan, you have up to 90 days to change plans. You are also allowed to change your plan each year during the annual open enrollment period from October 1 to October 31. If you want to change your plan, please call the Health Benefits Manager at **1-800-996-9969**.

How to report changes

Adding or removing members

If you have a new baby or add a new member to your family, please call the DHSS Change Center at **1-866-843-7212**. You also need to let the Change Center know if a family member dies or moves out of your home.

If you move

If you move to a new address or change your phone number, call the DHSS Change Report Center at **1-866-843-7212**. You should then call AmeriHealth Caritas Delaware Member Services to update your information.

Diamond State Health Plan-Plus LTSS members must also notify their Case Manager if you move or change any of your other contact information.

Accident or work-related injury

Please call AmeriHealth Caritas Delaware Member Services immediately if you have any of the following:

- A workers' compensation claim.
- A pending personal injury or medical malpractice lawsuit.
- Been involved in an auto accident.
- Experienced any injury or received medical care where a different insurance company or lawyer has been or will be involved.

Eligibility and Disenrollment

If you are no longer eligible for Medicaid or AmeriHealth Caritas Delaware

You will lose your AmeriHealth Caritas Delaware benefits (be disenrolled from AmeriHealth Caritas Delaware) if:

- You are no longer eligible for Medicaid or AmeriHealth Caritas Delaware.
 - You move out of Delaware.
 - There is evidence you have engaged in fraud, forgery, or unauthorized use or abuse of medical services.
 - You reached the effective date of your requested disenrollment. (See below for when you can ask to disenroll.)
 - You enroll in a program that is not eligible for the Diamond State Health Plan or the Diamond State Health Plan-Plus.
 - You do not complete the required re-enrollment paperwork.
 - You become an inmate of a public institution.
- You require specialized care for a chronic condition and you, AmeriHealth Caritas Delaware, and the state agree that reassignment to another health plan will result in better or more appropriate care.
 - You receive poor-quality care.
 - You request a service that AmeriHealth Caritas Delaware does not cover because of moral or religious objections.
- At any time if you are unable to get all related services you are requesting at one time, within the AmeriHealth Caritas Delaware network, to avoid unnecessary risk to you.
 - At any time if the state sanctions the plan, resulting in temporary management or the plan having to pay a financial penalty.

You will not lose your AmeriHealth Caritas Delaware benefits if:

- You have changes to the state of your health.
- You are using more health care services.

You can ask to be disenrolled from AmeriHealth Caritas Delaware:

- For cause, at any time. A cause includes, but is not limited to:
 - You move out of Delaware.
 - You are not able to access covered services or providers.

Disenrollment from AmeriHealth Caritas Delaware is effective on the first day of the following month.

If you have questions about Medicaid, please contact the Delaware Medicaid Customer Relations department at **1-866-843-7212** or **1-302-571-4900**.

If you have questions about AmeriHealth Caritas Delaware, please contact Member Services.

Your Health Plan

Many members who get health coverage from Delaware Medicaid are enrolled in the Diamond State Health Plan (DSHP), Diamond State Health Plan-Plus (DSHP-Plus), or Diamond State Health Plan-Plus Long-Term Services and Support managed care program. A managed care organization, or MCO, is a health plan that coordinates your care. AmeriHealth Caritas Delaware is your MCO. The benefits you receive from AmeriHealth Caritas Delaware depend on the type of coverage you have from Delaware Medicaid.

At AmeriHealth Caritas Delaware, we are committed to you. To support your needs, we need you to help us. Please remember to:

- Let your DHSS office, AmeriHealth Caritas Delaware, and your health care providers know of any changes that may affect your membership, health care needs, or benefits. Some examples include, but are not limited to, the following:
 - You are pregnant.
 - You have a new baby.
 - Your address or phone number changes.
 - You or one of your children has other health insurance.
 - You have a special medical condition.
 - Your family size changes.
 - You move out of the county or state.
- Make sure your information is up to date with your local DHSS office. To report a change (such as one of the examples above), call DHSS at **1-866-843-7212**.
- Work with AmeriHealth Caritas Delaware and our health care providers. This means following the guidelines we give you about AmeriHealth Caritas Delaware and following your health care provider's instructions about your care. This includes:
 - Making appointments with your health care provider.
 - Canceling appointments that you cannot make.
 - Calling AmeriHealth Caritas Delaware when you have questions.
- Treat your health care providers and their staff with respect and dignity.
- Talk with your health care provider to agree on goals for your treatment, to the degree you are able to do so.
- Talk with your health care provider so you can understand your health conditions, to the degree you are able to do so.

If you have any questions about your responsibilities, or for more information, please call AmeriHealth Caritas Delaware Member Services.

Delaware Healthy Children Program (DHCP)

The Delaware Healthy Children Program (DHCP) offers health insurance to children who have no other health insurance. Members are 18 years of age or younger. Eligibility and premium payments are based on household income. No family pays more than \$25 per month.

Below are some of the eligibility requirements to determine if your child qualifies for this program:

- Is a resident of the state of Delaware.
- Is 18 years of age or younger.
- Has no other health insurance.
- Is a citizen of the United States or a legally residing non-citizen.
- Is in a family that meets the DHSS income limits.
- Is not a dependent of a state of Delaware employee.
- Is not currently covered under the Medicaid program.

There are three convenient ways to file

an application for the Delaware Healthy Children Program:

- Complete an application online by using Delaware ASSIST at <https://assist.dhss.delaware.gov>.
- Print and fill out the application form at <http://dhss.delaware.gov/dhss/dmma/dhcpapply.html> and mail it to:
 - Delaware Healthy Children Program
P.O. Box 950
New Castle, DE 19720
- Call the DHCP at **1-800-996-9969** and ask for an application to be mailed to you.

Visit dhss.delaware.gov/dhss/dmma/dhcp.html to learn more about the DHCP.

Covered Benefits and Services

Medical benefits

The Delaware DHSS determines the covered benefits and services you receive. You must use an AmeriHealth Caritas Delaware network provider to get these benefits and services, unless:

- The services are emergency services.
- The services are family planning services. You have the freedom to choose any family planning provider, including those not in the AmeriHealth Caritas Delaware network (with the exception of Delaware Healthy Children Program members).
 - Delaware Healthy Children Program members are required to use a participating provider for family planning services.
- You get prior authorization (prior approval) to use a provider who is not in AmeriHealth Caritas Delaware's network.

The following is a list of covered benefits, services, and limitations. Some services are covered by the Delaware Medicaid state plan. These services include:

- Dental services, now with no copay.
- Prescribed pediatric extended care (PPEC) services for children who are medically and/or technologically dependent.
- Nonemergency medical transportation (not available for the Delaware Healthy Children Program).
- Specialized services for nursing facility

residents not included in covered services.

- Employment services and related supports provided through the Pathways program for eligible members.
- Behavioral Health services as outlined on page 46.

Please call Member Services for more information on how to get access to these services from the state.

Some services are not covered by the Delaware Medicaid state plan or AmeriHealth Caritas Delaware. Some of those services include:

- Services that are not medically necessary.
- Abortion, except for under certain circumstances.
- Infertility treatments.
- Cosmetic services.
- Services outside of the continental United States. (Direct or indirect payments to out-of-country individuals and/or entities are prohibited.)

Please call Member Services for a full list of non-covered services or questions.

Covered Benefits and Services

Covered benefits and services			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
Routine doctor office visits, checkups, and sick visits	✓	✓	✓
Well-baby visits, well-child visits, and immunizations	✓	Not covered	Not covered
Behavioral health outpatient services	✓ For members under 18 years of age, AmeriHealth Caritas Delaware covers 30 out-patient visits per year. Visits above 30 are provided through the Department of Services for Children, Youth, and Their Families (DSCYF).	✓ For members under 18 years of age, AmeriHealth Caritas Delaware covers 30 out-patient visits per year. Visits above 30 are provided through the Department of Services for Children, Youth, and Their Families (DSCYF).	✓ For members under 18 years of age, AmeriHealth Caritas Delaware covers 30 out-patient visits per year. Visits above 30 are provided through the Department of Services for Children, Youth, and Their Families (DSCYF).
Tests and studies, laboratory work, and X-rays	✓	✓	✓
Preventive services, including mammogram, colonoscopy, and well visits for adults	✓	✓	✓
Radiology services, including invasive and noninvasive imaging	✓ (When medically necessary)	✓ (When medically necessary)	✓ (When medically necessary)
OB/GYN exams and annual Pap tests	✓	✓	✓
Prenatal and postpartum care, including delivery, birthing center admission, newborn care, and early discharge home visits for new mothers	✓	✓	✓

Covered Benefits and Services

Covered benefits and services			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
Family planning	✓	✓	✓
Pediatric respite services for members age 20 and younger with a physical or behavioral health condition affecting their ability to care for themselves.	✓	✓	Not covered
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, including periodic preventive health screenings and other necessary diagnostic and treatment services for members ages 20 and younger	✓	Not covered	Not covered
Pharmacy	✓	✓	✓
Case management and care coordination services	✓	✓	✓
Vision services: routine eye exams	✓ (Covered every 12 months)	✓ (Covered every 12 months)	✓ (Covered every 12 months)
Vision services: eyeglasses or contact lenses	✓ (Covered every 12 months)	✓ (Covered every 12 months)	✓ (Covered every 12 months)
Dental services for adults (age 21 and older): Now offered with no copay required	✓ Annual program maximum per person: \$1,000 Potential additional emergency maximum per person: \$1,500	✓ Annual program maximum per person: \$1,000 Potential additional emergency maximum per person: \$1,500	✓ Annual program maximum per person: \$1,000 Potential additional emergency maximum per person: \$1,500

Covered Benefits and Services

Covered benefits and services			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
Inpatient behavioral health services	✓ Adults (age 18 and older). Services to members under age 18 are provided by the Delaware DSCYF.	✓ Adults (age 18 and older). Services to members under age 18 are provided by the Delaware DSCYF.	✓ Adults (age 18 and older). Services to members under age 18 are provided by the Delaware DSCYF.
Licensed behavioral health practitioner services	✓ Up to 30 outpatient visits per year for members under age 18; visits above 30 are provided through the DSCYF. For members participating in PROMISE, these services are the responsibility of the state.	✓ Up to 30 outpatient visits per year for members under age 18; visits above 30 are provided through the DSCYF. For members participating in PROMISE, these services are the responsibility of the state.	✓ Up to 30 outpatient visits per year for members under age 18; visits above 30 are provided through the DSCYF. For members participating in PROMISE, these services are the responsibility of the state.
Outpatient addiction services and residential addiction services	✓ Residential addiction services to members under age 18 are provided by DSCYF. For members participating in PROMISE, these services are the responsibility of the state.	✓ Residential addiction services to members under age 18 are provided by DSCYF. For members participating in PROMISE, these services are the responsibility of the state.	✓ Residential addiction services to members under age 18 are provided by DSCYF. For members participating in PROMISE, these services are the responsibility of the state.

Covered Benefits and Services

Covered benefits and services			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
Substance Use Disorder (SUD) treatment services	✓ For members participating in PROMISE, these services, except for medically managed intensive inpatient detoxification, are the responsibility of the state.	✓ For members participating in PROMISE, these services, except for medically managed intensive inpatient detoxification, are the responsibility of the state.	✓ For members participating in PROMISE, these services, except for medically managed intensive inpatient detoxification, are the responsibility of the state.
Medication Assisted Treatment (MAT)	✓	✓	✓
Applied Behavioral Analysis	✓ Members (age 20 and younger) with a diagnosis of autism spectrum disorder	✓ Members (age 20 and younger) with a diagnosis of autism spectrum disorder	✓ Members (age 20 and younger) with a diagnosis of autism spectrum disorder
Visits to specialists	✓	✓	✓
Organ transplants	✓ (When medically necessary with proper documentation)	✓ (When medically necessary with proper documentation)	✓ (When medically necessary with proper documentation)
Chiropractic services	✓ (When medically necessary)	✓ (When medically necessary)	✓ (When medically necessary)
Federally qualified health center services	✓	✓	✓
Hospital: inpatient and/or outpatient care	✓	✓	✓

Covered Benefits and Services

Covered benefits and services			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
Ambulatory surgery center services	✓	✓	✓
Surgery: inpatient and/or outpatient	✓	✓	✓
Ambulance rides	✓ (When medically necessary)	✓ (When medically necessary)	✓ (When medically necessary)
Private-duty nursing and home health care services	✓ (When medically necessary)	✓ (When medically necessary)	✓ (When medically necessary)
Durable medical equipment (DME)	✓ (When medically necessary)	✓ (When medically necessary)	✓ (When medically necessary)
Physical, speech, and occupational therapy	✓ (When medically necessary)	✓ (When medically necessary)	✓ (When medically necessary)
Skilled nursing facility services	✓ (When medically necessary up to 30 days per year)	✓ (When medically necessary up to 30 days per year)	✓ (When medically necessary)
Hospice services	✓	✓	✓

Delaware Healthy Children Program (DHCP)	
Services	Covered
Routine doctor office visits, checkups, and sick visits	✓
Well-baby, well-child visits, and immunizations	✓
Tests and studies, laboratory, and X-rays	✓
Radiology services, including invasive and noninvasive imaging	✓ (When medically necessary)

Covered Benefits and Services

Delaware Healthy Children Program (DHCP)	
Services	Covered
OB/GYN exams and Pap tests	✓
Prenatal and postpartum care, including delivery, birthing center, newborn care, and early discharge home visits for new mothers	✓
Family planning	✓

Delaware Healthy Children Program (DHCP)	
Services	Covered
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, including periodic preventive health screens and other necessary diagnostic and treatment services for members under age 21	✓
Pharmacy	✓
Care coordination services	✓
Routine eye exams	✓ Covered every 12 months
Eye glasses or contact lenses	✓ Eye glasses or contact lenses every 12 months
Inpatient behavioral health services	✓ Provided by the Delaware DSCYF
Licensed behavioral health practitioner services	✓ Up to 30 outpatient visits per year for members under age 18; visits above 30 are provided through the DSCYF.

Covered Benefits and Services

Delaware Healthy Children Program (DHCP)	
Services	Covered
Medication Assisted Treatment (MAT), including outpatient addiction services and residential addiction services	✓ Residential addiction services to members under age 18 are provided by DSCYF.
Substance Use Disorder (SUD) treatment services	✓
Visits to specialists	✓
Hospital: inpatient or outpatient care	✓
Federally qualified health center services	✓
Ambulatory service centers	✓
Organ transplants	✓ (When medically necessary)
Surgery: inpatient or outpatient	✓
Ambulance	✓ (When medically necessary)
Private-duty nursing, home health care	✓ (When medically necessary)
Durable medical equipment (DME)	✓ (When medically necessary)
Physical, speech, and occupational therapy	✓ (When medically necessary)
Skilled nursing facility	✓ (When medically necessary, up to 30 days per year)
New member comprehensive risk assessment program	✓

Covered Benefits and Services

Additional Services Provided by AmeriHealth Caritas Delaware			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
Access to our Community Wellness Center	✓	✓	✓
Free weight management — Classes in our Community Wellness Center through community collaboration	✓	✓	Not covered
CARE Card — Incentivize members to perform healthy behaviors resulting in improved health outcomes.	✓	✓	Not covered
Disease management programs such as the Asthma Navigation Pathway, Diabetes Pathway, and Mom's Meals home delivery service	✓	✓	Not covered
Maternity programs that support a healthy pregnancy and delivery, and a chance to earn a portable crib, car seat, and other rewards.	✓	✓	✓
Mission GED Program — Covers testing expenses for members that wish to pursue their GED	✓	✓	✓
Weight Watchers — No-cost, six-month online membership for members with a diagnosis of diabetes	✓	✓	Not covered

Covered Benefits and Services

Additional Services Provided by AmeriHealth Caritas Delaware			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
No-cost community and plan-based wellness programs	✓	✓	✓
Safe at Home Kit — Available to members with an Alzheimer's disease or dementia diagnosis who live in a community-based setting and have been identified as a risk for elopement	Not covered	Not covered	✓
Legal services — Available to LTSS members living in the community who are: <ul style="list-style-type: none"> • Renters at risk of losing their home due to eviction notice from landlord, or threat of eviction, or who are experiencing sub-standard living conditions. • Interested in working with an attorney to create an advance care directive to document their medical treatment/end of life planning preferences. Services will be provided by the Delaware Community Legal Aid Society Inc. Eligibility will be determined by your Case Manager. 	Not covered	Not covered	✓

Covered Benefits and Services

Additional Services Provided by AmeriHealth Caritas Delaware			
Services	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)	Diamond State Health Plan-Plus LTSS (DSHP-Plus LTSS)
Financial counseling — Available to members living in the community who are experiencing or have expressed concerns about housing instability	Not covered	✓	✓
In-home supports and services to help qualified members avoid nursing home stays	Not covered	✓	✓
Welcome home benefit of up to \$6,000, which helps qualified members with LTSS move from a nursing facility to home. It can be used for rental assistance.	Not covered	Not covered	✓
Carallel caregiver support for caregivers of LTSS members.	Not covered	Not covered	✓

Covered Benefits and Services

Enhanced benefits (as needed) for Diamond State Health Plan-Plus Long-Term Services and Supports (DSHP-Plus LTSS) members

Prior approval is required for:

- Adult day services.
- Attendant care services.
- Cognitive services.
- Community-based residential alternatives that include assisted-living facilities.
- Day habilitation.
- Home-delivered meals.
- Independent activities of daily living (chore) services.
- Minor home modifications.
- Nursing facility services.
- Nutritional supplements for individuals with HIV/AIDS diagnosis.
- Personal emergency response system.
- Respite care.
- Specialized medical equipment and supplies (not covered under the Medicaid state plan).
- Support for self-directed Home and Community-Based Services (HCBS).
- Transition services for those moving from nursing facility to community.

Covered Benefits and Services

Durable medical equipment (DME) and medical supplies

Members living in or getting services from a licensed health care facility may choose to get certain DME from the provider. In some cases, the equipment may be provided by the provider to the member during the inpatient stay. In other cases, it may be provided permanently. The provided equipment must be medically necessary and may need prior authorization. Your provider will help you get any needed DME. For more information, members may contact Member Services.

Medical supplies are generally:

- Disposable.
- Required for the care of a medical condition.
- Used at home.

They do not include:

- Personal care items (such as deodorant, talcum powder, bath powder, soap, toothpaste, eye wash, or contact solution).
- Oral or injectable over-the-counter drugs and medicines.

DME is generally a device or other item that:

- Can be used again and again.
- Is primarily used for a medical purpose.
- Is used in the home.

Some examples of DME are oxygen tanks, special medical beds, walkers, and wheelchairs. Examples of supplies are diapers, catheters, and diabetes testing supplies. Some DME will need prior authorization. Your PCP or specialist will ask AmeriHealth Caritas Delaware for prior authorization before you get the DME.

Please see the Prior Authorization section on **page 26** of this handbook for more information.

Nursing facility services

AmeriHealth Caritas Delaware covers short-term skilled care in a nursing facility when the plan is for the member to return home. This type of care needs prior authorization by AmeriHealth Caritas Delaware. Your PCP or specialist will ask for prior authorization for you before you go to the nursing facility. AmeriHealth Caritas Delaware covers long-term care in a nursing facility when DHSS confirms that a member qualifies for that level of care.

Vision benefits

Eye care benefits are available for members of all ages. This includes one routine eye exam every 12 months. These members are also eligible for eye glasses or contacts every 12 months. Call your or your child's eye doctor to schedule a routine eye exam. Call AmeriHealth Caritas Delaware Member Services for more information.

Dental benefits

Members age 20 and younger

Dental services are available to Delaware Medicaid members age 20 years and younger. They are eligible for:

- Preventive services: Exams, cleanings, X-rays, fluoride treatments (every six months), and sealants.
- Restorative care: Fillings, crowns, root canals, extractions, partials, and dentures.
- Orthodontics: Examination by an orthodontist.*

For questions about your dental benefits, call Member Services.

**Limited and comprehensive orthodontics are only covered when specific criteria are met. Not covered for braces for cosmetic reasons.*

Covered Benefits and Services

Members age 21 and older

Standard benefit — Dental services are available to Delaware Medicaid members age 21 years and older. This includes \$1,000 of coverage per year for dental services, such as cleanings, X-rays, cavity fillings, and more. No copay is charged for dental services.

For details regarding covered services, visit amerihealthcaritasde.com/dental.

Emergency benefit — Delaware Medicaid members age 21 years and older are also enrolled in an emergency dental benefit. Once you've exhausted your \$1,000 standard benefit, you may have access to up to \$1,500 of coverage per year for dental work that meets the extended benefit criteria.

Call AmeriHealth Caritas Delaware Member Services for more information.

Transportation benefits

Medicaid members who are eligible for full Medicaid benefits and need transportation services so that they can receive Medicaid-covered services from providers may obtain transportation services. This service is available if you do not have access to a vehicle.

This service is not available for DHCP members.

If you have an emergency, please call **911** right away.

For nonemergency medical transportation, call ModivCare at **1-866-412-3778**, Monday through Friday from 7 a.m. to 4 p.m.

You can check the status of your ride by calling **1-866-896-7211**.

Please remember:

- You must call at least three business days before your appointment to schedule your ride. You must also specify if you need any special accommodations, such as a wheelchair, stretcher, etc.

- You will need to know the street address, city, and ZIP code for the location of your appointment.
- You must have your Medicaid member ID number when you call to schedule your ride.

Mission GED® program

Did you know that furthering your education can help you find a better job, earn more money, and improve your health? If you didn't get your high school diploma, we can help. Members can take the pre-GED and GED tests at no cost. We can even provide a program coach to help you every step of the way.

Expenses — When you enroll in the Mission GED program, you can take your tests at no cost to you. AmeriHealth Caritas Delaware will provide testing vouchers.*

Coaching — Once you enroll in GED classes, an AmeriHealth Caritas Delaware program coach will work with you. Your program coach will contact you periodically to offer support and encouragement on your journey.

For more information, call **1-844-623-7090 (TTY 1-855-349-6281)** or visit www.amerihealthcaritasde.com/GED.

* AmeriHealth Caritas Delaware will only cover costs for your pre-GED and GED test. All other costs, such as GED program fees, are the member's responsibility.

CARE Card

This benefit is not available for Long-Term Services and Supports (LTSS) or Lifespan Waiver membership.

With the AmeriHealth Caritas Delaware CARE Card, you can earn rewards by doing things that help you stay healthy.

To begin earning rewards, all you have to do is complete the new member Health Risk Assessment or one of the recommended health screenings or tests.

Covered Benefits and Services

Members may earn:*

- Health Risk Assessment
 - \$25 for completing the one-time Health Risk Assessment within the first year of joining AmeriHealth Caritas Delaware.
- Infant and child health
 - \$25 for completing six well visits from birth to 15 months.
 - \$25 for annual completion of a well-child visit for ages 3 – 20.
 - \$10 for each 90-day fill of an asthma controller medication for ages 5-18 diagnosed with asthma (incentive can be earned up to four times per year).
 - \$35 for completing a lead screening at both 12 months and 24 months of age. If screenings are not completed at 12 and 24 months, then complete one lead screening for children ages 24 to 72 months for a \$25 reward.
- Prenatal health
 - \$15 for enrolling in our Bright Start program in your first trimester. Call **1-833-669-7672** to enroll.
- Preventive health
 - \$25 for completing a breast cancer screening — one per year for women ages 40 – 74.
 - \$25 for completing a cervical cancer screening — once every three years for women ages 21 – 64.
 - \$25 for completing a prostate-specific antigen (PSA) test — one per year for men ages 50 – 69.
- Diabetes
 - \$25 for completing an HbA1c screening once per year with a result of < (less than) 8% for members ages 18 – 75 with a diagnosis of diabetes.
- Heart health
 - \$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.

For more information, please visit **amerihealthcaritasde.com/carecard**.

Eligible CARE Card program rewards are subject to change. AmeriHealth Caritas Delaware will notify you before the change happens.

Once your doctor notifies us that you have completed a healthy activity, we will add rewards to your card. Members may not be eligible to earn all of the rewards listed.

For questions, call Member Services.

*This benefit is not available for Long-Term Services and Supports (LTSS) or Lifespan Waiver membership.

Other services

There are other services and community supports that may be available through the county or department of public health programs in your area. AmeriHealth Caritas Delaware can help you access those services and explore any costs that may apply to you. We can help you find possible ways of covering those costs.

AmeriHealth Caritas Delaware staff works with your PCP and other state organizations and agencies, to help organize your treatment and support.

For more information, contact Member Services.

Prior Authorization

Prior authorization

Prior authorization is an approval from AmeriHealth Caritas Delaware for a health care service. Some services need to be approved as “medically necessary” by AmeriHealth Caritas Delaware before your PCP or other health care provider can provide or help you get these services. This process can be referred to as “prior authorization” or “preauthorization.”

AmeriHealth Caritas Delaware will honor your existing prior authorizations (pre-approvals) for benefits and services for the first 90 days of your enrollment. If you have questions about prior authorization, please call Member Services.

Prior authorization process

1. Your provider gives AmeriHealth Caritas Delaware information to show us the service is medically necessary.
2. AmeriHealth Caritas Delaware nurses, doctors, and behavioral health clinicians review the information. They use policies and guidelines approved by the Delaware Medicaid and Medical Assistance (DMMA) division of Delaware Health and Social Services (DHSS) to see if the service is medically necessary.
3. AmeriHealth Caritas Delaware will notify the member and provider of its decision within seven calendar days of the request. Decisions can be extended up to 14 additional calendar days if the member or provider requests it, or if AmeriHealth Caritas Delaware justifies a need for additional information and how the extension benefits the member.
4. If the request is approved, we will let you and your health care provider know it was approved.
5. If the request is not approved, a letter will be sent to you and your health care provider, giving the reason for the decision.

You can appeal any decision AmeriHealth Caritas Delaware makes. If you receive a denial and would like to appeal it, talk to your provider. Your provider will work with AmeriHealth Caritas Delaware to determine if there were any problems with the information that was submitted.

You may also file a grievance or request a State Fair Hearing. For more information, see **page 64**.

Expedited authorization decisions

For cases in which your provider indicates or AmeriHealth Caritas Delaware determines that the standard decision timeline could seriously jeopardize your life; health; or ability to attain, maintain, or regain maximum function, AmeriHealth Caritas Delaware will make an expedited authorization decision and provide notice to the member no later than 72 hours after receiving the authorization request.

Services needing prior authorization

Some of the services that need prior authorization are:

- All services you get out of the network (except for emergency care, post-stabilization, and some family planning services).
- Cardiac rehabilitation.
- Pulmonary rehabilitation.
- Pull-on diapers* (age four and older). If the quantity exceeds the individual maximum allowed or any combination of maximum allowed for members age four and older as outlined by Delaware Medicaid.
- DME rentals.
- DME purchases of \$500 and more.
- Inpatient hospital care.
- Home health care.
- Hyperbaric oxygen.
- Magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA), and magnetic resonance stimulation (MRS).
- Computerized tomography (CT) scan, nuclear cardiac imaging, positron emission tomography (PET) scan, and single-photon emission computerized tomography (SPECT) scan.
- Special population nursing facility (skilled pre-approval).
- Therapy and related services (after 24 visits for each therapy type per calendar year) for:
 - Speech therapy.
 - Occupational therapy.
 - Physical therapy.
- Habilitation services.
- Psychiatric inpatient hospitalization for members age 18 and older.
- Inpatient behavioral health services

Prior Authorization

for members younger than age 18 are managed by the DSCYF.

- Behavioral health partial hospitalization.
- Behavioral health intensive outpatient program.
- Behavioral health residential treatment facility, including the Institution for Mental Disease (IMD).
- Substance use disorder (SUD) programs. Prior authorization is required for:
 - Intensive outpatient program beyond 30 days.
 - Medically monitored inpatient treatment beyond 14 days.
 - Medically monitored withdrawal management inpatient treatment beyond five days.
- Electroconvulsive therapy (ECT).
- Transcranial magnetic stimulation (TMS).
- Vagus nerve stimulation (VNS).
- Psychological and neuropsychological testing.
- Applied Behavioral Analysis for members age 20 and younger with a diagnosis of autism spectrum disorder.

* Diapers, briefs, panty liners, and disposable underpads (e.g., Chux) are covered when:

- They are prescribed and determined to be appropriate or medically necessary for a member who has lost control over bowel or bladder function.
- A bowel or bladder training program was not successful.
- The member is 4 years old or older. (Coverage differs from Medicare.)

Incontinence products are not covered for stress, urge, or overflow.

This is not a complete list, just some examples.

If you have questions, please call Member Services or talk to your provider.

Continued Care

As an AmeriHealth Caritas Delaware member, you are not responsible to pay for medically necessary, covered services provided by Delaware Medicaid providers. However, you may have to pay when the service provided is not covered by AmeriHealth Caritas Delaware. Prior to providing services, your provider will ask you to sign an agreement to pay for the noncovered service. If you are getting continued care from a provider who is not in the AmeriHealth Caritas Delaware network, you may be able to continue that treatment.

Treatment or services are “ongoing” if you were treated during the past 12 months for a condition that needs follow-up care or additional treatment. Services are also considered ongoing if they have already been approved.

You are allowed to get continued care with a health care provider who is not in the AmeriHealth Caritas Delaware network when any of the following happens:

- You are a new AmeriHealth Caritas Delaware member and you are getting ongoing treatment from a health care provider who is not in the AmeriHealth Caritas Delaware network.
- You are a current AmeriHealth Caritas Delaware member and you are getting ongoing treatment from a health care provider whose contract has ended with AmeriHealth Caritas Delaware for reasons that are “not-for-cause.”

Reasons that are “not-for-cause” means the provider’s contract did not end because of the quality of the provider’s care or because the provider did not meet other contract or regulatory requirements.

If you are...	AmeriHealth Caritas Delaware will allow you to...
A new AmeriHealth Caritas Delaware member	Keep getting treatment from a health care provider who is not in the AmeriHealth Caritas Delaware network. You can continue treatment for up to 90 days from the date you were enrolled in AmeriHealth Caritas Delaware.
A new AmeriHealth Caritas Delaware member and you are pregnant as of the date you enroll in AmeriHealth Caritas Delaware	Keep getting treatment from an obstetrician (OB) or midwife who is not in the AmeriHealth Caritas Delaware network until the end of your postpartum care related to your delivery.
A current AmeriHealth Caritas Delaware member and your health care provider (provider, midwife, or certified registered nurse practitioner) stops participating with AmeriHealth Caritas Delaware and you need to keep getting health care	Continue going to the provider for treatment for up to 90 days from the date AmeriHealth Caritas Delaware tells you that the health care provider stops participating in the AmeriHealth Caritas Delaware network or for up to 60 days from the date the provider’s contract with AmeriHealth Caritas Delaware ends — whichever is longer.
A current AmeriHealth Caritas Delaware member in your second or third trimester of pregnancy and the OB or midwife whom you see stops participating with AmeriHealth Caritas Delaware	Continue going to the provider for treatment from that OB or midwife until you deliver your baby and receive postpartum care related to the delivery.

Continued Care

Requests for continued care or services are reviewed case by case. If you want to keep getting treatment or services with a health care provider who is not in the AmeriHealth Caritas Delaware network, you must either:

- Call Member Services for help with continuing care.
- Ask your health care provider to call AmeriHealth Caritas Delaware's Utilization Management department at **1-855-396-5770**.

Once we have the request to continue care, we will review your case. We will notify your health care provider by phone if continued care has been authorized. If for some reason we do not approve continued care, you and your health care provider will get a phone call and letter that includes our decision and information about your right to appeal the decision.

You must get approval from AmeriHealth Caritas Delaware to continue care. AmeriHealth Caritas Delaware will not cover continuing care when:

- The provider's contract has ended because of quality-of-care issues.
- The provider is not a Delaware Medicaid provider.
- The provider did not comply with regulations or other contract requirements.
- The services are not ongoing.

Going to the Doctor

Picking your primary care provider (PCP)

When you join AmeriHealth Caritas Delaware, you choose a primary care provider (PCP).

Your PCP is a doctor, nurse, or physician assistant who provides, plans, and/or helps you access health care services. Your PCP's office is your medical home. Your medical home will provide medical services and advice on your health. Your PCP will also coordinate care with your other health care providers.

If you did not pick a PCP when you enrolled, you will have 30 days from the date you enrolled to do so. If you do not pick a PCP within 30 days, AmeriHealth Caritas Delaware will assign a PCP for you and your family.

You can choose the same PCP for your whole family or you can have a different PCP for each family member. There are different kinds of providers who can act as your PCP, including:

- Family practice and general practice PCPs, who treat adults and children.
- Internal medicine providers, or internists, who treat members age 18 and older.
- Pediatricians, who treat children from birth to age 21.
- Advanced nurse practitioners.
- Nurse midwives.
- Geriatricians.
- OB/GYNs.

Some providers have trained health care professionals whom you may see during an appointment, such as:

- Medical residents.
- Physician assistants.

If you have questions about changing your PCP, see the section called Changing Your PCP on **page 33** of this handbook. You can change your PCP at any time and for any reason.

In some cases, if you have health needs that require specialized care, you may be able to choose a specialist as your PCP. For more information, please call AmeriHealth Caritas Delaware Member Services.

Going to your PCP

As your medical home provider, your PCP will try to help you stay healthy.

Through regular visits with you, your PCP will be able to:

- Learn your health history and keep your records up to date.
- Answer questions about your health.
- Give you information about healthy eating and diet.
- Give you the shots and screenings you need.
- Help you get care from other providers, if needed.
- Find problems before they become serious.
- Provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for members age 20 and younger. See the Wellness Care for Children section on **page 41** for more information.
- Provide preventive treatment for conditions like diabetes, high blood pressure, asthma, and heart disease.

Remember to:

- Make an appointment with your PCP right away — your PCP's phone number is on your AmeriHealth Caritas Delaware ID card.
- Have your medical records sent from your old PCP to your new PCP, if you have picked a new PCP.
- Get regular checkups.

Going to the Doctor

How to make an appointment

You can call your PCP for help with medical problems at any time. There is no limit to how many times you can visit your PCP.

It is important to be on time for your appointment. If you are going to be late or need to cancel your appointment, call the PCP's office ahead of time and let the office know. If you need to change your appointment, try to let the PCP's office know at least 24 hours before the appointment.

If you need help making your appointment, please call AmeriHealth Caritas Delaware Member Services.

The 24/7 Nurse Call Line is also there for you 24 hours a day, seven days a week. Call **1-844-897-5021**. Please remember the 24/7 Nurse Call Line does not take the place of your PCP. Always follow up with your PCP if you have questions about your health care.

It may be time for a checkup if:	You should:
You or your child is age 2 to 21.	See your (or your child's) PCP once every year for screenings and shots.
You are age 21 or older, or are sexually active.	See your gynecologist (GYN) every year or as directed by your PCP.
You have learned you are pregnant.	See your obstetrician (OB) or OB/GYN right away and make regular appointments.
You are age 35 or older.	Get your mammogram as directed by your PCP.
You are age 45 or older.	Talk to your PCP about screenings for colon, rectal, and/or prostate cancer.

Going to the Doctor

How long it should take to see your doctor

Appointment type	Primary care providers	Specialists
Emergency	Same day Emergency conditions are symptoms that have a sudden or severe onset but do not require emergency room (ER) services.	Immediately Emergency care is available 24 hours a day, seven days a week.
Urgent	Within two calendar days Examples of urgent care: persistent rash, recurring high-grade temperature, and nonspecific pain or fever.	Within two calendar days
Symptomatic care	Within two calendar days Examples include care that helps the symptoms of a condition instead of the condition itself.	N/A
Routine care	Within three weeks Routine care, including well-child exams and routine physical exams.	Within three weeks

Behavioral health providers

Appointment type	Availability standard
Emergency (life-threatening)	Immediately
Emergency (non-life-threatening)	Within six hours
Nonemergency access	Within 21 calendar days
Initial assessment (initial visit for routine care)	Within seven calendar days
Routine outpatient services (with nonprescribing clinician)	Within seven calendar days
Follow-up to inpatient care (members seen in an ER or behavioral health crisis provider)	Within seven calendar days of discharge
Nonemergency outpatient services	Within three weeks

Maternity care providers

Provider type	Appointment type	Availability standard
OB/GYN or midwife	First trimester	Appointments within three weeks of member request.
	Second trimester	Appointments within seven calendar days of member request.
	Third trimester	Appointments within three calendar days of member request.
	High-risk pregnancies	Appointment within three calendar days of identification of high risk.

Going to the Doctor

Changing your PCP

If you move or want to change your PCP for any reason, we will help you choose another PCP in your area. You can change your PCP at any time and for any reason.

How to change your PCP

If you have access to the internet:

- Go to **www.amerihealthcaritasde.com**.
- Click on **Find a Provider** to choose a provider in your area.

If you do not have access to the internet:

- We can send you a provider directory.
- Call Member Services to request a provider directory.

Once you choose your new PCP:

- Call Member Services to request this change.
- We will ask why you want to change your PCP. This will help us learn about any possible problems with the services given by PCPs in our network.
- You will get a new AmeriHealth Caritas Delaware ID card. When your new card arrives, destroy your old card at once.

Specialists

If you have health needs that require specialized care, your PCP might send you to a specialist. A specialist is a doctor trained to treat certain health conditions. Specialists can include:

- Heart doctors (cardiologists).
- Skin doctors (dermatologists).
- Doctors for women's health (gynecologists).
- Doctors for pregnant women (obstetricians).
- Doctors for blood problems (hematologists).
- Foot doctors (podiatrists).
- Eye doctors (ophthalmologists).
- Cancer doctors (oncologists).

- Behavioral health doctors (psychiatrists).
- Surgeons.

Your PCP can help you choose a specialist and make an appointment. You can get a list of AmeriHealth Caritas Delaware specialists by going to **www.amerihealthcaritasde.com** and clicking on **Find a Provider**, or by calling Member Services.

Specialist office visits

AmeriHealth Caritas Delaware covers your visits to specialists in our network. There is no limit to how many times you may see the specialist.

Out-of-network providers

Visits to providers who are not in the AmeriHealth Caritas Delaware network will need prior authorization from AmeriHealth Caritas Delaware. Your provider will help you get prior authorization. Please see the Prior Authorization section on **page 26** for more information. This applies to all provider types.

If AmeriHealth Caritas Delaware does not have a provider who can treat your health condition, you have the right to ask to see a provider who is not in the AmeriHealth Caritas Delaware network. You can talk to your PCP about this. As a reminder, prior authorization is required for out-of-network providers.

If your health care provider is leaving the AmeriHealth Caritas Delaware network

There are times when a health care provider will leave the AmeriHealth Caritas Delaware network. If your health care provider leaves our provider network, we will let you know within 30 days after we receive a termination notice.

If your PCP leaves the network, we will choose a PCP for you. We will send a letter to you with the name of your new PCP. You will also get a new ID card in a separate mailing. When your new card arrives, destroy your old card.

If you do not want the PCP we have chosen for you, you can change your PCP at any time by calling Member Services.

If a specialist leaves the network, please contact your PCP to choose a new specialist. Your PCP can help with your choice and refer you to a specialist who participates in our network. You can also call Member Services to request a specialist directory.

Out-of-network care for dual-eligible members

If you are dually eligible for Medicaid and Medicare and receive an order from an out-of-network Medicare provider for services we cover, but Medicare doesn't, you must use a provider who is in the network.

If you have questions about out-of-network providers, please call Member Services.

Federally qualified health centers

AmeriHealth Caritas Delaware covers care at federally qualified health centers (FQHCs) that are in the AmeriHealth Caritas Delaware network. Please see our online provider directory at www.amerihealthcaritasde.com or call Member Services to find a center near you.

Second opinion

If your health care provider thinks you need surgery or other special treatment, you can ask to see another specialist. This is called a "second opinion." If you want a second opinion, ask your PCP for a specialist in a different practice within the AmeriHealth Caritas Delaware network.

If there is not a network participating provider available, a second opinion from a health provider outside of the network can be obtained, at no cost to you. Prior authorization is required for out-of-network referrals.

Emergency, Urgent Care, and Other Types of Care

Emergencies

An emergency medical condition is a medical problem so serious that you must seek care right away to avoid severe harm.

If you have an emergency, call **911** for an ambulance or go directly to the nearest hospital emergency room (ER).

If you need care but are not sure if it is an emergency, call your PCP or behavioral health specialist first. If you cannot reach your PCP or behavioral health specialist, call the AmeriHealth Caritas Delaware 24/7 Nurse Call Line at **1-844-897-5021**. Your PCP or the 24/7 Nurse Call Line will help you find the best care available for you at that time.

You can also call one of the 24/7 Behavioral Health Crisis Hotlines:

- Suicide and Crisis Lifeline: **988**
- Northern Delaware (New Castle County) **1-800-652-2929**
- Southern Delaware (Kent and Sussex Counties) **1-800-345-6785**

Emergency services are those (inpatient and outpatient) you receive from a qualified provider to evaluate or stabilize an emergency medical or behavioral health condition to keep it from getting worse.

You do not need approval from AmeriHealth Caritas Delaware to receive care in an emergency. You have the right to get the care you need. You also have the right to say no to treatment and to ask for, or say no to, a transfer to another hospital. The care you get during and after an emergency is meant to improve your medical or behavioral health issue or to make it go away.

Examples of emergencies:

- Chest pain.
- Choking.
- Severe wounds or heavy bleeding.

- Breathing problems.
- Severe spasms or convulsions.
- Loss of speech.
- Broken bones.
- Severe burns.
- Drug overdose.
- Sudden loss of feeling or not being able to move.
- Severe dizzy spells, fainting, or blackout.
- Feelings that will not go away of wanting to harm yourself or someone else.

Urgent care

Urgent care is when you need care or medical treatment within 48 hours. This is when you need attention from a provider, but not in the ER. If you need urgent care but are not sure if it is an emergency, call your PCP or behavioral health specialist first. If you cannot reach your PCP, call the AmeriHealth Caritas Delaware 24/7 Nurse Call Line at **1-844-897-5021**. Your PCP or the nurse will help you decide if you need to go to the ER, the PCP's office, or to an urgent care center near you.

If you go to an urgent care center or the ER, be sure to call your PCP the next day to make an appointment. Your PCP must schedule an appointment for you within two calendar days of your request for an urgent care appointment.

Examples of urgent care conditions:

- Animal bites.
- Bruises.
- Colds.
- Coughing.
- Diarrhea.
- Earache.
- Pink eye.
- Rashes.
- Sore throat.
- Stomachache.
- Vomiting.
- Feeling very depressed or anxious and not able to do things that you normally do.

Emergency, Urgent Care, and Other Types of Care

Hospital services

AmeriHealth Caritas Delaware covers medically necessary hospital services, including outpatient services like X-rays and laboratory tests, when they are medically necessary. Your PCP or specialist can help you get hospital services in the AmeriHealth Caritas Delaware network. Go to www.amerhealthcaritasde.com or call Member Services to find out if a particular hospital is in the AmeriHealth Caritas Delaware network.

Routine care

In most cases, when you are not feeling well and need medical care, you call your PCP to make an appointment. Then you go to see your PCP. This type of care is known as routine care. Some examples are:

- Most minor illnesses and injuries.
- Regular checkups.

Post-stabilization care

After an emergency, you may need care to help your medical or behavioral health issue get better or go away. This is called post-stabilization care. Post-stabilization services are covered services related to an emergency health condition. They are provided after your immediate medical or behavioral health conditions are stabilized.

AmeriHealth Caritas Delaware requires pre-approval for post-stabilization care you get in or out of the network. We will cover the post-stabilization care you receive within the first hour of the hospital submitting the pre-approval request.

AmeriHealth Caritas Delaware will also cover post-stabilization care if your hospital requests pre-approval and AmeriHealth Caritas Delaware:

- Doesn't provide pre-approval within an hour of the request.
- Can't be contacted.
- Can't reach an agreement with your treating provider about your care, and a provider in the AmeriHealth Caritas Delaware network is not available.

AmeriHealth Caritas Delaware's coverage of unapproved post-stabilization care will end when:

- A provider in the AmeriHealth Caritas Delaware network, with privileges at the treating hospital, assumes responsibility for your care.
- A provider in the AmeriHealth Caritas Delaware network assumes responsibility for your care through transfer.
- AmeriHealth Caritas Delaware and your treating provider reach an agreement about your care.
- You are discharged.

You don't have to pay for emergency care even if you go to a facility that's not in the AmeriHealth Caritas Delaware network.

To find a hospital near you, log on to our online provider directory at www.amerhealthcaritasde.com or call Member Services

Emergency, Urgent Care, and Other Types of Care

Getting care away from home

There are times when you will need care while you are away from home. If you are sick or need urgent or emergency care in the United States while you are away from home, here is what you should do:

- If you think you have an emergency, call **911** or go to the nearest hospital ER.
- If you are sick and you are not sure if it is urgent or an emergency, call your PCP or behavioral health specialist. Your PCP or behavioral health specialist can help you decide if you need to go to the nearest ER or urgent care center.
- If you get care in the ER and you are admitted to the hospital while you are away from home, have the hospital call AmeriHealth Caritas Delaware Member Services. The phone number is also listed on the back of your ID card.

Remember, Member Services is here to help you 24 hours a day, seven days a week.

AmeriHealth Caritas Delaware's licensed providers and nurses monitor the services given to all members. They also make decisions about medically necessary care and services. They make these decisions using:

- Nationally accepted guidelines.
- Medical information, including your Medicaid benefits and your personal medical needs.

AmeriHealth Caritas Delaware does not reward health care providers for denying, limiting, or delaying benefits or health care services. We also do not give incentives to our staff for making decisions about medically necessary services or benefits that result in more or less health care coverage and services.

24/7 Nurse Call Line

Contact the 24/7 Nurse Call Line when you cannot reach your provider or are away from home. The 24/7 Nurse Call Line is there for you toll free, 24 hours a day, seven days a week, at **1-844-897-5021**.

When you call the toll-free 24/7 Nurse Call Line, the nurse will:

- Ask you questions about your health.
- Give you information on how to care for yourself at home, when appropriate.
- Give you information to help you decide what other care you need.

Please remember the 24/7 Nurse Call Line does not take the place of your PCP. Always follow up with your PCP if you have questions about your health care.

Telehealth

Telehealth services are covered by AmeriHealth Caritas Delaware as long as your participating provider offers it. This gives you direct access to a health care provider by using the camera on your smartphone, tablet, or computer. Your provider can help you with common health problems and prescribe medicine, if needed.

You should always visit your regular provider if you are sick or have a medical emergency. But if you can't see your provider, telehealth is a convenient option. Be sure to follow up with your provider to stay up to date on your health care.

If you need help finding a health care provider, visit **www.amerihhealthcaritasde.com** and go to **Find a Provider**, or call AmeriHealth Caritas Delaware Member Services.

Emergency, Urgent Care, and Other Types of Care

AmeriHealth Caritas Delaware Telehealth,
Powered by MDLive

AmeriHealth Caritas Delaware Telehealth is a telehealth service where you can visit with board-certified doctors by video or phone.* It is a no-cost, convenient option for non-emergency medical conditions. Doctors are available 24/7/365 to diagnose and treat non-emergency care needs and can have a prescription sent directly to your pharmacy, if necessary.

You may want to have a virtual visit:

- Instead of going to the ER or urgent care for non-emergency issues.
- If your doctor is not available.
- While at home, work or on-the-go.

To learn more about this service, you can call toll-free **1-833-599-0444** to speak with an AmeriHealth Caritas Delaware Telehealth customer service representative.

Pharmacy

AmeriHealth Caritas Delaware members are eligible for pharmacy benefits. If you need medicine, your provider will write you a prescription to take to a participating pharmacy.

You will find a list of participating pharmacies on our website at www.amerihhealthcaritasde.com. If you can't find your regular pharmacy on this list, you can call Pharmacy Member Services at **1-877-759-6257 (TTY 711)** for DSHP and **1-855-294-7048 (TTY 711)** for DSHP-Plus LTSS for more information on pharmacies in our network.

Prescriptions

Your provider will write a prescription for medicine to be filled by your pharmacist. AmeriHealth Caritas Delaware covers medicines that are:

- Medically necessary.
- Approved by the Food and Drug Administration (FDA).
- Prescribed by a Delaware Medicaid Assistance Program (DMAP) enrolled provider.

Preferred drug list (PDL)

Your PDL is the list of medicines AmeriHealth Caritas Delaware covers. This list helps your health care provider prescribe medicines for you. Brand-name and generic medicines are on the PDL. The medicines on this list should be the first drugs you try. If a certain medicine is not on the PDL or requires a prior authorization, your doctor may ask for it through AmeriHealth Caritas Delaware's prior authorization process. For the PDL, go to our website at www.amerihhealthcaritasde.com.

Please call Pharmacy Member Services at **1-877-759-6257 (TTY 711)** for DSHP and **1-855-294-7048 (TTY 711)** for DSHP Plus-LTSS to see which medicines are covered.

Over-the-counter (OTC) medicines

Some generic over-the-counter medicines are covered by AmeriHealth Caritas Delaware (as outlined by the Delaware preferred drug list). You must have a prescription from a health care provider for your over-the-counter medicine to be covered. Some examples of over-the-counter medicines covered by AmeriHealth Caritas Delaware are:

- Cough and cold medicines.
- Sinus and allergy medicines.
- Pain medicine, such as acetaminophen or ibuprofen.
- Nicotine replacement products for smoking cessation.

Prior authorization for medicine

Some medicines in the AmeriHealth Caritas Delaware drug benefit, and all medicines not on the AmeriHealth Caritas Delaware preferred drug list require prior authorization by AmeriHealth Caritas Delaware.

If your health care provider writes a prescription for a medicine that requires prior authorization, your provider will need to send us a prior authorization request form. We will review it and let you and your provider know our decision. AmeriHealth Caritas Delaware will cover the medicine if it is medically necessary. If it is not medically necessary, we will send you a letter that will tell you why. We will also let you know which other medicines or therapies may be used. The letter will explain how to make an appeal if you want to do so.

Pharmacy

Emergency supply

If your medicine requires prior authorization and you need to start it right away, your pharmacy can give you a one-time, three-day emergency supply. Exclusions to the three-day supply may apply.

Dual-eligible members and pharmacy services

Members who are eligible for Medicare and Medicaid are called dual-eligible members. Federal law restricts what kinds of medications we may cover for our members who are dual-eligible.

AmeriHealth Caritas Delaware may only cover a limited subset of medications that are not required to be covered under Medicare Part D. This includes mostly over-the-counter (OTC) medications and vitamin and mineral supplements covered by Delaware Medicaid. All other medications should be submitted to your Medicare Part D plan.

Copays

Prescription type	Your copay
Brand-name prescriptions	\$3.00
Generic prescriptions	\$1.00

The prescription copay maximum limit is \$15 per calendar month. This means that once you pay \$15 in copays within a calendar month, you will not have to pay copays for the rest of the month for your prescriptions. This copay limit resets on the first of every calendar month.

There will be no prescription copay for members who are:

- Younger than age 21.
- Receiving family planning benefits.
- Pregnant or gave birth within the past 90 days.
- Receiving hospice services.
- Using smoking cessation products.

- Receiving care or residing in an institution:
 - Inpatient hospital.
 - Skilled nursing facility.
 - Intermediate care facility (ICF).
 - ICF for individuals with an intellectual disability (ICF/ID).
 - State mental health institutes, except transferred resources.

Show your AmeriHealth Caritas Delaware member ID card when you get your prescriptions. If you have questions, call Pharmacy Member Services at **1-877-759-6257 (TTY 711) for DSHP and 1-855-294-7048 (TTY 711) for DSHP Plus-LTSS.**

Participating pharmacies

You can get pharmacy services at any participating AmeriHealth Caritas Delaware pharmacy. If you need a list of participating AmeriHealth Caritas Delaware pharmacies, call Pharmacy Member Services at **1-877-759-6257 (TTY 711) for DSHP and 1-855-294-7048 (TTY 711) for DSHP Plus-LTSS.** You can also go to our website at www.amerihealthcaritasde.com and click on **Find a Provider.**

Member lock-in program

The AmeriHealth Caritas Delaware lock-in program is designed to prevent members from overusing medicine or medical services. As part of this program, AmeriHealth Caritas Delaware reviews all medicines that members take and services that members use.

When overuse is found, AmeriHealth Caritas Delaware can restrict members 21 years of age and older to a specific pharmacy. A restricted member can choose their pharmacy, or one may be chosen for them.

A member can choose voluntarily to be restricted to a pharmacy. Call Member Services for more information.

Pharmacy Member Services

If you have questions, please call Pharmacy Member Services at **1-877-759-6257 (TTY 711)** or **DSHP and 1-855-294-7048 (TTY 711) for DSHP Plus-LTSS.**

Wellness care for adults

Access to women's health specialists

Female members can access care from any women's health provider within the AmeriHealth Caritas Delaware network for:

- Routine GYN care, such as physical, breast, and pelvic exams; Pap smears; and education.
- Preventive health services.
- GYN problems for diagnosis, evaluation, treatment, and follow-up care.
- Maternity care, including all visits.

Breast cancer screening

AmeriHealth Caritas Delaware encourages women to do a breast self-exam every month. We also want you to get a mammogram every year beginning at age 40.

Your PCP may want you to get a mammogram earlier. You need a prescription from your provider to get a mammogram. Talk to your provider.

A mammogram is an X-ray of your breasts. A mammogram and monthly self-exams can find breast cancer early. A mammogram can show a lump before you or your provider can feel it. Breast cancer found early is easier to treat, and this can save your life.

Make sure you:

- Talk to your provider about when to get your mammogram.
- Talk to your provider or call Member Services about where to get your mammogram.
- Get a prescription from your provider to have your mammogram.

Wellness care for children

AmeriHealth Caritas Delaware helps make sure your children get the health care they need to prevent and find out about childhood diseases and illnesses early. Our Medicaid members under age 21 will receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. This program is mandated by the federal government for members under age 21 who get medical assistance.

Your child can see a pediatrician, a family practice provider, or a nurse practitioner. The provider you choose for your child will be your child's PCP.

To keep your children healthy, you need to make regular appointments with your child's PCP. These are called well-child visits, and they are important at every age. They are different from visits to the PCP when your child is sick.

At a well-child visit, the PCP will examine your child and complete the EPSDT screenings and immunizations. What the PCP does during the exam depends on the age of your child. The PCP will ask questions, order tests, and check your child's growth based on your child's age.

If you have questions or want to find out more about this program, call Member Services. Member Services can also help you find a doctor or make an appointment for your child.

My "to do" list:

- Make an appointment for my baby's first PCP visit.
- Have my child see the PCP for shots and screenings.
- Make sure my teenager sees the PCP every year for a checkup.
- Talk to the doctor to see if my child is due for a dental appointment.
- Have my child's eyes and ears checked.
- Get my checkup so I can stay healthy for my children.

Pregnancy Care

If you are pregnant

It is important to see your provider regularly while you are pregnant and to keep all your appointments. This will help you and your baby stay healthy. Your provider must schedule an appointment for you within a certain number of days from when they learn you are pregnant.

Your appointment must be made within:

- 21 calendar days (or three weeks) when you are in your first three months of pregnancy (first trimester).
- Seven calendar days when you are in your second three months of pregnancy (second trimester).
- Three calendar days when you are in your last three months of pregnancy (third trimester).

In an emergency, call **911** or go to the nearest ER.

If you are pregnant, remember to:

- Call Member Services to inform us of the pregnancy.
- Call the Delaware Health and Social Services (DHSS) Change Report Center at **1-866-843-7212** to update your information.
- Make an appointment with your provider, and be sure to keep all your appointments while you are pregnant.
- Make an appointment with your dentist.
- If you smoke, quit.
- Choose a PCP for your baby before your baby is born.
- Join our Bright Start® program by calling **1-833-669-7672 (TTY 1-855-349-6281)**.

Bright Start® program for pregnant members

The Bright Start program helps you stay healthy when you are pregnant and also helps you have a healthy baby. The Bright Start program gives you information about the importance of:

- Eating right.
- Taking your prenatal vitamins.
- Receiving medical care in a timely manner.
- Staying away from drugs, alcohol, and smoking.
- Visiting your dentist so you can keep your gums healthy.

AmeriHealth Caritas Delaware would also like to reward you for going to your appointments.

You can earn:

- A \$30 gift card for completing four prenatal visits by 26 weeks.
- A portable crib or car seat for completing eight prenatal appointments by 38 weeks.
- A \$30 gift card for completing your postpartum appointment within 7 – 84 days after giving birth.

AmeriHealth Caritas Delaware also covers breast pumps for all new moms.

AmeriHealth Caritas Delaware will work with your providers to make sure you get the care you need.

AmeriHealth Caritas Delaware also has information to help with other services, like:

- Food and clothes.
- Transportation.
- The Women, Infants, and Children (WIC) program.
- Domestic abuse.
- Breast feeding.

Pregnancy Care

- Home care.
- Helping you understand your emotions.

Call Bright Start for more information toll free at **1-833-669-7672 (TTY 1-855-349-6281)**.

Care Coordinators are available to answer questions, provide educational materials, and work with you during your pregnancy.

You can access health and wellness advice from a nurse. To speak to a nurse, 24 hours a day, seven days a week, call **1-844-897-5021**.

Doula services

AmeriHealth Caritas Delaware offers doula services for eligible members. A certified doula is a person who has taken a training program and passed an exam on how to help someone who is pregnant and their family. Doulas provide physical and emotional support during pregnancy and childbirth. They don't provide medical care or deliver babies.

A doula can:

- Encourage you to speak about your needs and choices.
- Help soothe and comfort you if you feel stressed out.
- Help you learn more about breastfeeding.
- Offer support for your loved ones.

If you want help finding a doula or would like to learn more, please call the Bright Start team at **1-833-669-7672 (TTY 1-855-349-6281)** from 8 a.m. to 5 p.m., Monday through Friday.

Home-delivered meals

Good nutrition is always important to stay healthy. It is even more important for you — and your baby — during your pregnancy and while breastfeeding. You can have healthy meals delivered to your home during pregnancy and for up to 12 weeks after you give birth. You can choose from different healthy meal options.

Please contact the Bright Start team at **1-833-669-7672 (TTY 1-855-349-6281)** from 8 a.m. to 5 p.m., Monday through Friday, to see if you are eligible for this program.

Childbirth classes

AmeriHealth Caritas Delaware offers birthing classes to all pregnant members. There are no limits to the number of classes you can attend. Please call Bright Start at **1-833-669-7672 (TTY 1-855-349-6281)** for more information and to find a class near you.

Women, Infants, and Children Program (WIC)

WIC is a nutrition program for women, infants, and children. The WIC program provides healthy food at no cost, breastfeeding support, nutrition education, and health care referrals. To enroll in WIC, call **1-800-222-2189** or visit **www.signupwic.com**.

Postpartum care

Postpartum is the time just after you have had your baby. During this time:

- Call your OB or PCP to make an appointment for your postpartum checkup. Try to get an appointment between seven and 84 days after your baby is born, unless your provider wants to see you sooner.
- Call the DHSS Change Report Center at **1-866-843-7212** and tell them about your new baby. This is very important. They will make sure you get the benefits and services your baby needs.
- Call the baby's provider to make an appointment for your baby. Your baby should see the provider at 2 to 4 weeks of age, unless the provider wants to see your baby sooner.

Some women experience feelings of sadness after having a baby. If these feelings continue for 10 days or longer after the birth of your baby, you should tell your doctor. Postpartum depression can occur any time after childbirth. Feelings of extreme sadness, anxiety, and exhaustion can make it difficult to care for yourself and your new baby, and you should call your doctor right away.

If you are having thoughts of harming yourself or your baby, get help quickly:

- Call **911** or go to the nearest emergency room right away.
- Call the 24/7 Behavioral Health Crisis intervention services that are available statewide from the Delaware Division of Substance Abuse and Mental Health.
 - Suicide & Crisis Lifeline: **988**
 - Northern Delaware
1-800-652-2929
 - Southern Delaware
1-800-345-6785

For additional support, please call our Bright Start program toll-free at **1-833-669-7672** (TTY **1-855-349-6281**). We can help you.

Care Coordination

AmeriHealth Caritas Delaware offers Care Coordination services to members with physical and/or behavioral health care needs, such as diabetes, high blood pressure, mental illness, and asthma. If recommended for this program, you or your child will be assigned a Care Coordinator to help you get the services and information you need to manage your illness and improve your health.

Care Coordination can assist with the following:

- Getting and understanding your covered benefits and services.
- Setting up medical appointments and test.
- Scheduling transportation to medical appointments.
- Helping you get the services that are right for you.
- Finding resources to help with special health care needs, or to assist your caregivers in managing day-to-day stress.
- Connecting you with community and social services.
- Assisting in transitioning to other care if your benefits end, you switch coverage to another Managed Care Organization, or you move to another Delaware Medicaid program.

Members, caregivers, and doctors can refer Members to Care Coordination. Referrals aren't required for access to these services.

If you have any questions about the Care Coordination program, please call **1-844-623-7090 (TTY 1-855-349-6281)**.

Disease management programs

Care Coordinators are nurses and social workers who have knowledge about chronic medical conditions. If you are having trouble managing a medical condition, talk to a Care Coordinator.

Here are some signs that you may be having trouble managing a medical condition. Talk to a Care Coordinator if your condition has caused:

- Emergency room visits.
- Unplanned hospitalizations.
- Abnormal lab test results.
- Signs and symptoms that have worsened over time.

You can call to request a Care Coordinator at **1-844-623-7090 (TTY 1-855-349-6281)** to get help. Your health care provider can also request a Care Coordinator for you.

Behavioral Health

AmeriHealth Caritas Delaware works with mental health and substance use disorder providers and community resources. This is to help provide you the best care using proven methods. When you see “behavioral health,” think mental health and substance use disorders.

AmeriHealth Caritas Delaware members who think they need mental health or substance use disorder services can talk to their PCPs — that’s the best place to start. Members can tell their PCPs how they are feeling and ask about behavioral health providers who can help.

If you need to find a behavioral health provider, you can go to www.amerihealthcaritasde.com and click on **Find a Provider**. Go to the behavioral health section for this list.

You can also call Member Services if you would like to receive a paper copy of the provider directory at no cost, or they can help you find a provider over the phone.

Covered services

Below are lists of services covered under your health plan. Please keep in mind the covered services have to be medically necessary (needed to improve your health) for AmeriHealth Caritas Delaware to pay for them.

Behavioral health services help members with difficulties with mental illness, drug use, or alcohol use (substance use disorder, addictive disorders, and drug and alcohol use disorders).

Your mental health and substance use disorder benefits and services depend on your age and the Medicaid plan you are in. The services described in this section are part of the AmeriHealth Caritas Delaware behavioral health program.

Addiction services — These services help members deal with challenges due to drug and alcohol use. These services may or may not be done in a hospital setting and are designed

to help members stop unhealthy drug and/or alcohol use.

Behavioral health outpatient services —

These services are planned, regularly scheduled visits to a provider, counselor, or therapist to talk about your behavioral health. These can include individual, family, and group therapy, as well as psychological and/or neuropsychological testing. For members under 18 years of age, AmeriHealth Caritas Delaware covers 30 outpatient visits per year. Visits above 30 are provided through the Department of Services for Children, Youth, and Their Families (DSCYF).

Applied Behavioral Analysis (ABA) services —

This service is a therapy based on the science of learning and behavior. ABA therapy applies our understanding of how behavior works to real situations. The goal is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning. These services require preauthorization for members age 20 and younger with a diagnosis of autism spectrum disorder.

Crisis intervention and stabilization —

These are services you can use any time of day or night to help you when you are in a crisis. This is to help members in a crisis so they do not need to go to an emergency room or a hospital. Our goal is to include the family in all of the member’s ongoing behavioral health needs during this time. Transportation is available for eligible members.

24/7 Behavioral health Crisis Intervention Services are also available statewide from the Delaware Division of Substance Abuse and Mental Health.

Northern Delaware	Southern Delaware
1-800-652-2929	1-800-345-6785

Behavioral Health

Crisis Intervention Services staff are available 24 hours a day, seven days a week, to help people with severe personal or family problems. These problems may include depression, anxiety, feelings of hopelessness, thoughts of suicide, delusions, paranoia, misuse of drugs or alcohol, and major life changes such as loss of employment or an important relationship. Members can call the Suicide and Crisis Lifeline at 988. In addition, they can call or visit the crisis intervention location closest to them, including:

Northern Delaware Mobile Crisis Intervention Services (MCIS) Herman Holloway Health Campus 1901 North DuPont Highway, Springer Building New Castle, DE 19720 1-302-577-2484 Recovery Innovations Crisis/Restart Program 659 East Chestnut Hill Newark, DE 19711 Restart Program: 1-302-300-3100 Crisis Center: 1-302-318-6070	Southern Delaware Mobile Crisis Intervention Services (MCIS) 700 Main Street (rear entrance) Ellendale, DE 19941 1-302-424-5550 Recovery Response Center 700 Main Street Ellendale, DE 19941 1-302-424-5660
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Inpatient hospitalization for mental health and substance use disorders — These are the most intensive services available and are usually short-term. Hospitalization may occur when you are at risk of harming yourself or others, when a doctor believes you are in a crisis, or when you need to be in a hospital for your safety, in general. Services for members under age 18 are provided by the Department of Services for Children, Youth, and Their Families (DSCYF).

Psychiatric rehabilitation treatment facility (PRTF) — This service provides long-term behavioral health care in a 24-hour group living facility for members younger than age 21. Services for members younger than age 18 are provided by the Department of Services for Children, Youth, and Their Families (DSCYF). Members who are ages 18 to 20 are covered by AmeriHealth Caritas Delaware.

Autism services: Members diagnosed with autism spectrum disorder can receive medically necessary covered behavioral health services, as well as all covered services managed by AmeriHealth Caritas Delaware, including medical care, speech, occupational and physical therapy, medications, and nutritional supplements. These Applied Behavioral Analysis (ABA) services require pre-authorization and are covered by AmeriHealth Caritas Delaware for members age 20 and younger.

Long-Term Services and Supports

What are long-term services and supports (LTSS)?

Long-term services and supports (LTSS) are provided to AmeriHealth Caritas Delaware members who are approved for Diamond State Health Plan (DSHP)-Plus LTSS.

LTSS includes help with bathing, dressing, toileting, eating, and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation. LTSS can be provided at home, in the community, in assisted living, or in a nursing facility.

LTSS eligibility

The Department of Health and Social Services (DHSS), Division of Medicaid & Medical Assistance (DMMA), determines initial and continued eligibility for DSHP-Plus LTSS.

AmeriHealth Caritas Delaware wants you to get the care you need. Changes in your health might make you eligible to receive additional services to improve or maintain your health. AmeriHealth Caritas Delaware will help enrolled members apply for DSHP-Plus LTSS when their condition shows possible eligibility.

Person-centered planning

As an AmeriHealth Caritas Delaware member, you will be the center of the planning process. This is called person-centered planning. You will receive a comprehensive assessment of your needs, including your need for community- or facility-based LTSS.

During this assessment, your case manager will ask you questions in person at your home. This assessment could also involve your caregivers or personal representatives. As part of the assessment, your case manager will also obtain information from your PCP, specialists, and other sources. This will help complete the picture of your current medical and support needs. All of the needs identified in your assessment will be included in your care plan. In addition, your care plan will outline which services you need, how often you will need them, and the providers who will address these needs.

If you, a friend, or a family member notices a change in your condition or health status at any time, you can contact your case manager or call Member Services at **1-855-777-6617 (TTY 1-855-362-5769)**. This will help us to make sure your care plan meets your needs.

Case management

AmeriHealth Caritas Delaware can help you manage your physical and behavioral health care. This includes any LTSS you need. Through our person-centered Case Management program, you will also be assigned to a case manager. Your case manager will be your primary contact at AmeriHealth Caritas Delaware. Your case manager will be someone you can call if you have any questions about your health or any needed health services.

You will receive a letter in the mail with the name

Long-Term Services and Supports

and contact number of your case manager. Be sure to write this information down so you can call whenever you have questions or need help.

Your case manager can help:

- Answer your questions about AmeriHealth Caritas Delaware.
- Answer your questions about your care.
- Provide the information you need to make good health choices.
- Coordinate and update your care plan to help you get the right care at the right time in the right setting.
- Select the right kind of LTSS for you.
- Coordinate all of your physical and behavioral health needs.
- Inform your providers about your health care and ensure you get the care you need.

If you receive care in a nursing facility, your case manager will:

- Work with the nursing facility and be part of your care team.
- Continue to assess your needs.
- Share any extra AmeriHealth Caritas Delaware benefits that can help improve your quality of life.
- Help you get additional services you need if the nursing facility isn't providing them.
- Assist you with transitioning to the community.

For home- and community-based members, your case manager will visit you in person once every three months. For members in an institutional setting, your case manager will visit you in person once every six months. This includes members receiving hospice services and those in a nursing facility.

Changing case managers

You don't have to stay with the same case manager if you don't want to. You can always ask for a different case manager if you are unhappy with the current one. We will do our best to find you a case manager who meets your needs.

There may be a chance we cannot assign you a new case manager. If this happens, we will tell you why. We will also address any issues or concerns you have with your current case manager.

There may also be times when AmeriHealth Caritas Delaware has to change your case manager. This may happen if your case manager leaves AmeriHealth Caritas Delaware or has too much work to provide the care you need. If this happens, we will assign you a new case manager. You will then receive a letter with the name and contact number of your new case manager.

Freedom of choice

If you qualify for nursing facility level of care, you have the right to select care:

- In your home.
- In another place in the community (such as an assisted-living facility).
- In a nursing facility.

You have a right to choose between a nursing facility and home- and community-based services if:

- You qualify for nursing facility level of care.
- Your needs can be safely and effectively met at home or in the community.

Talk with your case manager to discuss your options to move between a nursing facility and care in your home or community. You may change your choice at any time as long as you

Long-Term Services and Supports

qualify, and we can arrange for you to receive care in the setting you want.

With AmeriHealth Caritas Delaware, you may choose providers from our network. Services may include nursing facility care, assisted living, or care at home. You also may be in charge and hire or train your own caregiver (called Self-Directed Home- and Community-Based Care). See the Self-Directed Home- and Community-Based Services (HCBS) section on **page 53** for more details.

The provider you choose must be contracted with AmeriHealth Caritas Delaware to be in our provider network. The provider must be willing and able to provide the care you need. Your case manager will help you to find the right providers.

Safe at Home Kit

The AmeriHealth Caritas Delaware Safe at Home Kit is available to caregivers of members with an Alzheimer's disease or dementia diagnosis who lives in a community-based setting and has been identified as a risk for wandering.

The kit offers the following:

Door Alarm — Warns the caregiver when a member opens the door to leave their home;

Or

Pressure Mat Alarm — A floor mat that can be placed anywhere in the member's home that warns the caregiver when a member tries to leave their bed, room, or house.

Doorknob Covers — Loose coverings on doorknobs that prevent the member from opening the door.

Medical Alert ID Bracelet — Engraved bracelet with emergency contact information in case the member wanders away from home.

These items are available individually or as a set. Please note that the Medical Alert ID can take up to three weeks to fulfill. These devices will assist in keeping members safe, but are not intended to be a substitute for continued vigilance on the caregiver's part.

For more information or any questions, please contact your Case Manager.

Legal Services

Legal services are available to LTSS members living in the community who are:

- Renters at risk of losing their home due to eviction notice from landlord; threat of eviction; or who are experiencing substandard living conditions.
- Recipient of public health benefits that have had disruption/reduction of benefits in the last 12 months.
- Interested in working with an attorney to create an advance care directive to document their medical treatment/end of life planning preferences.

Services will be provided by the Delaware Community Legal Aid Society Inc. Eligibility will be determined by your Case Manager.

For more information, contact your Case Manager.

Welcome Home Benefit

The Welcome Home benefit of up to \$6,000 is available to qualified LTSS members. It helps them move from a nursing facility to home. It can be used for rental assistance.

For more information, contact your Case Manager.

Long-Term Services and Supports

Financial Counseling

This service is available to LTSS members living in the community who are experiencing or have expressed concerns about housing instability.

For more information, contact your Case Manager.

Home- and community-based services (HCBS)

DSHP-Plus LTSS provides members who are older or have disabilities with individualized benefits that allow them to live in their own home or community. Such members might have otherwise required care in a nursing facility or other institution. This gives you more choices about how and where you receive services.

Home- and community-based services (HCBS) provided through the DSHP-Plus LTSS include:

- Community-based residential alternatives, such as assisted living.
- Attendant care services.
- Respite care, both at home and in nursing and assisted-living facilities.
- Adult day services.
- Day habilitation.
- Cognitive services.
- Personal emergency response systems.
- Support for Self-Directed Home- and Community-Based Services.
- Independent activities of daily living (chore) service.
- Nutritional supplements for individuals diagnosed with HIV/AIDS that are not covered under the state plan.

- Specialized medical equipment and supplies not covered under the Medicaid state plan.
- Minor home modifications.
- Home-delivered meals.
- Transition services for those moving from a nursing facility to the community.

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program is provided by the DHSS.

The Ombudsman advocates for residents who live in long-term care facilities, as well as those who live in other settings (such as their own homes) and receive home- and community-based services. The Ombudsman program investigates and resolves complaints on behalf of these individuals. Complaints can be made by residents, family members, or other concerned parties.

The Long-Term Care Ombudsman Program may be reached by calling **1-800-223-9074** (TDD **1-302-391-3505**) or by emailing **delawareadrc@state.de.us**.

Self-Directed Home- and Community-Based Services (HCBS)

Self-Directed Home- and Community-Based Services (HCBS) are options available under the Diamond State Health Plan (DSHP)-Plus long-term services and supports (LTSS) plan. This option will give you more control over who provides your care. Participation in self-directed HCBS is voluntary.

Self-directed HCBS offers more choice, control, and flexibility over your services, as well as more responsibility. Additional assistance is available if you choose this option.

You're the employer

If you choose to self-direct your services, you employ the employee who will provide your services. You are the employer of the caregivers who work for you.

You must be able to do the things an employer would do, such as:

Hiring and training your employee

- Develop a job description for your employee.
- Find, interview, and hire an employee to provide care for you.
- Define your employee's job duties.
- Train your employee to deliver your care based on your needs and likes.
- Set and manage your employee's schedule:
 - Set a work schedule in advance of when your employee should start and end the work day.
 - Make sure your employee documents each time they start and end the work day.
 - Make sure your employee does not work beyond approved work hours.

If you think your employees are working more hours than they are budgeted for, contact your case manager or AmeriHealth Caritas Delaware Member Services.

Supervising your employee

- Observe your employee.
- Evaluate how your employee performs job duties.
- Address problems or concerns with how your employee performs job duties.
- Discontinue working with an employee when needed.

Overseeing your employee's pay and service notes

- Make sure your employee starts and ends the day based on the work schedule.
- Keep good notes in your home about how well your employee provides care.
- Develop a backup plan to address times when a scheduled employee is not available or doesn't show up. You must plan ahead since you cannot be without services.
- Activate your backup plan when needed.

If you can't perform some or all of these duties

Choose a family member, friend, or someone close to you to act as an employer. This person is called an “employer representative.” Select someone who knows you very well and is dependable.

Your employer representative cannot get paid for performing these duties and must:

- Be at least 18 years old.
- Know you very well.
- Understand the kinds of care you need and how you want care to be given.
- Know your schedule and routine.
- Know your health care needs and the medicine you take.
- Be willing and able to do all of the things that are required to be in self-direction.

You can pay a family member or friend to provide self-directed care, but you cannot pay them for performing duties as an employer representative.

Finding the right attendant-care employee

It's important to find the right person for the job. Be sure you trust and feel comfortable with this person. The person will be helping you in your home so you can stay in your home and community.

Here are some guidelines to think about when hiring someone to help you. Your employee must:

- Be at least 18 years old.
- Have the skills necessary to perform the required services.
- Possess a valid Social Security number and be willing to complete a criminal record check.

Enrolling in self-directed care

The services and care you need are listed in your care plan. You receive the same services whether or not you choose self-directed care. You receive only the services you need that are listed in your care plan. You may choose to split care between a self-directed employee and home care from providers in our network whom you do not employ.

Talk with your case manager about self-directed care if you are interested. Your case manager will have you complete a self-assessment, determine if you are eligible, and work with you to enroll in self-directed care if you want. You will continue with your current plan of care until self-directed care is set up. You must have support in place to give you the care you need until self-directed care is set up.

Your case manager will also work with you to identify support necessary to help you, or your employer representative, with the responsibility of being an employer. Three types of support include:

- Financial management services, including:
 - Completing and filing payroll tax forms.
 - Paying your attendant care worker.
- Information and assistance, including:
 - Identifying, interviewing, and hiring an attendant care employee.
 - Training your employee.
 - Making your employee schedule.
 - Creating a backup plan if your attendant care employee does not show up.
- If you choose HCBS, JEVS Human Services, GT Independence, or Easter Seals can help you or your employer representative:*
- Fill out and file payroll tax forms. You must fill out these forms to pay your employee.

Self-Directed Home- and Community-Based Services (HCBS)

- Serve as a Support Broker. This means helping you with employer duties, such as:
 - Writing a job description.
 - Finding and interviewing caregivers.
 - Training your caregiver.
 - Scheduling your caregiver.
 - Making a backup plan for the times when a scheduled caregiver is not available or does not show up.

*Your support broker cannot help you supervise your caregiver. Your or your employer representative must be able to do that.

You may start or stop self-directed care at any time. You will still receive services if you stop self-directed care. The only change is you will receive the services you need from a provider in the AmeriHealth Caritas Delaware network. Please contact your case manager or AmeriHealth Caritas Delaware Member Services if you wish to stop self-directed care.

When you may have to pay for LTSS

You may have to pay a part of the cost of your care. This is called patient liability. The amount of patient liability depends on your income and is calculated by DHSS. You must pay the patient liability amount to your facility service provider if you live in a nursing or assisted living facility. If you have patient liability and receive services, your case manager will determine to whom you must pay the patient liability amount.

If you have a patient liability amount and do not pay, there may be consequences. This can include losing your nursing facility or assisted-living facility provider.

If you have questions about patient liability, speak with your case manager or call Member Services at **1-855-777-6617** (TTY **1-855-362-5769**).

Your Rights and Responsibilities

AmeriHealth Caritas Delaware and its network of doctors and other providers of services does not discriminate against members based on race; ethnicity; color; sex; religion; national origin; creed; marital status; age; Vietnam era or disabled veteran status; income level; gender identity; the presence of any sensory, mental, or physical handicap; or any other status protected by federal or state law.

AmeriHealth Caritas Delaware is committed to complying with all applicable requirements under federal and state law and regulations pertaining to member privacy and confidentiality rights. As a member, you have the right to:

- Get information about:
 - AmeriHealth Caritas Delaware and its health care providers.
 - Your rights and responsibilities.
 - Your benefits and services.
 - The cost of health care services and any required cost sharing.
- Have AmeriHealth Caritas Delaware and its health care providers treat you with dignity and respect and recognize your right to privacy.
- Get materials or help in languages and formats other than written English, such as braille, audio, or sign language, as indicated, at no cost to you.
- Receive help with interpretation services, as indicated, at no cost to you.
- Receive materials that are written in a manner and format that are easily understood and culturally sensitive.
- Have personal and health information and medical records kept private and confidential.
- Expect that AmeriHealth Caritas Delaware will give you a copy of its Notice of Privacy Practices without your request, and:
 - Approve or deny the release of identifiable medical or personal information, except when the release is required by law.
- Request a list of disclosures of protected health information.
- Request and receive a copy of your medical records as allowed by applicable state and federal law.
- Ask that AmeriHealth Caritas Delaware amend certain protected health information.
- Ask that any AmeriHealth Caritas Delaware communication that contains protected health information be sent to you by alternative means or to an alternative address.
- Receive health care services consistent with applicable state and federal law.
- Talk with your health care provider about:
 - Treatment plans.
 - Information on available treatment options and alternatives, given in a way you understand.
 - The kinds of care you can choose to meet your medical needs, regardless of cost or benefit coverage.
- Be a part of decisions about your health care, including the right to refuse treatment. Your decision to do so will not negatively affect the way AmeriHealth Caritas Delaware, its health care providers, or the DHSS treats you.

Your Rights and Responsibilities

- Make a complaint (grievance) or appeal about AmeriHealth Caritas Delaware or its health care providers about the care provided to you and for you to receive an answer.
- File a State Fair Hearing with DHSS if you are not satisfied with the outcome after completing the AmeriHealth Caritas Delaware appeals process.
- Make an advance directive.
- Be given an opportunity to provide suggestions for changes to AmeriHealth Caritas Delaware's enrollee rights and responsibilities.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free from discrimination prohibited by state and federal law.
- Treatment in the least restrictive setting.
- Fully participate in the community and to work, live, and learn to the fullest extent possible.
- Be free to exercise your rights without adverse treatment from AmeriHealth Caritas Delaware, its health care providers, or DHSS.
- Have access to, and receive, quality health care services that are available and accessible to you in a timely manner. Furnished health care services that are sufficient in amount, duration, or scope and provided in a culturally competent manner to meet your specific needs.

Your Rights and Responsibilities

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

Get a copy of your health and claims records.	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.• We will provide one copy or a summary of your health and claims records at no cost, within 10 calendar days of the receipt of your written request.
Ask us to correct health and claims records.	<ul style="list-style-type: none">• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we’ll tell you why in writing within 60 days. <p>*To give our members the best possible health care, race, ethnicity, and language records are updated every three years. This information is voluntary. Your information will be protected by our privacy policies to help ensure it stays private and confidential. We will not use it to deny coverage or services. For more detailed information about how your personally identifiable information is protected and stays private, please visit our website, or we can send you a printed copy of our privacy practices.</p>
Request confidential communications.	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit the information we share.	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared your information.	<ul style="list-style-type: none">• You can ask for a list (called an “accounting”) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.• We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).

Your Rights and Responsibilities

Get a copy of this privacy notice.	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you.	<ul style="list-style-type: none"> If you have given someone medical power of attorney, or if someone is your legal guardian, that person can act for you and your rights and make choices about your health information. To file for someone to act for you, call Member Services. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you believe your privacy rights have been violated.	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting Member Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Your responsibilities

Give AmeriHealth Caritas Delaware and your providers all the information they need to provide care.	<ul style="list-style-type: none"> Show your member ID card when using health care services, and inform AmeriHealth Caritas Delaware if you lose your ID card. Provide your PCPs and other providers with accurate and complete medical information. Let AmeriHealth Caritas Delaware, DHSS, and your providers know if you have changes. This can include a new address, phone number, or medical status. Refer to How to Report Changes on page 6 for more information.
Follow your doctor's care instructions and treat your health care providers with kindness and respect.	<ul style="list-style-type: none"> Make every effort to show up for appointments. Tell your doctor at least 24 hours before the appointment if you have to cancel. Let your providers know if there are any reasons why you cannot follow their treatment plan.

Your Rights and Responsibilities

Learn as much as you can about your health so you can play an active role in your care.	<ul style="list-style-type: none">• Be aware of the benefits and services available through AmeriHealth Caritas Delaware and how to use them.• If you have questions or require additional information, contact AmeriHealth Caritas Delaware Member Services or speak to your PCP.• Ask for more explanation if you do not understand your doctor’s instructions.
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Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:	<ul style="list-style-type: none">• Share information with your family, close friends, or others involved in payment for your care.• Share information in a disaster relief situation.• Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app).• If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as to your family or to a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.• The use of mobile and digital technologies (such as text message, email, or mobile app) has a number of risks you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may apply.
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none">• Marketing purposes.• Sale of your information.

AmeriHealth Caritas Delaware hopes you are happy with our health care providers and the services you receive. If you are not happy with how AmeriHealth Caritas Delaware or our health care providers handle your services, you may file a grievance or an appeal.

Grievances (complaints)

What is a grievance?

A grievance is a complaint that you make to AmeriHealth Caritas Delaware about how you feel about your health care. A grievance can be filed at any time.

You may want to file a grievance if:

- You feel a provider or an employee of AmeriHealth Caritas Delaware has not respected your rights.
- You had trouble getting an appointment with your provider in a reasonable amount of time.
- You were unhappy with the care or treatment you received.
- You have unpaid medical bills.

Filing a grievance

- Your grievance may be filed by you, a personal representative, or a provider you choose to assist you.
- You or your authorized representative can file a grievance at any time in writing or by phone.
- To file a grievance by phone, or for assistance with filing a grievance, call Member Services. You may call 24 hours a day, seven days a week. To file a written grievance, send your grievance to:

**AmeriHealth Caritas Delaware
Complaints and Grievances Department**
P.O. Box 80102
London, KY 40742-0102

Grievance decisions

- AmeriHealth Caritas Delaware will send you a letter within five business days to let you know we received your grievance.
- After we finish our research, and within 30 calendar days of getting your grievance unless additional information is needed, we will send you another letter with the decision. There is no right to appeal a grievance decision.
- AmeriHealth Caritas Delaware may extend the research time frame by an additional 14 calendar days. If we do, we will send you a letter that explains the delay.

Appeals

What is an appeal?

An appeal is a request for AmeriHealth Caritas Delaware to review a decision that has been made to deny or reduce a benefit. A member, provider, or a member's authorized representative may request an appeal following a decision made by AmeriHealth Caritas Delaware. A member must give a provider or an authorized representative written permission to act on the member's behalf.

AmeriHealth Caritas Delaware actions that a member may choose to appeal:

- Denial of or limits on a service.
- Reduction or termination of a service that had been authorized.
- Denial in whole or in part of payment for a service.
- Failure to provide services in a timely manner.
- Failure of AmeriHealth Caritas Delaware to act within required time frames.

Members may file an appeal directly with AmeriHealth Caritas Delaware. Members have one level of appeal with AmeriHealth Caritas

Grievances, Appeals, and State Fair Hearings

Delaware. If the member is not happy with the outcome of the appeal, they may request a State Fair Hearing with the DHSS. A member must complete the AmeriHealth Caritas Delaware appeals process before filing a State Fair Hearing.

If AmeriHealth Caritas Delaware denies, reduces, limits, suspends, or ends health care services, an adverse benefit determination will be sent to you about this decision.

If you receive an adverse benefit determination and do not agree with the AmeriHealth Caritas Delaware decisions, you may file an appeal.

- You can file the appeal by phone, in writing, or through the AmeriHealth Caritas Delaware Member Portal.
- If you would like a personal representative or provider to submit an appeal for you and the individual agrees to do so, you must give your written consent.
- The appeal must be filed within 60 calendar days after the date on the adverse benefit determination.
- To file an appeal by phone, or for assistance with filing an appeal, call Member Services. You can call 24 hours a day, seven days a week.
- To file an appeal in writing, you or your authorized representative can send the letter to:

AmeriHealth Caritas Delaware
Member Appeals Department
Christiana Executive Campus
220 Continental Drive, Suite 300
Newark, DE 19713

- To file an appeal through the AmeriHealth Caritas Delaware Member Portal, login and click on “Message Center.” Once there, click on “Secure Contact Form.” Fill out all necessary fields and select “Appeals” from the subject dropdown. Once all information has been entered, click “Submit.”
- You or your representative will have a reasonable opportunity, in person and in writing, to present evidence and testimony,

and make legal and factual arguments.

- You or your representative will be provided, free of charge and sufficiently in advance of the appeal resolution, your case file, including medical records, other documents and records, and any new or additional evidence from AmeriHealth Caritas Delaware.
- AmeriHealth Caritas Delaware will provide a copy of your case file, including medical records, to the state within five business days of the state’s request.
- AmeriHealth Caritas Delaware will start to review your appeal request the day we get it. A decision will be made within 30 calendar days, unless additional information is needed. AmeriHealth Caritas Delaware may extend the time frame up to 14 calendar days. If the time frame extension is not requested by you, AmeriHealth Caritas Delaware will call you and send you a letter explaining the reason for the delay within two business days.
- Within two business days, AmeriHealth Caritas Delaware will call you and also send you or your authorized representative a letter with the decision about the appeal. The letter will explain how the decision was made.

A member is not financially responsible for inpatient adverse benefit determinations for non-scheduled admissions. Also, the adverse benefit determination does not affect the member’s ability to continue to receive ongoing or future services from the health care facility or provider.

Expedited appeals

Appeals are expedited when a decision needs to be made in less than 30 calendar days unless additional information is needed. AmeriHealth Caritas Delaware will expedite an appeal when your life, health, or ability to attain, maintain, or regain maximum function is at risk. Expedited appeals are for health care services, not for denied claims.

How to file an expedited appeal

You may file an expedited appeal by calling Member Services, faxing **1-855-843-0636**, or by sending an Appeal Request Form to the Member Appeals department. For more information about the appeal process, please call Member Services.

AmeriHealth Caritas Delaware will start to review your expedited appeal request the day it is received. We will make a decision within 72 hours of receiving your request. We will first attempt to notify you of the decision by phone. We will also mail you a notice about the decision within two business days.

AmeriHealth Caritas Delaware may extend the 72-hour time period by up to 14 calendar days if you request an extension, or if AmeriHealth Caritas Delaware shows a need for more information and how the delay is in your interest.

If you ask for an appeal to be expedited and AmeriHealth Caritas Delaware does not believe the appeal needs a faster decision, the appeal will be reviewed within the standard appeal time frame. You will be informed in writing and by phone within two calendar days if the time frame for your appeal has changed. You can file a grievance if the request for expedited appeal is changed to the standard time to process an appeal.

AmeriHealth Caritas Delaware members or their representatives will be allowed to present facts and evidence to support their expedited appeals. Limited time is available for doing so. This information can be presented in person or in writing. The members or their representatives will be informed how long they have to submit information for an expedited review.

State Fair Hearings

If you've completed the AmeriHealth Caritas Delaware appeals process and you're not satisfied with the outcome, you may request a State Fair Hearing within 120 calendar days of the date on the AmeriHealth Caritas Delaware appeal decision. You must complete the AmeriHealth Caritas Delaware appeals process before filing a State Fair Hearing.

You may also request a State Fair Hearing if AmeriHealth Caritas Delaware does not comply with the notice and timing requirements defined in this handbook.

How do you request a State Fair Hearing?

Your State Fair Hearing request may be filed by you, a personal representative, or a provider you choose to assist you. If you want a personal representative or provider to speak on your behalf at the hearing, you must give that person or provider written permission.

You or your authorized representative may request a State Fair Hearing with the Delaware Division of Medicaid & Medical Assistance (DMMA) by writing, calling, emailing, or faxing:

Division of Medicaid & Medical Assistance (DMMA)

Fair Hearing Officer

1901 North DuPont Highway

P.O. Box 906, Lewis Building

New Castle, DE 19720

Phone: **1-302-255-9500** or **1-800-372-2022**

Email: **DHSS_DSS_FHRequest@delaware.gov**

Fax: **1-302-255-9614**

For assistance with requesting a State Fair Hearing, please contact Member Services. You can call 24 hours a day, seven days a week.

Continuing benefits during an appeal or State Fair Hearing

You can keep getting covered services while you wait for AmeriHealth Caritas Delaware to decide on an appeal or while a State Fair Hearing is pending, if all of the following apply:

- The appeal is filed on or before the later of:
 - 10 calendar days from the date AmeriHealth Caritas Delaware mailed the adverse benefit determination.
 - Before the effective date on the adverse benefit determination.
- The appeal is related to reduced or suspended services or to services that were previously authorized for you.
- The services were ordered by an authorized provider.
- The authorization period for the services has not ended.
- You asked that the services continue.

If AmeriHealth Caritas Delaware continues your benefits while deciding an appeal or while a State Fair Hearing is pending, the services must be continued until one of the following happens:

- You decide not to continue the appeal.
- You do not request a State Fair Hearing within 10 days from the date AmeriHealth Caritas Delaware mails the appeals resolution letter.
- The authorization for services expires or authorization service limits are met.
- A hearing decision is issued in the State Fair Hearing that is adverse to the member.

If the State Fair Hearing officer agrees with you, AmeriHealth Caritas Delaware will pay for the services you got while you waited for the decision. However, if the state supports the original appeal decision and rules against you, you may have to pay for the service you received during the waiting period.

Fraud, Waste, and Abuse

Unfortunately, there may be times when you see fraud, waste, or abuse relating to Medicaid services.

Health care fraud is a crime that has a big impact on the health care system. It is possible for both members and health care providers to commit health care fraud.

The cost of fraud, waste, and abuse was more than \$3 trillion in 2014, according to the National Health Care Anti-Fraud Association (NHCAA). You can report fraud anonymously.

Anonymously report member or provider fraud, waste, or abuse

Call:

AmeriHealth Caritas Delaware Fraud Tip Hotline
1-866-833-9718
Monday through Friday, 7 a.m. to 6 p.m.

Write:

AmeriHealth Caritas Delaware
Special Investigations Unit
200 Stevens Drive
Philadelphia, PA 19113

Online:

You can go to the website of the U.S. Department of Health and Human Services, Office of Inspector General. You do not have to give your name, but if you do, the provider or member will not be told it was you who made the report. Visit <https://oig.hhs.gov/fraud/>.

To report suspected fraud, waste, or abuse in Delaware Medicaid, you can also call **1-800-372-2022** or email surreferrals@state.de.us.

Why should I care about fraud, waste, and abuse?

Fraud, waste, and abuse affect both health plan members and health care providers. They can:

- Keep you from getting medical services.
- Limit your health care benefits.
- Raise your taxes.

- Keep providers from being paid for services.
- Contribute to rising health care costs.

Health care fraud is a real crime with real consequences. It can lead to fines or even jail time.

What are fraud, waste, and abuse?

Fraud is a false statement from someone who knows the statement is false.

Waste is when someone uses a service more than they need to.

Abuse may not be intentional. Abuse can lead to extra health care costs or losses to the health care system.

Some examples of fraud and abuse by a health care provider are:

- Providing a service that the provider knows won't be covered. The provider then says a covered service was provided instead.
- Billing or charging you for services that AmeriHealth Caritas Delaware covers.
- Offering you gifts or money to get treatment or services you do not need.
- Offering you free services, equipment, or supplies in exchange for using your AmeriHealth Caritas Delaware member number.
- Giving you treatment or services you do not need.

Some examples of fraud and abuse by a member are:

- Members selling their ID cards to other people.
- Members lending their ID cards to other people.
- Members abusing their benefits by seeking drugs or services that are not medically necessary.

Other Insurance and Bills

If you have other insurance

If you have other medical insurance, including Medicare, give that information to your health care providers. Delaware Health and Social Services also needs your other medical insurance information. You can reach Delaware Health and Social Services at **1-800-372-2022** or **1-302-571-4900**. Medicaid is the payer of last resort. If you have other medical insurance, your other medical insurance must be billed first.

You are required to show all of your medical cards at each provider's office and pharmacy visit. This helps make sure your health care bills get paid.

If you get a bill or statement

As an AmeriHealth Caritas Delaware member, you are not responsible to pay for medically necessary covered services supplied by a Delaware Medicaid provider. If you receive a bill or statement, notify AmeriHealth Caritas Delaware Member Services right away.

Remember to ask your health care provider:

- Are you an AmeriHealth Caritas Delaware provider?
- Does this service need prior authorization?

These questions can save you from getting a bill.

Other Plan Details

Notice of significant change

In addition to notifying you about changes in our processes that will affect you, we will also provide written notice of any change that impacts your access to services and benefits.

AmeriHealth Caritas Delaware shall provide you written notice when there is a significant change. A significant change is any change that may impact your access to services and benefits, including:

- Restrictions on your freedom of choice among network providers.
- Your rights and protections.
- Grievance and fair hearing procedures.
- Amount, duration, and scope of benefits available.
- Procedures for getting benefits, including authorization (approval) requirements.
- The extent to which, and how, enrollees may get benefits from out-of-network providers.
- The extent to which, and how, after-hours and emergency coverage are provided.
- Policy on referrals for specialty care and for other benefits not provided by the member's primary care provider.
- Cost sharing.

All material changes shall be communicated to you or your providers at least 30 days prior to the effective date of the change.

Dedication to quality care

AmeriHealth Caritas Delaware has a mission to help people get care, stay well, and build healthy communities. Our goal is to improve the health and wellness of our members. We always want to find ways to help our members get care and stay healthy. As part of this, we have a Quality Improvement (QI) program. This program looks for ways we can serve you better. With the QI program, the AmeriHealth Caritas Delaware team:

- Looks for areas in our services that we can improve.
- Creates programs to serve our members with special health care needs.

- Reaches out to teach members about their health.
- Keeps an eye on the quality of care you get from providers.
- Surveys members and providers every year to see how we can make our services better.

Every year, the Quality Management team evaluates our programs to identify ways the plan can improve. We review the QI program to see if we met our goals and improved the quality and safety of the services provided to our members.

AmeriHealth Caritas Delaware expects all network providers to give quality care to you and your family. We monitor to make sure the health care and services are being used in the right way and that they are appropriate and necessary.

If you believe you or your family got care that was not appropriate, please call Member Services. AmeriHealth Caritas Delaware will review the issue. If you would like more information about our quality improvement goals, activities, or outcomes, call Member Services.

Evaluating new technology

AmeriHealth Caritas Delaware wants members to have safe and effective care. AmeriHealth Caritas Delaware looks at new medical technology, new drugs, and new uses for existing technology throughout the year. The new technology may be approved when it is proven to be at least as medically safe and useful as existing technology. AmeriHealth Caritas Delaware uses nationally recognized guidelines from scientific journals and the Centers for Medicare & Medicaid Services (CMS). AmeriHealth Caritas Delaware also has a Quality of Clinical Care Committee that will review individual technology and drug requests from members and AmeriHealth Caritas Delaware providers. The Quality of Clinical Care Committee or Chief Medical Officer can decide to cover the new technology and drug. If AmeriHealth Caritas Delaware adopts the new technology or drug, you and your provider(s) will be told about the change.

Other Plan Details

Advance directives

The Patient Self-Determination Act is a federal law. It says you have the right to choose the medical care and treatment you receive. You have the right to make these wishes known to your PCP or other health care provider through an advance directive.

An advance directive is a decision you make ahead of time about the medical care you do or do not want if you are unable to make a decision about medical care at the time it is needed. Advance directives are used only if you are unable to speak or make decisions for yourself. Your advance directive would be used if you were determined by a provider to be in a terminal or vegetative state. AmeriHealth Caritas Delaware will honor your advance directive to the fullest extent allowed by law.

There are two kinds of documents that can serve as an advance directive in Delaware:

- **Living will** — This is a written record of how you wish your medical care to be handled if you are no longer able to decide and speak for yourself. This document should say what type of medical treatments you would or would not want to have.
- **Durable power of attorney for health care** — This is a legal document that gives the name of the person you want to make medical treatment decisions for you in case you cannot make them for yourself. This person does not have to be a lawyer.

To make sure your wishes are met if you cannot speak or make a decision about your care, you should write an advance directive and give a copy to your PCP, as well as to family members.

If you want to fill out and sign an advance directive or have any questions, call Member Services and they will help you.

If you feel that AmeriHealth Caritas Delaware or a health care provider is not complying with your advance directive, you can contact Delaware's

Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) by calling **1-800-223-9074 (TTY 1-302-391-3505)**.

Adverse benefit determination

An adverse benefit determination is provided to members and/or providers in writing at least 10 days before the termination, suspension, or reduction of previously authorized services. The adverse benefit determination is shortened to five days if probable member fraud is verified. Written notification will be sent for all approvals, terminations, suspensions, or reductions of previously authorized services, or denial of a new request. AmeriHealth Caritas Delaware will give this determination for the following situations:

- Death of a member.
- A signed statement from you requesting that AmeriHealth Caritas Delaware end your services. You provide information requiring termination or reduction of services and know the result of your action.
- You are admitted to a health care facility that makes you ineligible for authorized service.
- Your address is unknown and returned mail has no forwarding address.
- Your provider orders a change in your level of care.
- An unfavorable decision was made for admission to a nursing facility.
- Other reasons for notice are:
 - Your health or safety would be in danger.
 - Your health improves, allowing for transfer.
 - You are discharged due to more urgent needs.
 - You have not been a resident in a nursing facility for 30 days (applies to nursing facility transfer unfavorable actions).

Other Plan Details

Reporting abuse, neglect, and exploitation

AmeriHealth Caritas Delaware members have the right to be free from abuse, neglect, and exploitation. It is important that you understand how to identify these situations and how to report them.

Abuse can be:

- Physical abuse.
- Sexual abuse.
- Emotional abuse.

It includes pain, injury, mental suffering, being locked up or held in a place against your will, and other cruel treatment.

Neglect can be:

- When you can't take care of yourself or get the care you need, placing your life at risk. This is "self-neglect."
- When your caregiver is not taking care of your basic needs, putting you at risk for harm to your health or safety. The neglect may be unintended due to the caregiver's inability to provide or arrange for your care. Neglect also may be due to the carelessness of the caregiver to meet your needs.

Exploitation (made to do something you don't want to do or were asked to do without knowing the real reason for doing so) can include:

- Fraud or bullying.
- Forgery.
- Unauthorized use of banking accounts or credit cards.

Financial exploitation occurs when a caregiver improperly uses funds intended for your care. These are funds paid to you or the caregiver by a governmental agency.

If you think you or another AmeriHealth Caritas Delaware member is a victim of these situations, please notify your Care Coordinator and contact one of the agencies below:

- Adult Protective Services Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)
Call: **1-800-223-9074**
Email: **delawareadrc@state.de.us**
- Complaint & Incident Reporting for long-term care facilities Division of Long Term Care and Residents

Protection (DLTCRP)

Call: **1-877-453-0012**

Online form:

<http://www.dhss.delaware.gov/dhss/dltcrp/mailform.html>

- Department of Services for Children, Youth, and Their Families
Call: **1-800-292-9582**
Online: **<https://kids.delaware.gov>**

Critical incidents

If you or your family member experience a critical incident, please contact Member Services as soon as possible.

Critical incidents shall include, but not be limited to, the following incidents:

- Unexpected death of a member.
- Suspected physical, mental or sexual mistreatment, abuse, and/or neglect of a member.
- Suspected theft or financial exploitation of a member.
- Injury, fall, or unexpected medical issue.
- Medication or treatment error, diversion, or omission that jeopardizes a member's health or safety.
- Inappropriate or unprofessional conduct by a provider involving a member.
- Mistreatment.

All critical incidents must be reported immediately. To file a critical incident by phone or for assistance with filing a grievance, call Member Services. You may call 24 hours a day, seven days a week.

Peer Review Process

The AmeriHealth Caritas Delaware peer review process is focused on patient safety and quality of medical care provided to our members. Peer review is an evaluation of the professional practices of a provider by the provider's peers.

If you have questions about the peer review process or you need to report an issue with a provider, call Member Services.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

AmeriHealth Caritas Delaware is required by law to protect the privacy of your health information. AmeriHealth Caritas Delaware would like to tell you about the policies governing your protected health information (PHI). Health care providers use members’ medical information during treatment, as well as during payment processing. AmeriHealth Caritas Delaware has to use and disclose your PHI to help you get your health care services, and to pay our providers for giving you care. Many steps are taken to make sure this information is protected.



Your rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records.	<ul style="list-style-type: none">You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.We will provide one copy or a summary of your health and claims records at no cost, within 10 calendar days of the receipt of your written request.
Ask us to correct health and claims records.	<ul style="list-style-type: none">You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications.	<ul style="list-style-type: none">You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share.	<ul style="list-style-type: none">You can ask us not to use or share certain health information for treatment, payment, or our operations.We are not required to agree to your request, and we may say “no” if it would affect your care.

Notice of Privacy Practices

Get a list of those with whom we've shared information.	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.
Get a copy of this privacy notice.	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you.	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us at 1-844-211-0966 for Diamond State Health Plan members and 1-855-777-6617 for Diamond State Health Plan-Plus members.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.• We will not retaliate against you for filing a complaint.



Your choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow reasonable instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none">• Share information with your family, close friends, or others involved in payment for your care.• Share information in a disaster relief situation.• Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app).• Not share your mental health information with your health care provider. <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as with your family or a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.</p> <p>The use of mobile and digital technologies (such as text messages, email, and mobile apps) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may apply.</p>
<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none">• Marketing purposes.• Sale of your information.



Our uses and disclosures

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive.	<ul style="list-style-type: none">• We can use your health information and share it with professionals who are treating you.	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization.	<ul style="list-style-type: none">• We can use and disclose your information to run our organization and contact you when necessary.	Example: We use health information about you to develop better services for you.
Pay for your health services.	<ul style="list-style-type: none">• We can use and disclose your health information as we pay for your health services.	Example: We share information about you to coordinate payment for your health services.
Administer your health plan.	<ul style="list-style-type: none">• We may disclose your health plan information for plan administration.	Example: We share health information with others whom we contract with for administrative services.
Coordinate your care among various health care providers.	<ul style="list-style-type: none">• Our contracts with various programs require that we participate in certain electronic health information networks (HINs) and health information exchanges (HIEs) so that we are able to more efficiently coordinate the care you are receiving from various health care providers.	Example: We share health information through an HIN or HIE to provide timely information to providers delivering services to you.

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Help with public health and safety issues. We can share health information about you for certain situations, such as:	<ul style="list-style-type: none">• Preventing disease.• Helping with product recalls.• Reporting adverse reactions to medications.• Reporting suspected abuse, neglect, or domestic violence.• Preventing or reducing a serious threat to anyone's health or safety.	
Do research.	<ul style="list-style-type: none">• We can use or share your information for health research.	
Comply with the law.	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.	
Respond to organ and tissue donation requests, and work with a medical examiner or funeral director.	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.	

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Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:	<ul style="list-style-type: none">• For workers' compensation claims.• For law enforcement purposes or with a law enforcement official.• With health oversight agencies for activities authorized by law.• For special government functions such as military, national security, and presidential protective services.	
Respond to lawsuits and legal actions.	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.	
Additional restrictions on use and disclosure	<ul style="list-style-type: none">• Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, behavioral health, alcohol and/or substance use, genetic testing, sexually transmitted diseases, and reproductive health.	

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Notice of Privacy Practices

Our responsibilities

AmeriHealth Caritas Delaware takes our members' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas Delaware creates and receives personal information about your health. This information comes from you, your physicians, hospitals, and other health care service providers. This information — called protected health information — can be oral, written, or electronic.

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to ensure third parties who assist with your treatment, our payment of claims, or health care operations maintain the privacy and security of your protected health information in the same way that we protect your information.
- We are also required by law to ensure that third parties who assist us with treatment, payment, and operations abide by the instructions outlined in our Business Associate Agreement.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request and on our website, and we will mail a copy of it to you.

Effective date of this notice: May 25, 2022

Questions?

If you have any questions or concerns about this Privacy Notice or about AmeriHealth Caritas' handling of your personal information, please contact us by mail at P.O. Box 80100, London, KY 40742-0100, Attn: Privacy Office, by telephone at **1-844-211-0966** for Diamond State Health Plan or **1-855-777-6617** for Diamond State Health Plan-Plus.

Glossary of Terms

Appeal — A request for your plan to review a decision to deny or reduce a benefit.

Benefits — The health care items or services covered under your plan.

Copayment (copay) — A set cost you must pay to receive a covered benefit at the time of service.

Durable medical equipment (DME) — Equipment and supplies that your doctor orders as part of your health care.

Emergency medical condition — A medical problem so serious that you must seek care right away to avoid severe harm.

Emergency medical transportation — The ambulance that takes you to the hospital in an emergency.

Emergency room care — The services you get in an emergency room to treat an emergency medical condition.

Emergency services — Treatment of an emergency medical condition to keep it from getting worse.

Excluded services — Health care services that your plan may not pay for or cover.

Grievance — A complaint that you make to your plan about how you feel about your health care.

Habilitation devices — Health care devices that help you keep, learn, or improve skills and functioning for daily living.

Habilitation services — Health care services that help you keep, learn, or improve skills and functioning for daily living.

Health insurance — A contract that requires your plan to pay some or all of your health care costs.

Home health care — Health care services you receive at home.

Hospice services — Services to provide comfort and support for people who are terminally ill and their families.

Hospitalization — Care in a hospital where you are admitted and usually stay overnight. An overnight stay for observation could be outpatient care.

Hospital outpatient care — Care in a hospital that usually does not require an overnight stay.

Immunization — A shot that protects you from disease.

Medically necessary — Health care services or supplies that help to identify or treat an illness, injury, condition, disease, or its symptoms and that meet medical standards.

Network — The providers that your plan has contracted with to provide health care services.

Non-participating provider — A provider who does not have a contract with your plan to provide services to you.

Physician services — Health care services a licensed medical doctor provides or plans for you.

Plan — A benefit the state of Delaware provides to you to pay for your health care services. A plan can also be called a managed care organization (MCO) or accountable care organization (ACO).

Preauthorization — An approval from your plan for a health care service.

Participating provider — A provider who has a contract with your plan to provide health care services to you.

Premium — The amount you pay for your health insurance every month under the Delaware Healthy Children Program.

Prescription drug coverage — The part of your plan that helps pay for prescription drugs and medications.

Glossary of Terms

Prescription drugs — Drugs and medications that, by law, require a prescription.

Primary care physician — A doctor who directly provides or plans your health care services.

Primary care provider — A doctor, nurse, or physician assistant who provides, plans, and/or helps you access health care services.

Provider — A health care professional, facility, or medical business that offers health care services.

Rehabilitation devices — Health care devices that help you keep, get back, or improve skills and functioning you need for daily living that have been lost or impaired because you were sick, hurt, or disabled.

Rehabilitation services — Health care services that help you keep, get back, or improve skills and functioning you need for daily living that have been lost or impaired because you were sick, hurt, or disabled.

Skilled nursing care — Health care services from licensed nurses in your own home or in a nursing home.

Specialist care — Health care provided by a doctor who has special training for a specific condition or illness.

Urgent care — When you need care or medical treatment within 48 hours.

[illegible]

Our mission

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

Our values

- Advocacy.
- Compassion.
- Competence.
- Dignity.
- Diversity.
- Hospitality.
- Stewardship.

Call Member Services:

Diamond State Health Plan — **1-844-211-0966** (TTY **1-855-349-6281**)

Diamond State Health Plan-Plus LTSS — **1-855-777-6617** (TTY **1-855-362-5769**)

www.amerihealthcaritasde.com

This handbook may be updated with additional text provided by the Delaware Department of Health and Social Services (DHSS), or other information we feel is important for you to know.

Revision date: November 2025

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