AmeriHealth Caritas Delaware

CONNECTIONS

A Provider's Link to AmeriHealth Caritas Delaware

Fall 2026

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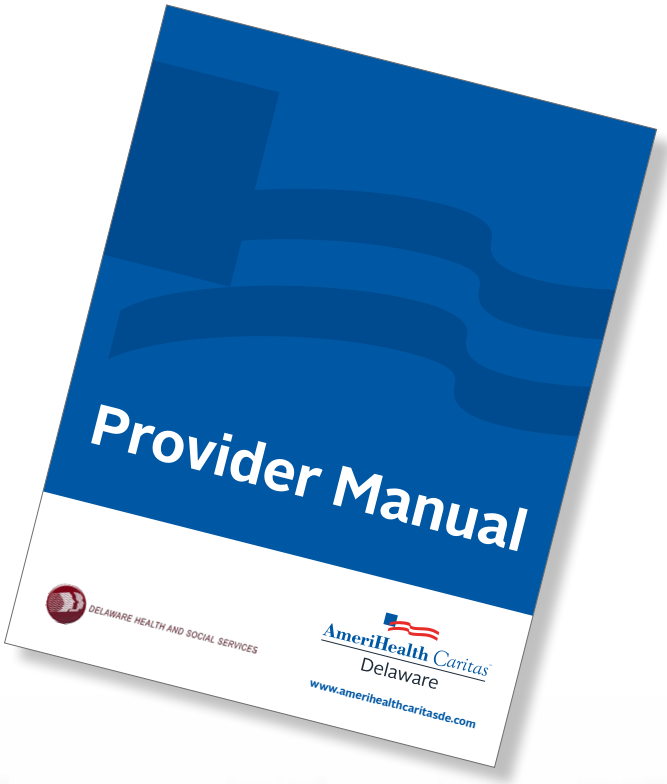
Reminder: Do not balance bill members

AmeriHealth Caritas Delaware members should not be balance billed by any participating provider. Please reference the language below from the AmeriHealth Caritas Delaware Provider Manual – Section IX: Claims Submission Protocols and Standards.



Balance Billing Members

Under the requirements of the Social Security Act, all payments from AmeriHealth Caritas Delaware to participating plan providers must be accepted as payment in full for services rendered. Members may not be balanced billed for medically necessary covered services under any circumstances. All providers are encouraged to use the claims provider complaint processes to resolve any outstanding claims payment issues.

Member Rights and Responsibilities

AmeriHealth Caritas Delaware is committed to treating our members with dignity and respect. AmeriHealth Caritas Delaware, its network providers, and other providers of service may not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis prohibited by law. Our members also have specific rights and responsibilities. The complete list is available on our website at www.amerihealthcaritasde.com. Go to the provider homepage, select resources and you'll find the link to Member Rights and Responsibilities under Member Care.

Collaborating to Enhance Population Health

Providing care for our shared members requires teamwork, communication, and a unified dedication to improving outcomes. Population health management aims to address care gaps, support those at highest risk, and promote comprehensive well-being across our communities. We strive to supply your practice with valuable tools and resources that complement the exceptional care you already offer.

Defined roles and shared accountability

Successful population health management relies on clear role definitions and aligned responsibilities. Together, we are accountable for achieving measurable health results.

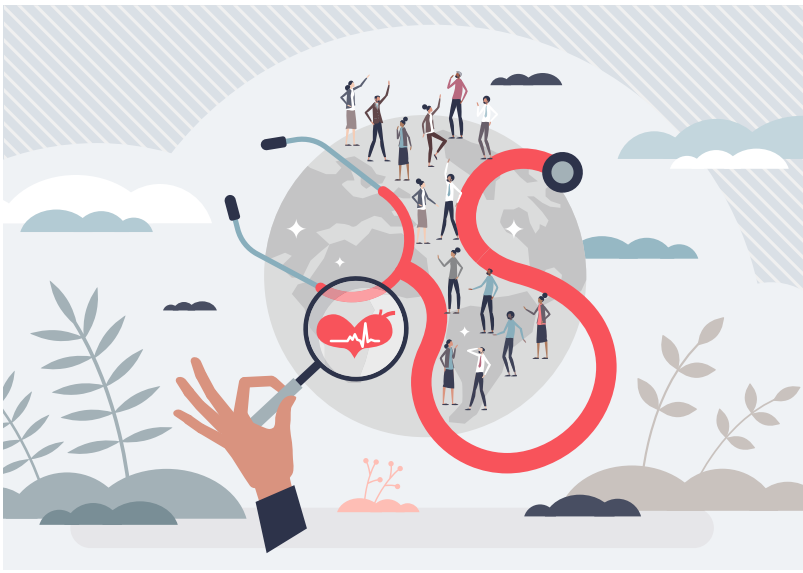
Your practice:

- Guides clinical decisions and oversees patient care.
- Determines care needs during appointments and coordinates treatment plans.
- Involves patients in recommended preventive and follow-up care as part of our health plan.

Our health plan:

- Supplies actionable data and quality performance reports.
- Identifies members who could benefit from extra support.
- Reaches out to engage members and reinforce care plans.
- Offers care management services for members who are high-risk or have complex needs.
- Connects members to community and social support services.

By aligning responsibilities and maintaining open communication, we can coordinate outreach efforts and connect members to the appropriate care management and support programs, such as behavioral health and maternal programs. We encourage providers to collaborate with us to refer eligible members and to reinforce engagement in available support services and programs



You lead your practice's care; we provide support through data, coordination, and engagement. When we work together around shared goals and maintain clear communication, we can:

- Address care gaps.
- Enhance quality performance.
- Minimize unnecessary utilization.
- Improve the members experience.

Advancing population health through value-based collaboration

In addition to defining roles in coordinated care activities, we support providers through alternative payment model (APM) arrangements designed to align incentives with shared population health goals. These value-based strategies promote accountability for quality outcomes and care coordination, and facilitate overall member well-being by aligning performance expectations, data insights, and financial incentives. APM opportunities further strengthen collaboration and support measurable improvements in health outcomes throughout our communities.

For more information about available resources, care coordination support, or value-based partnership opportunities, please contact us at **1-855-707-5818** or visit the AmeriHealth Caritas Delaware website.

Did you know:

- Providers can earn incentives for completing the Obstetrical Needs Assessment Form:
  - — Obstetrical Needs Assessment Form Incentive Program.
  - — Obstetrical Needs Assessment Form.
- The first prenatal visit is not limited to OB/GYNs. PCPs, Nurse Practitioners, and midwives who perform prenatal visits can submit claims with the appropriate codes.
  - — Maternity QEP Measure Provider Alert.

Do You Know Your Account Executive?

Are you aware of who your AmeriHealth Caritas Delaware Account Executive is? Your Account Executive (AE) serves as a dedicated resource to support your practice and help you navigate plan processes, policies, and provider resources. Account Executives can assist with providing help, education, operational questions, issue resolution, training opportunities, and connecting your office with the appropriate departments to support quality care for our members. Building a relationship with your Account Executive can help ensure your practice stays informed and supported.

Visit our Account Executive page on our website to find out who is assigned to you.

AmeriHealth Caritas®

Delaware

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