

PROVIDER NEWSLETTER



Key Features:

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Claims Corner

Provider Satisfaction Survey Results

Provider Incentives and more!

Provider Training & Education

Member Incentives & VABs

Delaware D-SNP Changes

Annual CAHPS Survey

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

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A Message from our Network Leader



Dear Valued Provider Network Partner,

Welcome to the third edition of our Provider Network Newsletter!

Thank you for your continued partnership and dedication to providing high-quality care. The progress and growth we achieved in 2024 would not have been possible without you.

Here are a few highlights we're proud to share:

- Achieved top results in our first Medicaid provider satisfaction survey - outperforming competitors.
- Expanded access by launching Ambetter Health of Delaware (Individual Marketplace) and Wellcare (Medicare & D-SNP) plans.
- Strengthened maternity care by adding dedicated doulas to our Medicaid network.
- Streamlined administration through Phase 1 rollout of Availity Essentials.
- Advanced quality and performance by providing actionable insights to support providers.

Looking ahead: 2025 Priorities for Our Provider Network

- Membership Growth: Expanding across all lines of business and preparing for 2026 D-SNP program changes.
- Performance Partnership: Collaborating to enhance member engagement, improve health outcomes, and support medication adherence.
- Data Accuracy & Integrity: Ensuring provider data remains current and reliable through timely updates and accountability.
- Efficiency & Satisfaction: Reducing administrative burden, optimizing operations, and identifying new opportunities for continuous improvement.

Thank you for your partnership as we work toward these goals—together, we can deliver better care and a stronger network. We look forward to another year of collaboration, growth, and continued impact.

Warm Regards,

Guzanne Lufadeju

Vice President, Network Development & Contracting



What's New!

New 2025 Resources & Guides

We have some new & updated resources available for 2025.

[EPSDT Quick Reference Guide](#)

which details relevant CPT codes, referral codes and other helpful links.

The [EPSDT Member Outreach form](#) serves to connect with the DFH EPSDT team, assisting in locating and engaging members who might require or have overlooked screenings, and ensuring prompt access to essential health services.

[2025 Pay for Performance and Partnership for Quality \(P4P/P4Q\) Programs Guide](#) for DFH, Ambetter of DE and Wellcare.

[2025 HEDIS Adult Pocket Guide](#)

[2025 HEDIS Pediatric Pocket Guide](#)

[HEDIS My 2025 Quick Reference Guide](#)

[2025 Social Determinants of Health \(SDoH\) Program Guide](#)

We're Transitioning from Faxes to Email Announcements!

We're excited to announce an important update regarding how we will be communicating with you moving forward. In an effort to streamline our communication process and provide you with more efficient, secure and reliable updates, we will be moving away from faxed announcements. Instead, we will be sending bi-monthly email updates directly to your inbox!

Important Notes:

- **Real-Time Posting** - All communications, updates, and announcements will still be posted to our Provider News section in real time. This means you can access the latest information whenever you need it.
- **Bi-Monthly Email Announcements** - To keep you informed, we will be sending out email announcements twice a month summarizing important updates, opportunities and any key changes, within the provider network and our organization.
- **Time-Sensitive or Emergent Updates** - Will still be sent out in real-time outside of the regular bi-monthly schedule to ensure you stay up to date with critical information.

We hope you also find this transition to be more convenient and environmentally friendly. This change is effective **April 15, 2025**. Please ensure we have the most up-to-date email address to continue receiving these important updates. You may conveniently update all provider data using our [Provider Data Update forms](#)

To sign up for email updates, please use the [Sign Up for Provider Updates form](#).

New Payment Integrity Initiatives

We are pleased to announce four upcoming payment initiatives designed to enhance efficiency, improve reimbursement accuracy and support your practice. These initiatives will take effect in the second quarter of 2025 and include:

- **ER Surgical Services Evaluation** – Review certain claims of surgical services which were performed in an emergency room place of service.
- **High-Cost Surgical Claim Analysis** – Expanding the review of some types of high-cost surgical claims to ensure accuracy of the underlying medical documentation.
- **Correct Billing of Multiple Codes** – Evaluation of claims that include several types of services such as adjacent tissue transfer and excision of a tongue lesion) to ensure correct billing.
- **Restriction on Billing of Certain Codes** – Evaluating medical records to ensure that offices are not billing codes that, according to National Correct Coding Initiative (NCCI) guidelines, are not allowed to be billed together.

In the coming weeks we will provide further communications, training and guidelines, as appropriate. Please contact your [provider engagement account manager](#) with any questions.

Thank you to our provider groups for your continued partnership!

All About Dual Eligible Special Needs Plan (D-SNP) and Upcoming Changes in Delaware in 2026



What is D-SNP?

- Dual Eligible Special Needs Plan (“D-SNP”) is a Medicare Advantage plan, designed to meet the needs of beneficiaries receiving both Medicare and Medicaid.
 - Low income
 - Certain medical conditions
 - Unique health care needs
- D-SNPs were created in 2006 to better streamline the care of beneficiaries. D-SNPs generally offer extra benefits beyond what may be available via normal Medicare.
- Delaware First Health’s D-SNP plan is offered through our affiliate plan, Wellcare.

Types of D-SNPs

There are three types of D-SNPs that differ based on level of coordination of care of the beneficiaries.

- **Coordinated.** Delaware currently requires that D-SNPs are coordinated. This means that the enrollee’s Medicare and Medicaid companies have to work together to coordinate the enrollee’s care. Because they are different companies, the enrollee’s care is not always coordinated well.
- **Highly Integrated Dual Enrollment (HIDE).** HIDE requires that the Medicaid company is affiliated with the Medicare company.
- **Fully Integrated Dual Enrollment (FIDE).** FIDE means that not only are the companies affiliated, they are the same company. The purpose of a HIDE and a FIDE is to provide better coordination of care for the enrollee.

What is D-SNP?

- Effective January 1, 2026. Delaware D-SNP integration level (level of care) increases from “coordinated” to “HIDE.”
- Members enrolled in a D-SNP must be exclusively aligned meaning the dual enrollee’s Medicare Advantage D-SNP must be affiliated with their Medicaid MCO. For example, Wellcare members will need to be a part of Delaware First Health. Unaligned D-SNPs (United, Humana, etc.) are currently prohibited from accepting new enrollees.
- Members enrolled in an unaligned D-SNP (meaning the Medicare Advantage plan does not have an affiliated Medicaid plan) must find a new D-SNP that is aligned.

How to Prepare for the Changes

- Check your contract to confirm you are contracted for Wellcare by checking for the Medicare/D-SNP compensation exhibit. Email your [Provider Engagement Account Manager](#) for questions.
- Talk to members under your care who are dually enrolled!
- If they are enrolled in a D-SNP, let them know that they will need to enroll in an aligned D-SNP (*preferably* Wellcare).
- If they are a dual, but not enrolled in a D-SNP, explain to them that they are missing out on additional benefits that D-SNP enrollees receive.
- Also explain to them that they will receive better care coordination by being a part of a D-SNP.
- Stay tuned for more updates throughout 2025 as information from the State becomes available.

Visit: www.wellcarede.com or contact

Wellcare Non-duals/C-SNP at 1-800-977-7522 or Duals/D-SNP plans at 1-844-796-6811 to learn more.

You may also contact your [Provider Engagement Account Administrator](#).

We are Growing our Membership Across Medicaid, Individual Marketplace and Medicare & D-SNP!

It has been over a year since Delaware First Health introduced our Medicare Advantage & D-SNP plans ([Wellcare](#)) and Individual Marketplace plans ([Ambetter Health of Delaware](#)). Compared to last year, membership has increased **898%** for Medicare, and **1129%** for Marketplace, respectively. We could not have done it without our strong network of providers so, we thank you! Below is a brief Frequently Asked Questions (FAQ) sheet about these products.

Frequently Asked Questions

Q. What is Delaware First Health's affiliated Individual Marketplace Exchange product?

A. [Ambetter Health of Delaware](#) is our health insurance marketplace offering which provides affordable, comprehensive solutions individuals and families who may not qualify for Medicaid or have access to employer coverage.

Q. What is Delaware First Health's affiliated Medicare & D-SNP product?

A. [Wellcare](#) is our Medicare Advantage and DSNP products which has different plans to serve all eligible populations. With the addition of our DSNP, we can better coordinate care for our members.

Q. What changes are coming in 2026 as it relates to Delaware D-SNP plans?

A. Effective January 1, 2026, Delaware's Dual Special Needs Plan ("D-SNP") integration level increases from "coordinated" to "HIDE." Members enrolled in a D-SNP must be exclusively aligned – a dual enrollee's Medicare Advantage D-SNP must be affiliated with their Medicaid MCO. For example, Wellcare members will need to be a part of Delaware First Health. Unaligned D-SNPs (United, Humana, etc.) are currently prohibited from accepting new enrollees.

Q. How do I know if I am contracted and a participating provider in Wellcare and/or Ambetter?

A. Your contract with DFH would have a schedule that says Medicare/DSNP and Commercial Exchange/Wellcare. Contact your [Provider Engagement Account Manager](#) (PEAM) who can confirm your status.

Q. I confirmed I do not have a contract. How can I join Wellcare and/or Ambetter?

A. To join any of our networks, complete the [online Contract Request Form](#) and select the appropriate networks.

Q. I would like to schedule a New Provider Orientation (NPO) or speak to my assigned provider engagement account manager.

A. Visit the "Provider Education and Training" section on the [Ambetter](#) and [Wellcare](#) provider websites to register for trainings, including NPOs. We have the same committed Provider Relations' team to support you across all of our products. Contact your [Provider Engagement Account Manager](#) with any questions.

Top Marks Earned in Provider Satisfaction - *Thanks to You!*

81.1%

Delaware First Health is
FIRST
in Overall Provider Satisfaction
among Delaware MCOs

At Delaware First Health, we are committed to building strong, collaborative relationships with our provider partners. To ensure we are meeting your needs and driving continuous improvement, we partnered with Press Ganey in 2024 to conduct our first independent Provider Satisfaction Survey.

We're proud to share that Delaware First Health earned an **overall provider satisfaction score of 81.1%**—outperforming competitors and placing us in the **87th percentile** of Press Ganey's 2023 Medicaid book of business. This benchmark includes **108 plans and over 17,000 respondents**.

In addition, we ranked in the **80th percentile or higher** in several key areas:

- **92nd percentile** – Having a dedicated Provider Relations representative assigned to practices
- **87th percentile** – Quality of orientations and ongoing training/support
- **80th percentile** – Access to knowledgeable Utilization Management (UM) staff

These results reflect our ongoing efforts to support providers with responsive, knowledgeable, and dedicated service. Thank you for your partnership—we look forward to continued collaboration and growth.

The 2025 Provider Satisfaction Survey is Just a Few Months Away!



SAVE THE DATE
SUMMER 2025



**PROVIDER
SATISFACTION
SURVEY**

Delaware First Health Dental Services for Pediatric Medicaid Members Effective January 1, 2025

As a reminder, pediatric members ages 20 and younger from across the state will be eligible for their Medicaid dental benefits administered by Centene Dental Services as of January 1, 2025.

Provider materials, including the Centene Dental provider manual and information on dental benefit details, claims submissions, and key contact information, will be posted in the provider web portal at centenedental.com/logon. You may also access general information of the [Delaware First Health Dental Providers page](#).

Benefits for Members Under the Age of 21	Benefits for Members Under the Age of 21
Dental services are now available for members under the age of 21 through Delaware First Health. No copay.	Dental services for members ages 21 and older include \$1,000 of coverage per calendar year for routine and basic dental services. Each visit has a \$3 copay.

NOTE: Delaware First Health will also provide removal of bony impacted wisdom teeth under the medical benefit.

Please be sure to verify member eligibility and benefits prior to rendering services by logging into the portal or calling Centene Dental Customer Service at the phone number listed below. You may also direct any related questions to customer service.



Centene Dental Paper Claims	Centene Dental P.O. Box 22687 Tampa, FL 33622-2687										
Centene Dental Electronic Claims	EDI# 46278										
Centene Dental Customer Service	1-833-236-1886										
Member ID Card Example	<div> <p>delaware first health</p> <p><small>Diamond State Health Plan</small></p> <p>Member Name: XXXXXXXXXX Member ID#: XXXXXXXXXX DOB: XX/XX/XXXX RXBIN: 003858 RXPCN: MA RXGROUP: DECA</p> <p>PCP Name: XXXXXX PCP Phone Number: 1-XXX-XXX-XXXX</p> <p>For a full list of copays and exceptions visit: www.DelawareFirstHealth.com.</p> <table border="0"> <tr> <td>Member Copays:</td> <td>Prescriptions:</td> </tr> <tr> <td>Provider Visit: \$0;</td> <td>\$10.00 or less - \$0.50</td> </tr> <tr> <td>Preventative Visit: \$0;</td> <td>\$10.01 to \$25.00 - \$1.00</td> </tr> <tr> <td>Adult Dental Visit: \$3;</td> <td>\$25.01 to \$50.00 - \$2.00</td> </tr> <tr> <td>Inpatient Hospital Stay: \$0</td> <td>\$50.01 or more - \$3.00</td> </tr> </table> </div> <div> <p>IMPORTANT CONTACT INFORMATION</p> <p>www.DelawareFirstHealth.com</p> <p><small>Diamond State Health Plan</small></p> <ul style="list-style-type: none"> Member Services, 24/7 Nurse Line, Behavioral Health Line: 1-877-236-1341 (TTY: 711) Providers: 1-877-236-1341 Pharmacy Services: 1-833-236-1887 (TTY: 711) Dental: 1-877-236-1341 (TTY: 711) <p>Medical Claims: Delaware First Health P.O. Box 8001 Farmington, MO 63640</p> <p>Pharmacy Paper Claims: Pharmacy Services Member Reimbursements P.O. Box 989000 West Sacramento, CA 95798</p> <p>In case of an emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.</p> </div>	Member Copays:	Prescriptions:	Provider Visit: \$0;	\$10.00 or less - \$0.50	Preventative Visit: \$0;	\$10.01 to \$25.00 - \$1.00	Adult Dental Visit: \$3;	\$25.01 to \$50.00 - \$2.00	Inpatient Hospital Stay: \$0	\$50.01 or more - \$3.00
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Adult Dental Visit: \$3;	\$25.01 to \$50.00 - \$2.00										
Inpatient Hospital Stay: \$0	\$50.01 or more - \$3.00										

LET'S GO DIGITAL

Annual Primary Care Provider Attestation Form

PCP practices must complete a new annual form confirming:

- Panel size per PCP (across all payors)
- Cultural competency training completed within the past 12 months

This helps us monitor capacity and support culturally competent care.

For more details and submissions, please access the [PCP Annual Attestation Form](#) on our Provider Resources page.

PCP Change Request Form

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

Self-Report Practitioner Race & Ethnicity

Delaware First Health aims to create a provider network that meets our members' cultural and linguistic needs. To enhance member choice, please update your race/ethnicity and languages spoken using our forms on the [Provider Data Updates page](#). This will assist our teams in connecting members with suitable providers. For groups with multiple practitioners, utilize the Provider Intake Roster Template found on our Manuals, Forms and Resources page.

Sign-Up for Provider Communications

Do you want to receive health plan updates and other communications via email? Simply complete our [Sign-up for Provider Updates form](#) to ensure we have your most current contact information. Please allow up to two weeks for the change to take effect.

Alternatively, you may choose to opt-out of receiving these provider communications via email with our [NEW Opt-Out of Provider Communications Form](#).



Member Outreach Form

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

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

For any questions, please outreach to:

dfh_memberadvocates@centene.com

Provider Demographic Updates

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

Provider Feedback Forms

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

- Share your health plan experience with us by completing a brief online [Provider Feedback Form](#) to tell us what we are doing well and what we can do better.

Meet Our New Chief Medical Officer

Dr. Lanre Akinkunmi



To Our Valued Provider Network Partners,

I am honored to introduce myself as the new Chief Medical Officer (CMO) of Delaware First Health. I joined Delaware First Health 15 months ago as the Long-Term Services and Supports (LTSS) Medical Director, and it has been a privilege to work alongside such a dedicated team committed to improving the lives of our members. I'm now excited to step into this new role and continue that important work in partnership with all of you.

As CMO, my priorities include strengthening collaboration, supporting high-quality care, and making it easier for you to deliver the best possible outcomes for your patients. I believe that when we work together—with open communication and shared purpose—we can truly make a difference.

Thank you for your continued commitment, trust and the incredible care you provide every day. I look forward to deepening our partnership and advancing our mission to transform the health of the communities we serve with compassion and excellence.

Warm Regards,

Lanre Akinkunmi, MD FAAFP MBA CPE
Chief Medical Officer

RxEffect Tool coming Summer 2025 for Delaware First Health members!

Target At-Risk Patients and Drive Medication Adherence

RxEffect offers a better way to identify and engage your patients about their medication use. It is currently available for Wellcare and Ambetter patients but will be available for Medicaid patients this summer.

The RxEffect Tool includes prioritized diabetes, hypertension, and cholesterol medication adherence opportunities in one easy-to-use web portal. In addition, 30 to 90-day prescriptions, appointment agendas and statin gap opportunities may also be targeted. The prioritized list targets members needing outreach based on the RxAnte predictive modeling. There is no additional cost for provider groups to utilize the tool.

RxEFFECT:
THE INDUSTRY-LEADING SOLUTION TO IMPROVE MEDICATION USE

In use by more than 4,500 physician practices today, RxEffect is an intuitive workflow solution for engaging patients.

 Prioritizes your patients for outreach each day based on their risk of medication non-adherence	 Presents you with medication-related context to enable behavior-changing conversations	 Proven to improve medication use among Medicare patients and enables you to earn outcomes-based bonus payments
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Incentive Bonus Opportunities

The RxEffect bonus program launches annually in August and incentivizes practices to have members refill their last prescription required for adherence for the year.

To receive the bonus, provider groups must visit the RxEffect Portal at the RxEffect Log In Page to review the patient therapies eligible to receive a bonus. The practice must log in to RxEffect and view the Patient List while the patient therapy is eligible to receive payment and take the necessary action to make the patient adherent for that therapy while eligible for the bonus (or while the bonus icon is displayed).

New bonus opportunities will be added each week on Thursdays. Those opportunities will continue to show until the patient succeeds or fails the measure for the year. During the time in which the patient is bonus eligible, their opportunity type may change from a 90-day conversion to a last fill remaining opportunity.

If you are interested in learning more about this tool, please reach out to your [Provider Engagement Account Manager](#) or Quality Practice Advisor so we can get you signed up!

We look forward to partnering with you to increase the outcomes of medication management adherence. You may learn more about this medication management adherence solution on the [RxAnte website](#).

They're Hiring!

Join the Silver Lining Home Healthcare Team

We are excited to share some of the current opportunities within the state of Delaware for individuals looking to make a meaningful impact in healthcare.

Silver Lining Home Healthcare is looking for passionate individuals to join their healthcare team and provide high-quality care to clients. Whether you are new to the healthcare field or already have experience, we welcome you to apply! See below for a list of open roles.

HHA/CNA - Line-In Opportunity

Location: Frankford, DE

Employer: Silver Lining Home Healthcare

Responsibilities:

- Provide personalized care as outlined in the Plan of Care
- Assist with personal care, operating a Hoyer lift, and light housekeeping
- Prepare meals and follow infection control procedures

Qualifications:

- Current CNA or HHA certification (or completion of a DE CNA program)
- Must be able to operate a Hoyer lift
- Flexible availability, including weekends
- Current CPR/First Aid certification and ability to meet physical requirements
- Compassionate, respectful, and dedicated to excellence

Home Health Aide (HHA) / Certified Nursing Assistant (CNA) *Sign-On Bonus*

Location: Dover, DE

Employer: Silver Lining Home Healthcare

Responsibilities:

- Provide client care per the Plan of Care
- Assist with personal care, hygiene, and meal preparation
- Perform light housekeeping and infection control procedures
- Maintain privacy and confidentiality of client information

Qualifications:

- Current CNA or HHA certification (or completion of a DE CNA program)
- Open availability, including weekends
- Current CPR/First Aid certification
- Ability to lift, position, and transfer patients
- Compassionate, respectful, and a good attitude

Entry-Level Positions (Training Provided)

Location: Delaware (Various Locations)

Employer: Silver Lining Home Healthcare

Requirements:

- Must be eligible to work in the U.S. (no sponsorship available)
- Criminal record check, physical exam, and 2-step PPD required
- Must be able to lift, position, and transfer patients
- Compassionate, respectful, and committed to excellence

Instructor-Led Course Details:

- Split between lecture and hands-on skills training
- Homework assignments and weekly skills competency tests
- Optional open lab sessions every Wednesday for extra practice



If you have any questions or would like more details, please visit: www.silverlining.applicantpro.com/jobs/

Availity Essentials

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

Manage patient administrative tasks quickly and easily:



Validate eligibility and benefits



Submit claims



Check claim status



Submit authorizations



Access payer resources

New Enhancements as of February, 2025

Condition Continuity Inquiry (CCI) Program

Delaware First Health has collaborated with Availity and Edifecs to launch the Condition Continuity Inquiry (CCI) program as a channel of submission for the Continuity of Care (CoC) program for the Medicaid line of business. This program aids in precisely identifying and fully capturing diagnosis codes within your current claims process. For more information, visit the [Availity Essentials provider portal](#).

New Enhancements as of April 21, 2025

Claims Corrections

Correct and resubmit a paid or denied claim from the Claim Status Response page.

Remittance Reviewer

Locate remittances with ease using the extensive search and filter options. You can also review and reconcile detailed remittance data in an easy-to-read format and gain visibility into claims associated with a check/EFT by downloading a Check Summary.

InterQual

Use InterQual within your authorization workflow to help facilitate the authorization review process. When completing an Authorization Request in Essentials, select the Take Me to InterQual button.

Secure Provider Portal

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

Visibility of Multiple TINs

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

Access Daily Patient Lists From One Screen

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

Manage Batch Claims for Free

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

Simplify Prior Authorization Process

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

Streamline Office Operations:

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

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

[REGISTER NOW](#)

Continued



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

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

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

Risk Quality Validation is a pre-populated form within Availity Essentials with historical conditions and a hierarchical condition category (HCC) look up function that simplifies the way risk gaps are closed

Clinical Quality Validation is a web-based form within Availity Essentials that identifies care gaps and allows providers to attest and validate the accuracy and completion of care related to the confirmed gap.

Access CQV Work Queue and Forms

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

Seamless Submissions

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

Close Care Gaps

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

Eligible providers can use the RCV app to earn a Continuity of Care (CoC) bonus by:

- Reviewing the potential member conditions before a visit.
- Submitting the RCV form with all necessary documentation.*
- Including the appropriate procedure codes on the claim for that visit.

*For CoC-specific questions, please contact your [Provider Engagement Account Manager](#)

RESOURCES

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

You may access more information and register for a new account on the [Availity Essentials Welcome page](#). Once registered, providers and staff can log into the [Availity Essentials provider portal](#), Click Help & Training, Get Trained.

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



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

Have your tax ID number ready during signup.

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

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



Claims Corner

Helpful Links

[Clinical and Payment Policies](#)

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

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

[Legacy Provider Portal](#)

[Availity Essentials Portal Login](#)

[Availity Essentials Portal Registration](#)

[Provider Engagement Representative Territory List](#)

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

[Provider News](#)

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

[21st Century Cures Act Reminders](#)

[Medicaid Prior Authorization Tool](#)

[Pharmacy](#)

Auth Requirements, Forms, Drug Formulary, Opioid Dose Calculator & more!

Missing CLIA Certificates

A CLIA certificate number is a 10-character alphanumeric code (e.g., 19DXXXXXXX) that identifies a laboratory and is used to track it throughout its history, ensuring compliance with the Clinical Laboratory Improvement Amendments (CLIA) regulations. If a clinical laboratory service is billed on a claim without the CLIA, the claim will reject.

Missing NDC Numbers

The National Drug Code (NDC) is a unique 10-digit, 3-segment number used to identify drugs, serving as the FDA's identifier for drugs and found on drug packaging. If a professional claim is billed with a CPT or HCPCS code that requires an NDC number, and the NDC is missing, the claim will reject.

21st Century Cures Act

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

2025 Rate Increase for Personal Care Services

Delaware First Health (DFH) is providing an update on the 2025 increased rates for personal care services (PCS) providers who bill S5125, S5130, S5150, and T1005 with and without modifier. We have updated our fee schedules to pay the increased rates effective January 1, 2025.

Please contact Provider Services call center at 1-877-236-1341 or email PCS Provider Engagement Account Manager, Beau Thompson at william.thompson@delawarefirsthealth.com.

Correction to Vaccines for Children (VFC) Program Pay Rates

Federal guidelines require that the maximum amount paid for administering vaccines included in the Vaccines for Children (VFC) Program be the enhanced rate of \$22.07. Federal guidelines also require that the administration service line be inclusive of the vaccine line. Delaware First Health (DFH) has configured our systems to apply contract multipliers in error, causing overpayments.

DFH has now corrected our systems to comply with the federal guidelines as of 11/20/2024 and will now pay \$22.07 for administering VFC Program vaccines without the contract multiplier for children 0-18 years of age. For adults ages 19 and older, the administration service line will bundle to the vaccine service line.



Taxonomy Requirements

All claims must be submitted with the billing, rendering, and attending provider's taxonomy. Claims submitted without the required taxonomy will be DENIED or REJECTED. Review the below table for taxonomy placement guidance.

CMS-1500 PAPER SUBMISSION	837P ELECTRONIC SUBMISSION
Rendering – Box 24i should contain the qualifier “ZZ”. Box 24j (shaded area) should contain the taxonomy code.	Rendering – Loop 2310B PRV01 = “PE”; PRV02 = “PXC” qualifier; PRV03 = 10-character taxonomy code002E.
Billing – Box 33b should contain the qualifier “ZZ” along with the taxonomy code.	Billing – Loop 2000A PRV01 = “BI”; PRV02 = “PXC” qualifier; PRV03 = 10-character taxonomy code.
CMS-1450/UB-04 PAPER SUBMISSION	837I ELECTRONIC SUBMISSION
Attending – Box 81CCb should contain the qualifier “B3” in the left column and the taxonomy code in the middle column.	Attending – Loop 2310A PRV01 = “AT”; PRV02 = “PXC” qualifier; PRV03=10-character taxonomy code
Billing – Box 81CCa should contain the qualifier “B3” in the left column and the taxonomy code in the middle column.	Billing – Loop 2000A PRV01 = “BI”; PRV02 = “PXC” qualifier; PRV03 = 10-character taxonomy code.

PLEASE NOTE: Your clearinghouse must make taxonomy placement a permanent placement on your account.

If your claim is denied for missing taxonomy, a corrected claim must be submitted within 90 calendar days of the date of the EOP. If rejected for missing taxonomy, a new claim must be submitted within 120 calendar days from the date of service and must include the taxonomy in the required fields as listed above.

Claims Dispute Process

A claim payment dispute involves a finalized claim in which a provider disagrees with the outcome. Please follow the dispute process for claim denials which includes filing a reconsideration and then an appeal as outlined below:

1ST DISPUTE STEP - RECONSIDERATION

Providers may file a reconsideration of a finalized claim by mail or via our [Secure Provider Portal](#). The reconsideration request must include:

- Claim Number
- Authorization Number (if applicable)
- Supporting documentation

The submission of the request must be within **90 calendar days** from the date of Explanation of Payment (EOP) or Provider Remittance Advice (PRA).

Mailing Address for Reconsideration

Delaware First Health
ATTN: Claims Department
P.O. Box 8001
Farmington, MO 63640-8001

2ND DISPUTE STEP - APPEAL

If you disagree with the reconsideration decision, you may submit an appeal by mail or fax. Your submission should include:

- A Provider Appeal Form
- Copy of the Claim in Question
- Copy of the EOP
- Supporting Documentation

Please include as much supporting information as possible to assist with determination review.

The submission must be within 120 days of the date of service OR no later than 60 calendar days after the reconsideration decision, whichever date is latest.

Mailing Address for Disputes

Delaware First Health
ATTN: Claims Appeals Department
P.O. Box 8001
Farmington, MO 63640-8001

Fax Number for Appeals

1-888-865-6531

National Health Observances (NHOs) are special days, weeks, or months dedicated time to raise awareness about important health topics determined by the U.S. Department of Health and Human Services (HHS) Office on Diseases Prevention and Health Promotion (ODPHP), the Centers for Disease Control and Prevention (CDC) and other organizations.

In April, the ODPHP is raising awareness about the below topics but there are many more. Please visit the [ODPHP National Health Observance page](#) for additional important health topics.



National Minority Health Month

This April, join the U.S. Department of Health and Human Services' Office of Minority Health (OMH) in celebrating National Minority Health Month — a chance to highlight the importance of improving the health of racial and ethnic minority communities and reducing health disparities. Check out this National Institute on Minority Health and Health Disparities (NIMHD) [schedule of events](#). Get the facts about Healthy People 2030's emphasis on [social determinants of health](#). And lastly, share our [MyHealthfinder](#), [Move Your Way®](#), and [Dietary Guidelines](#) resources with Spanish speakers in your community.

Healthy Vision Month

In 2003, the National Eye Institute proclaimed May as Healthy Vision Month, encouraging Americans to focus on eye health. Shockingly, over 23 million adults have never had an eye exam, often unaware of potential issues. With rising predictions for eye diseases by 2030, this month inspires action to protect vision. Take these five steps to protect your vision:

- Get a comprehensive dilated exam
- Live a healthy lifestyle
- Know your family history
- Use protective eye wear
- Wear sunglasses

Visit the [National Eye Institute site](#) to find tools and resources to help spread the word

National Infant Immunization Week (4/21 - 4/27)

National Infant Immunization Week is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs in promoting healthy communities. Since 1994, hundreds of communities across the United States have joined together to celebrate the critical role vaccination plays in protecting children, communities, and public health. For more information, visit the [CDC Vaccine Event page](#)



Alzheimer's and Brain Awareness Month

June is Alzheimer's and brain awareness month. Over 55 million people globally are affected by Alzheimer's or dementia. Act now—for yourself and your loved ones! There are [10 warning signs of Alzheimer's](#). If you observe any in yourself or someone else, consult your doctor. Early diagnosis can lead to benefits like access to treatment, emotional support, future planning, and potential savings in long-term care.

The Alzheimer's Association Delaware Valley Chapter serves as a vital resource for over 489,000 individuals living with Alzheimer's in Delaware, New Jersey, and Pennsylvania, along with 809,000 caregivers. With a dedicated team of staff and volunteers, the Chapter provides free programs, research funding, and advocacy efforts for the community.

Visit the [Delaware Valley Chapter website](#) for more local resources and information.

References

1. [April National Health Observances: Minority Health, Alcohol Awareness, and Public Health Week](#). ODPHP.health.gov [Accessed March 20, 2025].
2. [Alzheimer's and Brain Awareness Month](#). www.alz.org [Accessed March 31, 2025]
3. [National Eye Institute Healthy Vision Month](#). nie.nih.gov [Accessed March 31, 2025]



Provider Spotlight on Doulas

INTERESTED IN JOINING OUR DOULA NETWORK?

Complete our online [Doula Interest form](#) so we can send you updates and get feedback on questions you have regarding this benefit and enrollment.

Download and complete the Doula Application on the [Delaware Certification Board website](#).

Please visit our [Doula page](#) for complete guidance, enrollment requirements, prerequisites, FAQ sheets and more!

Questions?

Please contact Dara Hall, DFH Maternal Child Health Director, Dara.Hall@delawarefirsthealth.com

We look forward to partnering with eligible doulas and our providers, including PCPs, OB-GYNs, and hospitals.

Delaware First Health (DFH) is proud to offer doula services to expectant mothers effective January 1st, 2024. We recognize the important work doulas do in their community and the vital role they have in addressing disparate maternal and infant health outcomes.

What is a Doula?

A doula is a trained professional who provides physical and emotional support before, during and after childbirth. Doulas work with a member's OB/GYN or midwife to help achieve healthy outcomes for the expectant mother and baby.

Standard services Include:

- Max of three (3) prenatal visits
- Support during labor and delivery
- Max of three (3) postpartum visits

New for 2025

If a member has had at least one prenatal visit, they are eligible for up to five (5) *additional* postpartum doula visits, based on the recommendation of a licensed provider. This allows for a total of up to (8) eight postpartum doula visits. Providers may request these visits using the:

[Additional Postpartum Doula Recommendation Form](#)

Doulas Can Help:

- Answer questions about pregnancy, labor, and postpartum care
- Brainstorming ideas and birth planning
- Provide comfort through emotional and physical support
- Advocate for the member in medical situations
- Help with pain management during labor
- Postpartum guidance with breastfeeding

Delaware First Health Celebrates Doula Week!

Delaware First Health hosted a beautiful and impactful event on March 26, 2025, to recognize the invaluable work of doulas during Doula Week!

Honoring doulas highlights their invaluable support during pivotal life moments. They enhance families' experiences in pregnancy and childbirth with emotional, physical, and informational assistance, fostering positivity and empowerment.



DFH Doulas & DFH staff in attendance

It's heartwarming to see the doula community come together for this event, fostering connections, and building a supportive network. The event not only acknowledged their hard work but provided a platform to share their expertise and experiences. This kind of recognition can truly inspire continued dedication and growth within the doula community. Additionally, the families served benefit immensely from their support and care.

Improving Access to Care with Telehealth Visits

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

Our team is available to provide technical assistance to providers to support telehealth practice. Please email your Provider Engagement Account Manager if you have any questions. You may also view additional information about this member benefit on our [Teladoc Health benefit page](#).



2025 Access to Care Assessment & Attestation

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

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



You may access the PCP Attestation Form on our Provider Forms website. On this form, you may attest to your panel size, update your roster and attest to cultural competency training.

To learn more, please contact your Provider Engagement Account Manager.

Provider Workforce Challenges

Provider workforce challenges is an issue across our country. At Delaware First Health, we want to better understand the challenges our providers face with hiring, recruiting, and retaining healthcare workers and strategies to address these barriers and enhance workforce development.

We're excited to introduce a new communication channel for our provider network! Providers can now submit questions, contributions, and suggestions related to workforce development initiatives, collaborate on workforce training opportunities, or send information for job openings that need to be filled. Whether you have ideas about improving current training programs or need clarity on a specific topic, we are here to listen and collaborate with you.



Please feel free to email us at: Workforce_Dev@DelawareFirstHealth.com

We look forward to hearing from you!

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

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

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

ACTIVE LISTENING TIPS



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

Getting Needed Care

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

Scheduling Appointments & Care Quickly

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

Care Coordination

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

Rating of Healthcare

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

What is the Outpatient Mental Health Survey?

Appropriate patient care is essential to the overall health of the ones you serve. Delaware First Health is dedicated to partnering with you to help maximize opportunities to improve patient care and patient satisfaction, for the benefit of you, the physician, and the patient.

Annually, the National Committee for Quality Assurance (NCQA) directs health plans to conduct a survey about the member's experience with behavioral health services. The Outpatient Mental Health Survey measures members' experiences and identifies opportunities for health plans and providers to improve quality of care and access to mental health and substance use services. Your patients may be asked some of the following questions.

COMPOSITE	RELATED QUESTIONS	RESPONSE OPTIONS
Getting Appointments for Prescription Medicines	How difficult was it for you to make an appointment with the person who prescribes your mental health medicine?	<ul style="list-style-type: none"> • Very difficult • Somewhat difficult • Not very difficult • Not difficult at all
Getting Mental Health Counseling	<ul style="list-style-type: none"> • How difficult was it to find this mental health counselor? • How difficult was it to make appointments with your mental health counselor? 	<ul style="list-style-type: none"> • Very difficult • Somewhat difficult • Not very difficult • Not difficult at all
Communication with Mental Health Counselor	<ul style="list-style-type: none"> • How often did your main mental health counselor listen carefully to you? • How often did your main mental health counselor show respect for what you had to say? 	<ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Goal Setting	How much did your main health counselor consider what is important to you when setting the goals for treatment?	<ul style="list-style-type: none"> • Not at All • A little • Some • A lot
Getting Help Between Appointments	When you contacted your main mental health counselor between your appointments, how often did you get the help or support you needed?	<ul style="list-style-type: none"> • Never • Sometime • Usually
Rating of Mental Health Counselor	What number would you use to rate your main mental health counselor?	Scale of 0-10 [0 - poor and 10 - Excellent]
Unmet Need for Mental Health Services	What number would you use to rate your main mental health counselor?	<ul style="list-style-type: none"> • Yes • No



Suggestions to Improve Your Ratings:

- ✓ Offer extended hours, telehealth, and various treatment options when possible.
- ✓ Let patients know your office hours and how to get after-hours care.
- ✓ Partner with the health plan and coordinate care with other specialists and primary care physicians to address whole person health and access to timely care.
- ✓ Assess culture and linguistic needs and ask your patients what is important to them.
- ✓ Include family/caregivers/identified support in the treatment plan.
- ✓ Invite questions and encourage your patient to take notes.



Thank you for your continued partnership!

Substance Use Disorder (SUD) Guidance and Programs

2025 Harm Reduction Billing Guidance

We are pleased to share with you our latest resource, the [2025 Harm Reduction Billing Guidance document](#). This comprehensive reference sheet is designed to support your delivery of evidence-based, harm reduction services for individuals with Substance Use Disorder (SUD). The document includes:

- A detailed list of CPT codes, descriptions, and reimbursement details for services such as Medication-Assisted Treatment (MAT), behavioral therapies, peer support, harm reduction counseling, wound care, preventative medicine services, overdose prevention, and care coordination.
- Information on Place of Service (POS) codes, including both facility and non-facility rates.
- Guidance on behavioral health services, including psychiatric evaluations, psychotherapy, and group therapies.



Our goal is to empower you with the tools and information necessary to expand access to harm reduction and recovery-oriented care, ultimately enhancing health outcomes for individuals managing SUD. This resource aligns with best practices in patient-centered care and underscores the critical role of harm reduction in addressing the ongoing SUD crisis. If you have any questions or require further assistance, please do not hesitate to reach out.

Supporting Members with Substance Use Disorder

Delaware First Health (DFH), in collaboration with Wayspring, has launched a data-driven SUD Home Program that focuses exclusively on supplementing existing services, filling gaps in care, and meeting the complex physical, behavioral, and social needs of individuals with SUD.

About the Program

Wayspring utilizes a comprehensive and longitudinal approach to reduce common barriers that people often experience when seeking treatment for substance use disorder. It has established an integrated health care clinic where participating members can receive quick and easy access to primary care, behavioral health, and addiction treatment services delivered in-person and via telehealth by licensed Wayspring providers. Wayspring employs Delaware-based clinicians to create individualized care plans based on each member's unique needs and to help members find and stay in SUD treatment. Each member has a dedicated team, which works alongside participating treatment providers, to help coordinate care during critical transitions. The Wayspring team also facilitates connection to community and social supports like housing, transportation, and employment that are essential to reaching and sustaining long-term recovery. This program is covered by the health plan with no additional charges to DFH members.

Community Physicians and Providers

Wayspring partners with outpatient providers in the DFH network to connect its members to high-quality and easily accessible medical, behavioral health, and specialty care services. Representatives from Wayspring may contact you as a provider of these services to discuss how you will work together.

Inpatient Providers

Wayspring also works with inpatient and residential treatment providers serving DFH members with an SUD diagnosis. Wayspring will contact you to discuss establishing an arrangement where their team members provide support to your organization for discharge and aftercare planning as patients prepare to transition out of your care.

Wayspring Contacts:

- Referral Email: DEreferrals@wayspring.com
- Director of Member Operations: Briana Puckett, bpuckett@wayspring.com



New for 2025

Diabetes Prevention Program

"Research has shown that people with pre-diabetes who joined a structured lifestyle change program could cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old)." - CDC

Program Overview:

- CDC-led Lifestyle Change Program
 - A trained lifestyle coach
 - CDC-approved curriculum
 - Group support over the course of one year
- Focused on healthy eating and physical activity
- 26 sessions over a year
- **FREE YMCA membership** for 1st four months of the program (for members who enroll in DPP through the YMCA)

Program Referral Criteria:

- Age 18+
- Not pregnant
- Not previously diagnosed with Type 1 or Type 2 Diabetes
- BMI 25+ (23+ for Asian Americans)

How to Refer:

Providers are encouraged to refer members to the DPP program. Alternatively, members may self-refer.

- Provider referrals may be submitted via the [Provider Referral Link](#)
- Member-Initiated:
 - Members may self-refer via the [Self-Referral Registration Form](#)



For more information, please visit the [Value-Added Benefit page](#) of our website or call us at 1-877-236-1341

My Health Pays® Rewards



EARNING REWARDS FOR
HEALTHY ACTIVITIES.

It's all part of my plan.

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

Help Our Members Start Earning Rewards Today!

\$10 Member Portal Registration
Visit [DelawareFirstHealth.com](#), click "Login"

\$15 PCP Confirmation within 30 Days of Enrollment

\$20 Health Risk Assessment

One time reward

\$25 Child Well Visit

Ages 3-18. One Per Year

\$25 Adult Well Visit

Ages 18 and up. Once per year

\$15 Flu Vaccination

Ages 6 months up. Once per year

\$25 Breast Cancer Screening

Ages 40-74. Once every 2 years

\$30 Cervical Cancer Screening

Ages 21-64. Once every 3 years

\$20 Colo-rectal Cancer Screening

Ages 50-75. One time reward

\$20 Notification of Pregnancy

Once per year

\$50 Prenatal Visit within First Trimester or 42 days of enrollment

Once per pregnancy

\$20 Prenatal Visits. Reward requires three prenatal visits.

Reward requires 3 prenatal visits . Earn rewards after 3rd and 6th visits

\$20 Postpartum Visit

One per pregnancy. Must be completed 7-84 days after delivery

\$15 Retina Exam for Adults with Diabetes

Ages 18-75. One per year

\$25 Children's Asthma Controller Med Fill

Ages 0-18. Up to 6 rewards per calendar year

\$100 Infant Well Visits. Requires 3 visits or claims to receive reward.

0-15 months. Up to two rewards per lifetime.

\$25 Infant Well Visit

Ages 15-30 months. Up to 2 rewards per lifetime

\$25 Child Lead Screenings

9-18 months and 19-27 months. One reward available for each age range

\$20 Adult Annual Dental Visit

Ages 21 and up. Once per year

\$20 Diabetes HbA1c Test for Adults with Diabetes

Ages 18-75. Once per year

\$20 First Tobacco Cessation Medication Fill

Once per year

\$20 Behavioral Health Hospitalization Follow-up Visit

Once per year and within 30 days of hospitalization

\$20 Substance Use Disorder Residential Stay Follow-up Visit

Once per calendar year and within 30 days of discharge

\$15 Prenatal Tdap Vaccine

One per pregnancy

\$15 Prenatal RSV Vaccine

One per pregnancy



Members can learn more at [DelawareFirstHealth.com](#) or call

1-877-236-1341 (TTY:711)

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

✓ Engagement

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

✓ Loyalty

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

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

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

Provider Engagement & Loyalty Categories and Outreach Strategies

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

Higher Bonuses for Complete Documentation in the CoC Program

Delaware First Health (DFH) is increasing provider bonuses in 2025 for providers who submit complete documentation of all current conditions of members in the Continuity of Care (CoC) program. This enhancement underscores the critical role of thorough encounter documentation in supporting member care, improving health insights, ensuring accurate reimbursement, and maintaining compliance.

The CoC program is claims based and incentivizes providers for fully documenting the member-provider encounter. Thorough encounter documentation has many benefits including: improved member care, population insights, accurate payments, and regulatory compliance.

Accurate documentation of all current conditions identified in a provider-member encounter is fundamental to healthcare. Medical records form the basis for standardized coding, which informs a member's future care, billing, provider reimbursement, and compliance.



Supports Member Care:

A comprehensive record of all current conditions, including controlled or previously documented conditions, provides care teams with a full picture of a member's medical history. This ensures informed decision-making and seamless care coordination.

Ensures Proper Provider Reimbursement

Thorough documentation ensures accurate coding, which leads to proper and timely payment for services. Incomplete records can cause claim delays or denials, resulting in financial setbacks.

Enhances Health Insights and Quality Improvement

Documented codes drive population health initiatives and quality improvement efforts. Incomplete or inaccurate data can distort insights and weaken the effectiveness of healthcare programs.

Ensures Regulatory Compliance

Medical coding must align with guidelines from the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA). Inaccurate coding can lead to audits, penalties, and compliance risks.



DFH is committed to supporting comprehensive documentation and rewarding providers for their efforts. As part of this commitment, the CoC program offers higher financial incentives in 2025 for providers who fully document all current conditions for targeted members. Access more details in the [2025 CoC Program Guide](#).

WE ARE HERE TO HELP.

The CoC is a claims-based program that grants a financial incentive to provider organizations for fully documenting member-provider encounters. Contact your [provider engagement account](#) today to learn how you can maximize your participation and earn increased bonuses [manager](#) through the CoC program. You may also email: DE_ProviderEngagement@DelawareFirstHealth.com

IMPROVING PATIENT OUTCOMES BY IDENTIFYING AND ADDRESSING SOCIAL NEEDS

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



How can these needs be identified?

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



How can Delaware First Health help?

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

Members can seek help with:

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



How can you help Delaware First Health assist your patients?

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

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

Continued



IMPROVING PATIENT OUTCOMES BY IDENTIFYING AND ADDRESSING SOCIAL NEEDS



SDOH Community Resources

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

We continue to offer digital assistance to search for local community resources, additional programs and support at [Delaware First Health's Find Help site](#).

Additional important Delaware First Health contacts include:

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

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



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



Our collaborative efforts can help reduce SDOH barriers.

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

Closing Care Gaps for Measurement Year (MY) 2025

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

Supplemental Data

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

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

HEDIS Resources

- [HEDIS Adult Pocket Guide](#)
- [HEDIS Pediatric Pocket Guide](#)
- [HEDIS My 2025 Quick Reference Guide](#)

Access the essential tools to handle your administrative tasks while prioritizing your patients' health through the provider portal at delawarefirsthealth.com/forproviders. Coding tip sheets are also available to assist with clinical documentation of HEDIS measures.

Pay-For-Performance (P4P)

Objective

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

Member Attribution

Delaware First Health Members who have been formally assigned to a Provider TIN

Performance Incentive

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

Performance Target and Measurement Period

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

2025 Measures List	Target Percentile	Target Pays 100% of Incentive
Diabetes HbA1c < 8(GSD)	50th	\$35
Prenatal Visit (Timeliness) (PPC)	66.67th	\$50
Cervical Cancer Screening (CCS-E)	50th	\$25
Breast Cancer Screening (BCS-E)	50th	\$25
Colorectal Cancer Screening 51-75yrs (COL-E)	50th	\$25
Controlling High Blood Pressure (CBP)	33rd	\$25
Childhood Immunization Status Combo 10 (CIS-E)	50th	\$30
Adult Access to Preventative/ Visit (AAP)	50th	\$50
Immunizations for Adolescents Combo 2 (IMA-E)	50th	\$30
Child and Adolescent Well Visits (WCV)	50th	\$30
Asthma Medication Ratio 5-64yrs (AMR)	33rd	\$25

Payout and Reporting

- Three payouts per year
- Monthly reporting gaps in care
- Monthly performance scorecards
- Incentive Amount for Target Earned x Number Compliant = Bonus Earned
No bonus earned if minimum target is not achieved

A Few Reminders...

Interpreter Services

Providers must offer Interpretation Services in all languages, including American and Mexican Sign Language, at key contact points. This includes in-person interpreters upon request, 24/7 telephone, relay, or video remote interpreting, and other formats like real-time captioning, ensuring effective communication.

Interpreter services can be accessed by calling our call center at 1-877-236-1341.

You may also visit our [Language and Interpreter Services page](#) for more information.



**No
Balance
Billing**

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

Mainstreaming Provider Non-Discrimination

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



Report Fraud, Waste, and Abuse

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

Clinical and Payment Policy Updates

Delaware First Health reviews all clinical and payment policies at least annually. This review is done to ensure medical necessity review criteria is current and appropriate for members and the scope of the services. On a quarterly basis, prior to updates, clinical policies are reviewed and approved by Delaware First Health's Quality Improvement and Utilization Management Committee (QI/UMC).

The full list of policies are on the Clinical and Payment Policies section under Provider Resources.

Please reach out to your Provider Engagement Account Manager (PDF) with any questions.

Provider Changes - New and Existing Providers

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

Electronic Visit Verification

DMAP has extended the Electronic Visit Verification (EVV) **Go Live date to July 1, 2025.**

We are here to help! If you have questions related to the 7/1/25 Go-Live preparations or general concerns, please contact DFH Provider Engagement Account Manager, Beau Thompson at William.Thompson@DelawareFirstHealth.com



To help providers avoid authorization delays and claims denials related to newborn requests, we would like to remind you of the following processes and procedures:

Delivery Notifications

The Delivery Notification Form is utilized by providers to notify Delaware First Health (DFH) of a mother's delivery. This form is located on the DFH website under Provider Resources and MUST be completed within three (3) business days of the mother's discharge, faxed to 833-974-1203.

Please use the [Delivery Notification Form](#) to notify DFH of the mother's delivery.

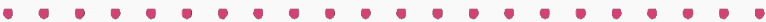
Please note that if an inpatient stay exceeds 48 hours for a vaginal delivery or 96 hours for cesarean delivery, a separate prior authorization request is required. This request MUST specify the length of stay outside of the global delivery timeframe, along with supporting clinical documentation. You may submit this request electronically through the DFH portal or fax it to 833-967-0502.

Please use the [Inpatient Prior Authorization Form](#) to complete this request as applicable.



Newborn Eligibility

All newborn inpatient requests will be reviewed for medical necessity up to 30 days after the newborn's birth date. If DFH eligibility cannot be confirmed prior to, or on Day 31 after the infant's birth date, the inpatient dates of service will be administratively denied for Day 31 and onward. Additional medical necessity reviews will be completed only per the DFH retro request process.



Retrospective Review Process

A Retrospective review is an initial review of services provided to a member, but for which Prior Authorization and/or timely notification to Delaware First Health was not obtained due to extenuating circumstances (i.e., the member was unconscious at presentation, the member did not have their Medicaid ID card or otherwise indicated Medicaid coverage, services authorized by another payer who subsequently determined member was not eligible at the time of service). The description of extenuating circumstances surrounding the untimely notification must be included in the request for the retro auth request to be processed. It is crucial that requests for retrospective review must be submitted promptly. A decision will be made within 30 calendar days following receipt of the request, not to exceed 90 calendar days from the date of service. Presumptive eligibility rules apply.



Office Wait Times

Providers must ensure that DFH members do not wait longer than one hour for their appointments. Delays may occur due to urgent cases or unexpected patient needs. If a delay exceeds 90 minutes, members must be promptly informed and offered a new appointment.

DFH monitors compliance with these standards on an annual basis and will use the results to ensure adequate appointment availability. Our goal is to ensure our members can access the care they need when they need it.

Annual CAHPS Survey

The CAHPS Health Plan Survey invites patients to share their healthcare experiences with you and their health plan. They answer questions about doctor communication, whether they felt heard, and if explanations were clear. It also includes inquiries about care coordination among providers and a 0-10 rating of their overall satisfaction with their healthcare, personal doctor, and specialists.



Member Grievances: What You Need to Know

Partnering to Enhance Member Satisfaction

Member grievances provide valuable insights into patient concerns—offering us an opportunity to improve the care experience. By proactively addressing common issues, providers can strengthen patient trust, streamline operations, and reduce complaints.

Common Member Grievances

- Appointment Scheduling & Wait Times – Long wait times or difficulty securing timely care.
- Billing & Coverage Concerns – Unexpected charges, denied claims, or confusion about benefits.
- Provider Communication – Patients feeling rushed, uninformed, or struggling to get questions answered.
- Customer Service Experience – Challenges reaching staff or resolving concerns efficiently.

How Providers Can Help

- ✓ Set Clear Expectations – Provide accurate wait times and appointment availability.
- ✓ Communicate Transparently – Take time to explain diagnoses, treatment plans, and next steps.
- ✓ Simplify Billing Conversations – Help patients understand their coverage and costs.
- ✓ Address Concerns Promptly – Train staff to handle complaints with empathy and direct issues to the right contacts.

We're Here to Support You!

Our goal is to work together to create a seamless experience for both providers and members. If you need guidance on handling grievances, contact DelawareFHGrievances@DelawareFirstHealth.com.

By working together, we can enhance patient satisfaction and strengthen relationships between members and providers.

Provider Engagement and Provider Services Contacts

Provider services is the first point of contact where you can receive real-time assistance for all of your service needs. The provider services department includes trained staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to member eligibility and benefits, claims status and general questions. Additionally, all participating providers have a dedicated Provider Engagement Account Manager (PEAM) available to address more complex needs outside of our call center. Find your assigned PEAM on our [Provider Engagement Account Manager Contacts \(PDF\)](#).

For general questions, you can also email:

DE_ProviderEngagement@delawarefirsthealth.com

Delaware First Health (DFH) follows the accessibility requirements set forth by applicable regulatory and credentialing agencies. The Delaware Medicaid program requires providers to meet appointment standards as set forth in the State's Quality Strategy (QS). Please refer to our Provider Manual for additional information. Also, please remind staff to comply with audits conducted by or on behalf of DFH relating to appointment standards as our goal is to ensure our members can access the care they need when they need it.

APPOINTMENT TYPE	SCHEDULING REQUIREMENT
PRIMARY CARE & OB/GYN	
Emergency Medical Condition	Same Day
Urgent Medical Condition	Within 2 Calendar Days
Routine Care	Not to Exceed 3 weeks
SPECIALISTS	
Urgent	Within 48 hours
Routine	Within 3 weeks
MATERNITY CARE	
First Trimester Care	Within 3 weeks of member request
Second Trimester Care	Within 7 calendar days of member request
Third Trimester Care	Within 3 calendar days of member request
High-Risk Pregnancies	Within 3 calendar days of identification of high-risk by DFH or maternity care provider; or immediately if an emergency exists
BEHAVIORAL HEALTH	
Routine	Outpatient (OP) services within 7 calendar days of request with non-prescribing clinician for an initial assessment. Non-emergency OP services within 3 weeks of request for prescribing clinician
Non-Life-Threatening Emergency	Within 1 hour of request, or direct member to crisis center/ER
Mobile Crisis	Immediate treatment for members experiencing a behavioral health (BH) crisis, including a mobile team based on the acuity of the member and not to exceed 1 hour from the request
OUTPATIENT SERVICES	
Follow-Up Outpatient Services	Within 2 business days for: <ul style="list-style-type: none"> • Members being discharged from an inpatient (IP) or residential setting to a community placement; and; • Members seen in an ER, or by a BH crisis provider for a BH condition.
Routine Outpatient Services	Within 7 calendar days of request with a non-prescribing clinician for an initial assessment
Non-Emergency Outpatient Services	Within 3 weeks of request of prescribing clinician services.

DON'T MISS THESE OPPORTUNITIES!

Our provider education team is dedicated to improving our partnership by providing initial and ongoing education through orientations, office visits, training, and updates. We have upcoming educational and training opportunities that are designed to improve our collaborative relationship and foster best practices to better serve our members. We encourage all our providers to visit our [website](#) for the current provider training schedule and to register for the training. Below is upcoming Medicaid educational and training opportunities for Q2 2025.

SKiLLS LOADiNG...



New Provider Orientation (Virtual)
Dates and Times
Thursday, May 22, 2025. 10:00am - 11:00am
Wednesday, June 25, 2025. 10:00am - 11:00am
Thursday, July 17, 2025. 2:00pm - 3:00pm
Tuesday, August 5, 2025. 3:00pm - 4:00pm

PAYSPAN - EFT/ERA Trainings
Dates and Times
Wednesday, May 21, 2025, 1:30pm - 3:00pm

Secure Provider Portal Training (Virtual)
Dates and Times
Thursday, May 22, 2025, 2:00pm - 3:30pm
Wednesday, June 11, 2025, 1:00pm - 2:30pm
Wednesday, July 16, 2025, 1:00pm - 2:30pm
Thursday, August 14, 2025, 11:00am - 12:30pm

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

Enhance Your Skills in Suicide Prevention

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



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

Why Take This Course?

- **Free and Accredited**

This course is available at no cost and offers **1 .50 continuing education credits** for physicians, nurses, and other members of the healthcare team.

- **On Demand Education**

Delivered virtually, this comprehensive course will strengthen your ability to identify at-risk individuals early on. Highlights include insight into suicide risk, assessment strategies, unique risk factors and populations to consider and guidance for directing appropriate levels of support.

- **Immeasurable Impact**

Help us save lives in the communities we serve.

How to Enroll

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

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

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

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



FREE ACCREDITED COURSES

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

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

PCSS has three entities that all support individual SUD topics:

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

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

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

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

Providers Clinical Support System Universities (PCSS-Universities)

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



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



Providers
Clinical Support
System



Opioid
Response
Network



FREE ACCREDITED COURSES

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



DFH Behavioral Health Clinical Provider Training

Topic	Dates and Times
Behavioral Health Screening Tools for Providers	Wednesday, May 14, 2025, 2:00pm – 5:00pm
DE Substance Related and Addictive Disorders, Module 7 (Opioids)	Tuesday, May 20, 2025, 12:00pm – 1:30pm
Screening, Brief Intervention, and Referral to Treatment	Thursday, May 29, 2025, 1:00pm – 3:30pm
Behavioral Health Screening Tools for Providers	Thursday, June 5, 2025, 11:00am – 2:00pm
Screening, Brief Intervention, and Referral to Treatment	Friday, June 13, 2025, 11:00am – 1:30pm
DE Substance Related and Addictive Disorders, Module 7 (Opioids)	Friday, June 13, 2025, 12:00pm – 1:30pm

Cultural Humility: Building Upon the Foundation of Cultural Humility

Dates and Times
Thursday, May 15, 2025, 1:00pm – 3:30pm
Tuesday, May 20, 2025, 11:00am – 1:30pm
Monday, June 2, 2025, 11:00am – 1:30pm
Tuesday, June 17, 2025, 3:00pm – 5:30pm
Thursday, July 3, 2025, 11:00am – 1:30pm

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



Providers
Clinical Support
System



Opioid
Response
Network

We're Always Here to Help!



Key Contacts

We're Always a Phone Call or Click Away

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



Stay Connected

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

Our Support Doesn't Stop There

Our provider website contains essential information, including member surveys, health equity resources, language services and resources, provider credentialing rights, the utilization management process, how to access care management services and other sources of support for you. Read more now on our [Providing Quality Care page](#).

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

