Home- and Community-Based Services (HCBS) Provider Education Forum

October 2020

Community HealthChoices | AmeriHealth Caritas Pennsylvania

Delivering the Next Generation of Health Care

Coverage by AmeriHealth First.

Before We Get Started

- Housekeeping:
  - Please mute your phone.
  - Ensure your camera is off.
  - Please use the “chat box” function for questions.
  - Questions will be answered at the end of the presentation.

- We want you to get credit for attending today’s forum!
  - Please visit https://www.surveymonkey.com/r/3ZZW5PZ to confirm your attendance and complete a short survey.
  - This link will also be shared at the end of today’s session.
  - We appreciate your valuable feedback!

- As a reminder, the information presented today is for *all* HCBS providers.
  - As we go through the presentation, we’ll point out anything that pertains only to a certain provider type.
  - We strongly encourage you to stay through the entire presentation today!

What We Are Going to Cover Today

- Service Coordination.
- Quality Management.
- Provider Services.
- Claims and Billing.
- Fraud, Waste and Abuse.

This presentation will be available soon on our website:

www.amerihealthcaritaschc.com → Providers → Training → October 2020 Provider Forum.

Service Coordination

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Service Coordination

- AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) **facilitates and coordinates** Participants' access to all necessary covered services including Medicaid, Medicare, Behavioral Health, and other services.
- Seamless and continuous coordination and data sharing **across a continuum of services** for the Participant with a focus on improving healthcare outcomes and independent living.
- These activities are part of **Person-Centered Service Planning** (PCSP) and PCSP implementation process for Participants who have a PCSP.
- This is accomplished through **Service Coordinators**.

Service Planning and Coordination

The Service Coordinators' role is personal and includes face-to-face contact, to help Participants navigate the system and coordinate their care. They are a single point of contact for Participants with a primary function of providing information, facilitating access, locating, coordinating and monitoring needed services and supports for Long-Term Services and Supports (LTSS) Participants.

Service Coordinators are responsible to inform Participants about:

- Available LTSS benefits.
- Required needs assessments.
- Participant-centered service planning process.*
- Service alternatives.
- Service delivery options including opportunities for Participant self-direction.
- Roles, rights including Department of Human Services (DHS) Fair Hearing rights, risks and responsibilities, and to assist with fair hearing requests when needed and requested.

***Person-centered planning and self-direction are key foundations of LTSS**.*

Provider Role in Service Planning

- Front line staff are our “eyes and ears” regarding Participant well-being. Notifying the Service Coordinator when there is a change in condition, hospital admission, or change in caregiver status (trigger events) is crucial.

- Providers assist in identifying the subtle changes in the Participant’s physical health, mental health, and/or environment that could negatively impact the Participant’s care and quality of life.

- Communicating those subtle changes to the Service Coordinator will assist in getting the Participant the service and/or support needed and could prevent an admission to the hospital or nursing facility.

- The Plan strongly encourages providers to participate in the Person-Centered Planning Team (PCPT) meetings.

Communicating with Service Coordinators

- Providers should establish a relationship with the Service Coordinator, communicating by phone and email.
- Providers should inform the Service Coordinator about any trigger events, concerns about service level, cancelled shifts initiated by the Participant, or care concerns the provider is noticing.
- Providers should use the escalation mailbox* only when they are unsuccessful reaching the assigned Service Coordinator, or if there are “bulk” authorization correction needs. *AuthEscalation@amerihealthcaritas.com
- Providers need to communicate with the assigned Service Coordinator to establish who is going to take responsibility for entering the Critical Incident Report (as appropriate) via the Department’s Enterprise Incident Management (EIM) System.**
- Missed shift information must be entered accurately and following HHAeXchange reporting requirements so that the Service Coordinator can act upon the information received.

*** Critical incident reporting will be reviewed in more detail by the Quality team. Remember, it is mandatory that the individual or entity that discovers or has first-hand knowledge of a Critical Incident, report it.*

Missed Shift Reporting

Please use correct reason codes for reporting missed shifts:

- AR: Participant refused services.
- HU: Unplanned hospitalizations only.
- UN: Agency unable to staff shift.
- IS: COVID-19 - Participant refused services, informal supports provided.
- SI: COVID-19 - Participant refused services, self-isolating.
- FA: Participant is in the hospital or nursing facility due to COVID-19.
- TX: Worker was switched to cover another case due to COVID-19.
- CV: Any other missed visit due to COVID-19 reasons not listed above.

Additional details are required, regardless of the reason code: provider comments should succinctly describe the circumstances of the missed shift.

If Health/Safety Risk = YES: the identified health or safety risk should be described in additional details.

No missed shifts should be reported if there is no active service authorization for these dates.

Prior Authorization

All Long-term services and support (LTSS) services require prior authorization.

- The Service Coordinator is responsible for authorizing a Participant's LTSS services.
  - Refer to the LTSS section of the provider manual for a complete list of LTSS services.
- For prior authorization of **LTSS services**, contact the Participant's Service Coordinator**.** Homecare providers can also direct message us through HHAeXchange.
- For prior authorization of **medical services**, contact our medical Utilization Management (UM) department at **1-800-521-6622.**

The provider manual can be found on our website: www.amerihealthcaritaschc.com → Providers → Provider manual and forms.

Quality Management

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Quality of Care

- The World Health Organization (WHO) defines Quality of Care as “the extent to which health care services provided to individuals and patient populations improve desired health outcomes.” (World Health Organization 2018).

- This is accomplished through the safe delivery of patient centered care that is coordinated through Health Plans, Care and Service Care Providers, Participants, and Community Programs.

- Goal is to improve Participant outcomes through:
  - Continuity of care.
  - Care coordination.
  - Access to care.
  - Decreased disparity in healthcare.
  - Disease management.
  - Decrease in medical errors.
  - Improved overall health outcomes.
  - Participant satisfaction with health care delivery.

Participant Quality of Care

- Our goal at AmeriHealth Caritas PA CHC is for our Participants to receive the best quality of care from our network Providers.

- This is accomplished through measured quality activities that include:
  - Systematic review of health service utilization performance.
  - Medical record audits.
  - Participant experience surveys (**CAHPS®:** Consumer Assessment of Healthcare Providers and Systems).
  - Measurements /standards (**HEDIS®**: Healthcare Effectiveness Data and Information Set).
  - Clinical case reviews.

- We post our **Quality Improvement (QI) Program Evaluation** annually on our website at: **http://www.amerihealthcaritaschc.com.**

Quality of Care Review Process

- When a quality of care concern is identified, it triggers a series of events that are designed to help find the root cause of the incident. We work with the goal of safety for our Participants.

- Quality of Care cases are assigned to a Quality Specialist who will:
  - Document incident in data base.
  - Investigate circumstances surrounding incident.
  - Make recommendations for:
    - Provider re-education.
    - Process improvement.
    - Corrective action plan for serious or repetitive incidents.

- Medical Director will determine the final decision for each case.

- Our goal is to help Providers make process improvements that are necessary to provide our Participants with the best possible quality of care.

Enterprise Incident Management (EIM)

Enterprise Incident Management (EIM) is a comprehensive, web-based incident and complaint reporting system that will provide the capability to record and review incidents for Office of Long Term Living (OLTL) program participants. EIM will also provide OLTL with the capability to record and review Participant complaints and link them to incidents as needed.

Providers will use EIM to:

- Record incidents.
- Investigate incidents.
- Track and trend incident data for quality improvement activities.

OLTL will continue to use Home and Community Services Information System (HCSIS), as they do today, for Participant, provider, plan and case management. EIM integrates with HCSIS to gather individual and provider information for use in incident reports.

Training materials for EIM may be found in HCSIS under the Learning Management System (LMS) tab at: https://www.hcsis.state.pa.us

Critical Incident Reporting

Network Providers and Subcontractors must report critical incidents via the Department's Enterprise Incident Management (EIM) System, as well as inform the Participant's Service Coordinator.

- The first section needs to be entered into EIM and submitted within 48 hours from the discovery date.
- The final section needs to be completed and submitted prior to day 30 from the discovery date to allow time to complete the Managed Care Organization (MCO) management review and submit on or before day 30 in accordance with timeframes set forth by OLTL.

Network Providers and Subcontractors working with CHC Participants EIM Access:

- Use the same User ID for all CHC Participants no matter what MCO they are enrolled with.
- Reach out to the HCSIS helpdesk at **1-866-444-1264** for EIM system access if don't already have it.
- Need the "Search for CHC Participants" checkbox in order to search for CHC Participants.
  - Contact the HCSIS helpdesk for assistance to add this checkbox if needed.
- Need to use the Participant's Medicaid ID (MCI) or Social Security Number (SSN) when entering the Identifier Type to search a Participant. This can be obtained from the Participant.
- If any questions contact the CI mailbox at: **CHCCriticalIncident@amerihealthcaritas.com**.

Critical Incident Reporting (continued)

AmeriHealth Caritas PA CHC must investigate critical events or incidents reported by Network Providers and Subcontractors and report the outcomes of these investigations.

Suspected Abuse, Neglect, and Exploitation should be verbally reported by calling the Protective Services Hotline at **1-800-490-8505.**

The following are critical incidents that must be reported:

- Death (other than by natural causes).
- Serious injury resulting in emergency room visits, hospitalizations, or death.
- Hospitalization (unplanned).
- Provider or staff misconduct, including deliberate, willful, unlawful, or dishonest activities.
- Abuse, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, or sexual abuse of a Participant, including:
  - Physical abuse.
  - Psychological abuse.
  - Sexual abuse.
  - Verbal abuse.

Critical Incident Reporting (continued)

- Neglect, which includes the failure to provide a Participant the reasonable care that he/she requires, including, but not limited to, food, clothing, shelter, medical care, personal hygiene, and protection from harm.

- Exploitation, which includes the act of depriving, defrauding, or otherwise obtaining the personal property from a Participant in an unjust, or cruel manner, against one's will, or without one's consent, or knowledge for the benefit of self or others.

- Restraint, which includes any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual's body.

- Service interruption, which includes any event that results in the Participant's inability to receive services that places his or her health and or safety at risk. This includes involuntary termination by the provider agency, and failure of the Participant's back-up plan.

- Medication errors resulting in hospitalization, an emergency room visit or other medical intervention.

Cultural Competency

- Title III of the American with Disabilities Act (ADA) states that public accommodations, including healthcare provider sites must comply with basic non-discrimination requirements that prohibit exclusion, segregation, and unequal treatment of any person with a disability.
- Racial, ethnic, linguistic, gender, sexual orientation, gender identity and culture must not present barriers to Participants' access to and receipt of quality services.
- Providers should demonstrate willingness and the ability to make necessary accommodations in providing services, to employ appropriate language and language preference when referring to and speaking with people with disabilities, and to understand communication, transportation, scheduling, structural, and attitudinal barriers to accessing services.

Cultural Competency (continued)

Department of Human Services (DHS) defines Cultural Competency as:

The ability of individuals to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of healthcare delivery to diverse populations.

Communication is the first step in establishing a physician-patient relationship.

If a Participant requires or requests translation services because they are either non-English or limited English speaking, have a preferred language, or the Participant has some other sensory impairment, the provider has a responsibility to make arrangement to procure translation services for those Participants, and to facilitate the provision of health care services.

Providers who are unable to arrange for translation services should contact Participant Services at **1-855-235-5115; TTY/TDD 1-855-235-5112** 24 hours a day, 7 days a week.

Cultural Competency Resources and Training

- AmeriHealth Caritas PA CHC understands how important trust and a positive relationship between a patient and their health care provider can be to reducing barriers to care.
- With an aim to increase sensitivity, awareness, and knowledge, and to help decrease potential disparities, we offer opportunities to receive free Continuing Medical Education (CME) credits for ongoing cultural competency training on our website.
  - Please check often for updated resources and trainings at: http://www.amerihealthcaritaschc.com/provider/training/cultural-competence.aspx.
- **New!** For individuals in the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community, encountering discrimination and societal stigma increases the risk of poor physical and mental health outcomes. We are pleased to offer numerous resources and trainings specific to the health care needs of the sexual orientation and gender identity (SOGI) minority population.
  - Access this important information at: http://www.amerihealthcaritaschc.com/provider/training/lgbtq-cultural-competence.aspx.

Provider Services

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Addressing Provider Issues

- Provider issues will be addressed initially by the Provider Service's phone unit.
- All issues not resolved at this level will be referred to your designated Provider Account Executive.
- Provider Services can be reached at **1-800-521-6007.**

Provider Services

Our Provider Services Department operates in conjunction with the Provider Network Management Department, answering Network Provider concerns, and offering assistance to help ensure Network Providers receive the highest level of service available.

- Phone **1-800-521-6007,** 24 hours/7 days a week.
  - Please have your Plan assigned provider ID number ready for ease of identification.
- Call Provider Services to:
  - Inquire about claims, including reprocessing of claims.
  - Request forms or literature.
  - Policy and procedure questions.
  - Report Participant non-compliance.
  - Obtain the name of your Provider Account Executive.

Provider Network Management

Provider Network Management responsibilities include:

- ✓ Building and maintaining a robust network.
- ✓ Contracting with providers.
- ✓ Ensuring that our network covers the full range of covered benefits in an accessible manner for Participants.

In order to meet these responsibilities, AmeriHealth Caritas PA CHC assigns a Provider **Account Executive** to your office to provide on-site education, issue resolution, and assistance with credentialing.

Secure Provider Portal

NaviNet is an easy-to-use, free, web-based solution that links providers to AmeriHealth Caritas Pennsylvania Community HealthChoices. NaviNet delivers:

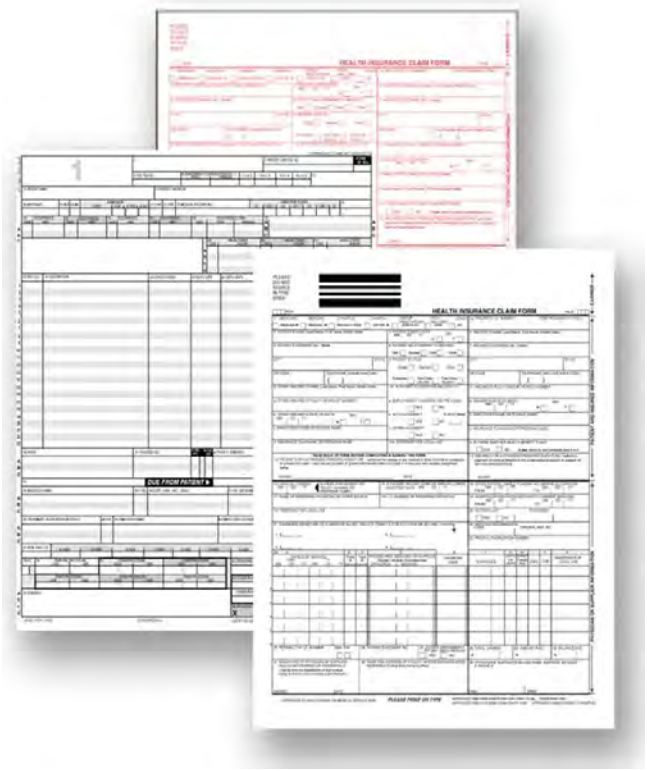
- Secure provider web portal access.
- Increased efficiency for streamlining business processes.
- Reliable access to real-time, paperless transactions.

Log on to **www.navinet.net** to register for free, fast and easy to use access to:

- Approved authorizations.
- Claim status/Claim investigation/Claim Status Summary Report.
- Enhanced eligibility verification including eligibility history.
- Easy links to provider and Participant materials and resources.

If you are not yet registered, sign up now for your NaviNet account!

Claims and Billing



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Verifying Eligibility

Important: Providers are responsible to check eligibility, at a minimum, monthly.

1. PROMISe™

- Go to http://promise.dpw.state.pa.us/ and click on PROMISe Online.
- HIPAA compliant PROMISe software (Provider Electronic Solutions Software) is available free-of-charge.
  - Download from the OMAP PROMISe website at: https://promise.dpw.state.pa.us/ePROM/_ProviderSoftware/softwareDownloadForm.asp?m=1.

2. Pennsylvania Eligibility Verification System (EVS): 1-800-766-5387, 24 hours/7 days a week.

- If a Participant presents to a Provider's office and states he/she is a Medical Assistance recipient, but does not have a PA ACCESS card, eligibility can still be obtained by using the Participant's date of birth (DOB) and Social Security number (SSN) when the call is placed to EVS.
- The plastic "Pennsylvania ACCESS Card" has a magnetic strip designed for swiping through a point-of-sale (POS) device to access eligibility information through EVS.

3. NaviNet: www.navinet.net

- Free, web-based application provides real-time current and past eligibility status and eliminates the need for phone calls to the Plan.

4. AmeriHealth Caritas PA CHC Automated Eligibility Hotline: 1-800-521-6007

- Provides immediate real-time eligibility status with no holding to speak to a representative.
- Call the Automated Eligibility Hotline 24 hours/7 days a week.

Encounter Data Reporting

- Encounters are defined as “an interaction between an individual and the health care system”.

- Encounters, regardless of compensation method must result in the creation and submission of an encounter record to the Plan via CMS-1500 or 837 format.

- Encounter submission is critical for:
  - ✓ Data that the Plan reports to Department of Human Services (DHS).
  - ✓ Providing reimbursement for services covered above capitation (if applicable).
  - ✓ Gathering statistical information regarding medical services provided to Participants.
  - ✓ Assisting us in identifying the severity of illnesses of our Participants.

Claims/billing information and the claims filing guide can be found on our website:

www.amerihealthcaritaschc.com → Providers → Claims and billing.

Claims Filing Timeframes

Claim Type	Filing Timeframes
Original claims	180 days from the date of service
Resubmission of denied claims	365 days from the date of service
Claims involving third party liability	60 days of the date of the primary insurer's explanation of benefits (EOB)

The Plan will not grant exceptions to the claim filing timeframes. Failure to comply with these timeframes will result in the denial of all claims filed after the filing deadline. Late claims paid in error shall not serve as a waiver of the Plan's right to deny any future claims that are filed after the deadlines or as a waiver of the Plan's right to retract payments for any claims paid in error.

Claim Resubmissions

Electronic submission

Corrected (profession and institutional) claims can be submitted via EDI.

- Resubmit within 365 days of the date of service.

Mail submission

- Mark claim as “Corrected Claim” using **black** ink.
- Mail to claims address with “Corrected Claim” clearly marked on outside of envelope.
- Resubmit within 365 days of the date of service.
- Do not mix corrected claims with new submissions.

Rejected claims definition:

Claims with missing or invalid data elements that do not pass the pre-processing edits are not required to be registered in our claims processing system.

Denied claims definition:

Claims processed through the pre-processing edits and accepted for adjudication but denied for missing or invalid information not billed in accordance to the health plan’s guidelines for proper reimbursement.

Reminder: Providers who use HHAeXchange for billing should follow HHAeXchange billing processes.

Coordination of Benefits (COB)

- **Medicaid** is always the **payer of last resort**.

- May be submitted in both paper and electronic formats.

- Submit claims involving COB within 60 days of receipt of primary carrier's remittance with the following:
  - Claim form.
  - Primary carrier's EOB or denial notification (dates and dollars must match).

- Primary Insurer
  - Must follow requirements for both plans.

Third Party Liability (TPL)

Sources of TPL

- State file feeds.
- Vendor file feeds.

Manual entry (TPL associates)

- Participant identified.
- Provider identified.
- Internal department identified.

What to do if a TPL denial is received:

- Valid denial (the Plan is not the primary payer).
  - Resubmit claim with EOB electronically or via paper claim.
- Invalid denial (Participant does not have other insurance).
  - Resubmit claim with EOB or denial letter.
  - Call Provider Services to report.
  - Instruct Participant to call and update TPL.

Claims Disputes

Claims disputes include claim denials, payments the Network Provider feels were made in error by the Plan, or involve a larger volume of claims that cannot easily be handled by phone.

Network Providers must submit claims disputes to the Plan within 365 days from the date of service, or the date compensable items were provided, with a written explanation of the error to:

AmeriHealth Caritas PA CHC
Claims Disputes
P.O. Box 7110
London, KY 40742-7146

For accurate and timely resolution of issues, Network Providers should include the following information:

- Provider name.
- Provider number.
- Tax ID number.
- Number of claims involved.
- Claim numbers, as well as a sample of the claim(s).
- A description of the denial issue.

Electronic Billing

Electronic Data Interchange (EDI)

- Our EDI payer ID number is **77062**.
- To be set up to bill electronically:
  - Call Change Healthcare at **1-800-845-6592;** or
  - Enroll online at www.changehealthcare.com**.**

Additional Billing Solutions

Change Healthcare *Provider WebConnect* – Direct Claim Entry

Provider WebConnect is a **free**, direct claim entry function through AmeriHealth Caritas PA CHC's clearinghouse, Change Healthcare.

This service:

- Assists small to medium sized practices in reducing costs while improving your overall office workflow.
- Enables your practice to manually enter CMS-1500 claims data that will be electronically submitted to AmeriHealth Caritas PA CHC.

For more information go to www.changehealthcare.com or call Change Healthcare at **1-800-845-6592.**

HHAeXchange

- One **free** system for **homecare providers** to:
  - Receive authorizations.
  - Communicate with the health plan.
  - Perform/transfer EVV.
  - Submit claims.
  - Missed shift reporting.

For more information, contact HHAeXchange at **1-718-407-4633** or by email at support@hhaexchange.com.

For additional information, you can also visit our website at www.amerihealthcaritaschc.com.

Electronic Funds Transfer (EFT)

- Simplifies the payment process by:
  - ✓ Providing fast, easy and secure payments.
  - ✓ Reducing paper.
  - ✓ Eliminates checks lost in the mail.
  - ✓ Not requiring you to change your preferred banking partner.

- Through **Change Healthcare and ECHO Health, Inc.** providers are offered additional electronic payment methods, including:
  - ✓ Virtual Credit Card (VCC) services.
  - ✓ MedPay.

- For complete information, including enrollment guide, quick reference guide and FAQ, go to our website:
  https://www.amerihealthcaritaschc.com/provider/claims-billing/electronic.aspx.

- If you previously enrolled in EFT through Change Healthcare, you have been automatically enrolled with ECHO Health.

- If you are not enrolled for EFT:
  - ✓ By default, you will receive payment via VCC.
  - ✓ Contact ECHO Health at **1-888-834-3511** to enroll or with questions.

Electronic Remittance Advice (ERA)

- AmeriHealth Caritas PA CHC offers ERAs (also referred to as an 835 file) through Change Healthcare and ECHO Health.
- View your remittances online in the ECHO Health provider payments portal, which features enhanced search capabilities.
- To receive ERAs from Change Healthcare and ECHO, you will need to include both the AmeriHealth Caritas PA CHC payer ID **77062** and the ECHO payer ID **58379**.
- For additional ERA information, including quick reference guide and FAQ, go to our website: https://www.amerihealthcaritaschc.com/provider/claims-billing/electronic.aspx.
- For ERA enrollment support please contact ECHO Health at **1-888-834-3511**.

Note: Providers that use HHAeXchange for billing and wish to receive ERAs in the HHAeXchange portal, please contact their support team at **1-800-845-6592** to sign up.

Fraud, Waste, Abuse, and Mandatory Screening Information

AmeriHealth Caritas PA CHC receives State and Federal funding for payment of services provided to our Participants. In accepting claims payment from our Plans, providers are receiving State and Federal program funds, and are therefore subject to all applicable Federal and/or State laws and regulations relating to this program. Violations of these laws and regulations may be considered fraud* or abuse against the Medical Assistance program. Compliance with Federal laws and regulations is a priority of AmeriHealth Caritas PA CHC.

Reminders:

- **Complete** the Fraud, Waste, and Abuse training and attestation annually.
- **Screen** employees and contractors, both individuals and entities, for participation exclusion from the Medicare, Medicaid or any other federal health care program
- **Report** fraud, waste or abuse concerns and incidents immediately.

*An example of provider fraud is billing for services not rendered or not Medically Necessary, such as billing for personal assistance services while a Participant is in an inpatient setting.

For up-to-date Fraud, Waste, and Abuse information on our website, go to: **http://www.amerihealthcaritaschc.com/provider/claims-billing/fwa.aspx**.

Reporting and Preventing Fraud, Waste, and Abuse

If you, or any entity with which you contract to provide health care services on behalf of our Participants, become concerned about or identifies potential fraud, waste or abuse, **please contact us in any of the following ways**:

- Toll-free Fraud, Waste, and Abuse Hotline: **1-866-833-9718**
- E-mail: FraudTip@amerihealthcaritaschc.com
- Mail a written statement to Special Investigations Unit, AmeriHealth Caritas PA CHC, 200 Stevens Drive, Philadelphia, PA, 19113.

How to report fraud, waste, and/or abuse to the Commonwealth:

- Phone: **1-844-DHS-TIPS** or **1-844-347-8477** | Fax: **1-717-214-1200** Attn: OMAP Provider
- Online: www.dhs.pa.gov
- Mail: Bureau of Program Integrity, OMAP Provider Compliance Hotline, PO Box 2675, Harrisburg, PA 17105-2675

Resources

- **State Community HealthChoices web page**: http://www.healthchoices.pa.gov/info/about/community/index.htm.

- **DHS ListServ** - DHS email updates with important CHC information:
  - http://listserv.dpw.state.pa.us/Scripts/wa.exe?SUBED1=oltl-community-healthchoices&A=1.
  - You will receive an email message with a confirmation code will be sent to the address you specify.
  - Simply wait for this message to arrive, then follow the instructions to confirm your subscription.

- **Pennsylvania Department of Aging**: http://www.aging.pa.gov/publications/alzheimers-related-disorders/Pages/default.aspx.

- **Suspect elder abuse or abuse of an adult with a disability?** http://www.dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices/.

- **PA Medicaid Fraud Control Act:** *The Pennsylvania Fraud and Abuse Controls, 62 P.S. §§ 1407, 1408.*

- **AmeriHealth Caritas Pennsylvania Community HealthChoices website**: https://www.amerihealthcaritaschc.com.

Resources (continued)

Alzheimer's and Dementia Resources
National Alzheimer's and Dementia Resource Center: https://nadrc.acl.gov
2018 NADRC: Education Resources for Persons Living With Dementia and Family Caregivers: https://nadrc.acl.gov/node/154
2018 NADRC: Handbook for Helping People Living Alone With Dementia Who Have No Known Support: https://nadrc.acl.gov/node/157
National Institute on Aging: https://order.nia.nih.gov/view-all-alzhemer-pubs
Healthy Aging program and resources: https://www.cdc.gov/aging/index.html
Alzheimer's disease and healthy aging: https://www.cdc.gov/aging/aginginfo/alzheimers.htm
Alzheimer's Association — Greater Pennsylvania Chapter: https://www.alz.org/pa 24/7 HELPLINE from the Alzheimer's Association: **1-800-272-3900**
Locate a caregiver support group in your area: https://www.alz.org/local_resources/find_your_local_chapter

Questions?

Email us at:

ProviderCommunicationsCHC@amerihealthcaritas.com

Our website:

www.amerihealthcaritaschc.com

Thank you!

Before we end, please confirm your attendance by visiting https://www.surveymonkey.com/r/3ZZW5PZ to confirm your attendance and complete a short survey.

We need and appreciate your feedback!