AmeriHealth Caritas

Family of Pennsylvania Health Plans

To: **AmeriHealth Caritas Pennsylvania (PA) / AmeriHealth Caritas PA Community HealthChoices (CHC)/ AmeriHealth Caritas VIP Care Primary Care Practitioners (PCPs)**

Date: **May 27, 2026**

Re: **Introducing daily patient hospital encounter notification**

One of **AmeriHealth Caritas PA / AmeriHealth Caritas PA CHC/ AmeriHealth Caritas VIP Care's (hereinafter known as "the Plan")** long-term goals is to develop targeted strategies to reduce potentially avoidable emergency department visits and hospitalizations, including avoidable initial admissions and potentially preventable readmissions.

We recognize that you are often not aware when one of your patients has either visited the emergency room or been admitted/discharged from the hospital. Unfortunately, the longer it takes for you to find out, the less likely the follow-up care will have an impact on avoiding readmission.

We are pleased to announce that starting May 14, 2026, we began sending a daily fax notification identifying your patients who have either:

- Visited the emergency room
- Been admitted
- Been discharged
- Been transferred

Each confidential fax notice (see the attached sample) will have the following data elements:

- Patient name, Plan ID number and birth date
- Patient contact information, including address and phone number
- Facility name
- Date and time of visit
- Case Management program High Risk indicator, if applicable

What action can you take?

- Emergency room visit- contact the Member/Participant to schedule a follow-up appointment.
- Admission/discharge - contact the Member/Participant to schedule a follow-up appointment during the recommended 7-14 day period after discharge.
- A request to encourage the Member/Participant to become part of our Care Management program (when indicated or appropriate).

As their trusted clinician, your role is invaluable to preventing avoidable visits to the emergency room and hospital readmissions by answering questions, providing advice, and making sure clinical conditions remain stable.

How we can help you:
If you need assistance in contacting or scheduling a follow-up appointment with the Member/Participant, please call our Rapid Response Outreach Teams at **1-800-573-4100.**

Thank you for your participation in our network and for your continued commitment to the care of our Members and Participants. If you have any questions or would prefer to receive your daily report via email, please contact your Provider Account Executive.

AmeriHealth Caritas

Family of Pennsylvania Health Plans

www.amerihealthcaritaspa.com | www.amerihealthcaritaschc.com | www.amerihealthcaritasvipcare.com

Facsimile Transmittal

To:	GROUP NAME	**From:**	AmeriHealth Caritas
Fax:	FAX NUMBER	**Pages**	Multiple
RE:	HOSPITAL ENCOUNTER NOTIFICATION	**Date:**	5/14/2026

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply

Comments:

****IMPORTANT PATIENT INFORMATION****

AmeriHealth Caritas

Family of Pennsylvania Health Plans

www.amerihealthcaritaspa.com | www.amerihealthcaritaschc.com | www.amerihealthcaritasvipcare.com

Facsimile Transmittal

To:	GROUP NAME	**From:**	AmeriHealth Caritas
Fax:	FAX NUMBER	**Pages:**	Multiple
Phone:	PHONE NUMBER	**Date:**	5/14/2026

Please be advised that the following member(s) assigned to your practice recently visited a hospital facility for services. See below for details:

Patients with a "YES" in the high risk column may benefit from becoming part of the AmeriHealth Caritas Family of Health Plans' Case Management program. Please encourage them to call 1-855-300-8334 and ask for a Care Manager who can help coordinate their health care needs.

Alert Type	Event Type	Member Name Birth Date Member ID	Member Address Member City, State, Zip Member Phone	PCP Name Facility Name Date/Time	High Risk	Plan
ER	**DISCHARGE**	Member Name Member DOB Member ID	Member Address City, State Zip Phone	PCP NAME FACILITY NAME Date/Time		**ACPA**
ER	**ADMIT**	Member Name Member DOB Member ID	Member Address City, State Zip Phone	PCP NAME FACILITY NAME Date/Time	**YES**	**ACPA CHC**
IP	**ADMIT**	Member Name Member DOB Member ID	Member Address City, State Zip Phone	PCP NAME FACILITY NAME Date/Time		**ACPA VIP**
IP	**DISCHARGE**	Member Name Member DOB Member ID	Member Address City, State Zip Phone	PCP NAME FACILITY NAME Date/Time		**ACPA**

AmeriHealth Caritas

Family of Pennsylvania Health Plans

www.amerihealthcaritaspa.com | www.amerihealthcaritaschc.com | www.amerihealthcaritasvipcare.com

Facsimile Transmittal

To:	GROUP NAME	**From:**	AmeriHealth Caritas
Fax:	FAX NUMBER	**Pages:**	Multiple
Phone:	PHONE NUMBER	**Date:**	5/14/2026

Please be advised that the following member(s) assigned to your practice recently visited a hospital facility for services. See below for details:

Patients with a "YES" in the high risk column may benefit from becoming part of the AmeriHealth Caritas Family of Health Plans' Case Management program. Please encourage them to call 1-855-300-8334 and ask for a Care Manager who can help coordinate their health care needs.

Alert Type	Event Type	Member Name Birth Date Member ID	Member Address Member City, State, Zip Member Phone	PCP Name Facility Name Date/Time	High Risk	Plan
ER	**DISCHARGE**	Member Name Member DOB Member ID	Member Address City, State, Zip Phone	PCP NAME FACILITY NAME Date Time		**ACPA CHC**

END OF RECORDS

ER: Please contact the member at the address and/or phone number listed above to schedule a follow-up appointment.

Admit/Discharge: Please contact the members at the address and/or phone number listed above to schedule a follow-up appointment after discharge during the recommended 7-14 day time period.

IMPORTANT: We are here to help! If you need our assistance in contacting or scheduling a follow-up appointment with the member please LET US KNOW and call our Rapid Response Outreach Team at 1-855-300-8334.

AmeriHealth Caritas
Family of Pennsylvania Health Plans

Patients with a "YES" in the high risk column may benefit from becoming part of the AmeriHealth Caritas Family of Health Plans' Case Management program. Please encourage them to call 1-800-573-4100 and ask for a Care Manager who can help coordinate their health care needs.

IMPORTANT: We are here to help! If you need our assistance in contacting or scheduling a follow-up appointment with the member please LET US KNOW and call our Rapid Response Outreach Team at 1-855-300-8334.

Thank you,

The AmeriHealth Caritas Family of Health Plans

CONFIDENTIALITY STATEMENT: The documents accompanying this transmission contain confidential health information that is legally protected. This information is intended only for the use of the individuals or entities listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.