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# Message From the Market

## Chief Medical Officer

The Department of Health Care Finance recently announced that it intends to award AmeriHealth Caritas one of the District's three managed care contracts. Upon approval by the Council of the District of Columbia, the new contract will take effect October 1, 2017. We are pleased to be able to continue serving District residents, and we want to extend heartfelt thanks to you, our provider partners, for delivering high-quality care to more than 100,000 District residents. Thank you!

The start of the summer season means the end of the school year and more free time for the youth of our community. Establishing and maintaining open communication is critical in helping your patients, our members. In this issue of Connections, we have gathered tips for engaging them on various topics. We include things to keep in mind to help transgender youth feel more comfortable in clinical settings. With the break in routine during the summer months, we recognize that youth in our community are especially vulnerable to exposure to violence, housing instability, and food insecurity. Please see our articles on screening your patients to identify issues related to homelessness and hunger. Remember that our team of nurse Care Managers and social workers can assist AmeriHealth Caritas District of Columbia (DC) members with their non-medical needs. Please "Let Us Know" when a patient could use some help overcoming challenges resulting from social determinants of health.

Mothers in our community may find it particularly difficult to maintain healthy routines during this time. Our meal delivery program offered through Mom's Meals helps bring nourishing meals to qualified members. And we encourage you to remind expecting and new moms of the importance of oral health, for themselves and their children.

Please feel free to share this issue of Connections with your staff and colleagues. For more information and other resources, please visit [www.amerihhealthcaritasdc.com](http://www.amerihhealthcaritasdc.com).

**Thank you for your continued service to our members!**



Dr. Lavdena Orr  
Market Chief Medical Officer  
AmeriHealth Caritas DC



# Food Insecurity

Food insecurity is limited or uncertain access to enough food. It is a critical child health issue that impacts children and families in all communities. Unfortunately, one in six U.S. children lives in a food-insecure household. Children who live in households that are food insecure, even at the least severe levels of food insecurity, are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently.

As a result of these findings, AmeriHealth Caritas DC aims to educate its staff and providers on how to accurately identify food insecurity issues by screening at scheduled checkups or at each member encounter, using a universal screening tool that follows American Academy of Pediatrics (AAP) recommendations.

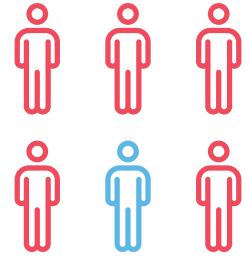
Health care professionals must also understand the vulnerability that accompanies food insecurity and display appropriate sensitivity when screening members to avoid shame and encourage members to engage in open and honest dialogue.

AAP recommends providers ask specific screening questions to identify hunger vital signs, including asking patients to specifically identify and scale their food insecurity concerns over the past 12 months. The questions are designed to identify food insecurity and its connection to economic uncertainty over a 12-month period.

Once a patient has screened positive for food insecurity, this result should be documented and coded in his or her medical record. AAP suggests health professionals add appropriate medical interventions to patient care protocols. Interventions include connecting patients and their families to federal nutrition programs and other food resources, documenting and tracking interventions in medical records, and providing support and educational resources to end childhood food insecurity.

Lastly, health professionals must act as advocates whether at the federal, state, or local level. Pediatricians have long advocated for improving the food security, nutrition, and health of children by strengthening federal nutrition programs, including the Supplemental Nutrition Assistance Program (SNAP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); child care meals; school meals; after school snacks and meals; and summer food.

To learn how to identify and screen for childhood food insecurities during wellness visits, please visit [www.frac.org/aaptoolkit](http://www.frac.org/aaptoolkit).



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**1 in 6 experience  
food insecurity**

# Ten Things Transgender and Gender Nonconforming Youth Want Their Providers to Know

Transgender youth are young individuals who experience a marked incongruence between the genders they were assigned at birth (based on their sexual anatomy) and their experienced gender identities. Gender nonconforming youth are those who do not adhere strictly to traditional behaviors or feelings associated with the genders they were assigned at birth. The term cisgender describes those individuals whose genders assigned at birth match their experienced gender identities. Gender minority youth have high rates of psychiatric morbidities, including depression and anxiety, and alarming rates of suicide.

Working with the Yale Pediatric Gender Program and a support group for transgender and gender nonconforming youth in New England, a group of gender minority youth were assembled and asked for their opinions on what can go wrong in the clinical settings that they encounter.

## Here are the top 10 things transgender and gender nonconforming youth want their health care providers to know and improve upon.

1. Sexuality and gender are two different things
2. Talking to strangers about these things is uncomfortable
3. Nonbinary people exist
4. Names, pronouns, and gender markers are important
5. Don't ask about my genitals unless medically necessary
6. Genital and breast exams are uncomfortable for most people, and they can be particularly uncomfortable for me
7. Puberty blockers and cross-sex hormones can save my life
8. Please train your staff as well. Many of us have had visits begin with the wrong tone, starting at check-in. This can make me shut down.
9. If I am depressed or anxious, it's likely not because I have issues with my gender identity, but because everyone else does
10. Let me know that you are on my team

**Given the history of harassment, anxiety, and depression in the LGBTQ community, we are hopeful that this information can inspire providers to treat these patients with the open-minded compassion and dignity that they deserve.**

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Source: Ten Things Transgender and Gender Nonconforming Youth Want Their Doctors to Know

Turban J., Ferraiolo T., Martin A., Oleszki C. (2017) Journal of the American Academy of Child and Adolescent Psychiatry, 56 (4) , pp. 275 – 277.

## OBS: Have You Asked About Dental Visits?

Pregnant women and mothers of babies and young children are focused on so many things that they may not consider the importance of oral health. When seeing these patients, OBs can open discussion by asking, “**Have you seen your dentist this year?**”

Remind your patients that cavities (known as tooth decay or dental caries) and gum disease are caused by bacteria in the mouth and are preventable with good hygiene, a reduced-sugar diet, and regular dental care. Preventing cavities and gum disease with regular and early visits saves money by eliminating the need for expensive dental treatments later on.

### **Educate patients on the following important steps to take:**

- Brush and floss twice a day for two minutes (“2 x 2”) with fluoride toothpaste
- Limit sugary drinks (juice, soda, sports drinks) and sticky, sugary snacks
- Schedule dental checkups every six months (or more frequently if recommended by a dentist)

Let your patients know that dental care (including exams, cleanings, and X-rays with shielding) is safe during pregnancy — and recommended. Moreover, untreated problems can cause health issues for moms and their babies. For example, teeth may become weak from acid reflux or vomiting due to morning sickness.

### **Encourage your patients to combat this problem by:**

- Rinsing with water, mouthwash, or fluoride rinse immediately after vomiting
- Waiting 10 – 15 minutes to brush after vomiting. Enamel is weaker during that time due to recent stomach acid exposure and can be worn away by brushing.



## OBs: Have You Asked About Dental Visits? (Continued)

Share with your patients these common myths — and actual facts — about prenatal and infant oral health.

**Myth: It's none of the dentist's business whether I'm pregnant because being pregnant doesn't affect your mouth.**

**Fact:** It's important for your dentist and hygienist to know that you are pregnant or trying to become pregnant. Pregnant women are at greater risk for certain oral health conditions. These conditions include gum disease, also known as “pregnancy gingivitis,” and growths within the mouth, called “pregnancy tumors.” Both conditions are treatable, so make sure to visit your dentist.

**Myth: Pregnant women should avoid seeing the dentist until after they deliver.**

**Fact:** The best time to visit the dentist for a cleaning and checkup is before you become pregnant to ensure a healthy mouth. You should also visit the dentist during your pregnancy to get your regularly scheduled care.

**Myth: Pregnant women should avoid dental work, especially X-rays.**

**Fact:** If you're pregnant, you face a higher risk for gum disease, so make sure to visit your dentist for regular cleanings, exams, and any other treatment needed. Dental X-rays are also considered safe during pregnancy with proper protection, according to the American Congress of Obstetricians and Gynecologists (ACOG). X-rays can be essential in detecting serious problems, such as hidden decay, bone loss, and inflamed tooth pulp.

**Myth: Women lose a tooth for each child they have given birth to.**

**Fact:** Although more of an “old wives tale” than a myth, this is not true. Hormonal changes during pregnancy can cause gingivitis (inflamed or bleeding gums). Tooth loss is unlikely if you brush your teeth and floss twice a day and see your dentist every six months.

**Myth: Pregnancy leaches calcium from your teeth.**

**Fact:** A fetus does not take calcium from its mother's teeth. This myth likely originated because pregnant women face a higher risk of tooth decay. Pregnancy is a critical time to consume calcium — this essential nutrient helps your growing fetus develop properly and lowers your own risk of osteoporosis (bone loss) later in life.

**Myth: Morning sickness is unpleasant but harmless.**

**Fact:** Repeated vomiting can cause serious damage to your teeth. Stomach acid dissolves tooth enamel, weakening your teeth's defense against decay.

**Myth: Children do not need to see the dentist until age 3.**

**Fact:** Proper care for baby teeth is very important, as they help with chewing, aid in speech development, and lead to proper development of permanent teeth by saving space for them. The American Academy of Pediatric Dentistry (AAPD), American Dental Association (ADA), and AAP all recommend a dental visit for children by age 1. Baby teeth are vulnerable to tooth decay as soon as they come into the mouth, which could be as early as when a child is 6 months old.

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Source: Rhode Island Department of Health Oral Health Program. [http://health.ri.gov/programs/detail.php?pgm\\_id=23](http://health.ri.gov/programs/detail.php?pgm_id=23).

**“Let food be thy medicine,  
and let medicine be thy food.”**

– Hippocrates, ca. 400 BC<sup>1</sup>



## Spotlight: Condition-Appropriate Meal Delivery Program

### What is condition-appropriate meal delivery?

We recognize that “healing is about so much more than taking the right pharmaceutical, herbal, or other prescription. We’re reminded often that our health is largely up to us; the choices we make every day can lead to vibrant health or to a never-ending struggle with chronic diseases and conditions, and everything between the two extremes.”<sup>2</sup> To this end, AmeriHealth Caritas DC has contracted with Mom’s Meals™ to provide in-home delivery of condition-appropriate meals to AmeriHealth Caritas members who have diabetes, prediabetes, and hypertension; women experiencing high-risk pregnancies; and members who are recovering from hospital stays.

Each week, program participants receive up to 21 specially-packaged ready-to-eat meals designed to stay fresh for up to 14 days with refrigeration.

### Who is eligible?

AmeriHealth Caritas members qualify for the condition-appropriate meal delivery program as follows:

- Members recently discharged from the hospital for any of the following conditions: hypertension, kidney disease, heart disease, diabetes, or cancer, as well as members recovering from surgery or organ transplant
- Pregnant members with any of the following conditions: diabetes, hypertension, gestational diabetes, or pre-eclampsia
- Members participating in the Howard University Hospital 90-day diabetes/prediabetes program

### How do I refer my patients?

Contact the AmeriHealth Caritas DC Community Outreach Team at **202-216-2318**. If you are interested in establishing a 90-day diabetes/prediabetes program at your office, reach out to Darla Bishop, Health Promotion Manager, at [dbishop@amerihealthcaritasdc.com](mailto:dbishop@amerihealthcaritasdc.com) or **202-408-2004**.

Source:

<sup>1</sup> <http://nourishingwords.net/2011/05/30/letting-food-be-thy-medicine/>

<sup>2</sup> <https://embaron.wordpress.com/2011/05/30/letting-food-be-thy-medicine/#more-2518>

## Will You Let Us Know?

AmeriHealth Caritas DC wants to partner with you, our provider community, in managing our members with chronic illnesses or behavioral health needs. We're here to help you engage members in their health care through the Let Us Know program. We have many support teams and tools available to assist in identifying, engaging, and educating our members, as well as clinical resources for you in managing their care. We just need you to let us know about our members' needs in one of the following ways:

- Contact our Rapid Response and Outreach Team. Call **1-877-759-6224** from 8 a.m. to 5:30 p.m.
- Use the Member Intervention Request Form

This request form is available at [www.amerihhealthcaritasdc.com](http://www.amerihhealthcaritasdc.com) > [Provider](#) > [Resources](#) > [Let Us Know](#). Completed forms may be returned to request Rapid Response and Outreach Team contact with a specific member. Simply complete and fax the form to **1-888-607-6405**.

Once outreach has been completed, our Rapid Response and Outreach Team will update your office on the member's outcome.





# I am healthy® Rewards Program

## How does it work?

This program includes targeted outreach to members who are due for the following services or screenings:

- Adolescent well-care visit (for ages 12 – 21)
- Prenatal care (first trimester)
- HbA1C and nephropathy tests
- Retinal eye exam
- Postpartum visit (within 21 – 56 days after delivery)

Members receive an outreach letter from the health plan asking them to make an appointment with you for the needed services. Any member who schedules an appointment and receives the needed services will receive a **\$25 gift card**.

## How does it work?

Once a member presents for his or her appointment and receives the needed services, you — the provider — can authorize the member's reward gift card by either:

- E-scribing via electronic medical records to Stellar Rx, 302 Industrial Drive, Avondale, PA 19311 (phone number: **1-800-910-2959**)
- Completing and faxing the member's letter to the Stellar Rx Pharmacy Care Rewards Program at **1-888-700-7150**

**Please remember you must submit a claim to the health plan to be reimbursed for services rendered.**

## How quickly will members receive their reward gift cards?

Members who earn the reward will receive their gift cards in one to two weeks.

## Questions

If you have questions about this program, please contact AmeriHealth Caritas DC Provider Services at **1-888-656-2383** or the Stellar Rx Pharmacy Care Rewards Program at **1-800-910-2959**.



# Appointment Standards

AmeriHealth Caritas DC providers must meet the standard guidelines below to ensure our members have timely access to care. If a provider is unable to meet these standards, he or she must immediately advise his or her Provider Network Management Account Executive or the Provider Services department at **202-408-2237 (toll-free: 1-888-656-2383)**.

Access to Medical Care	
Type of Care	Appointment Standard
Emergency medical care (for life-threatening illness or injury)	Immediately at the nearest facility
Urgent medical care	Within 24 hours of the request
Routine primary or specialist care (including appointments for HealthCheck services, IDEA services, or physical exams)	Within 30 days of the request
Initial appointments for new members under age 21	Within 60 days of the request
Initial appointments for new members ages 21 and older	Within 30 days of the request or within 45 days of becoming a member, whichever is sooner
Initial appointments for pregnant women or family planning services	Within 10 days of the request
Waiting time in a provider office	Not to exceed 45 minutes for members arriving at the scheduled appointment time
Use of free interpreter services	As needed upon member request during all appointments

# Partner With Us to Identify and Prevent Health Care Fraud, Waste, and Abuse

AmeriHealth Caritas DC recognizes the importance of the detection, investigation, and prevention of fraud, waste, and abuse.

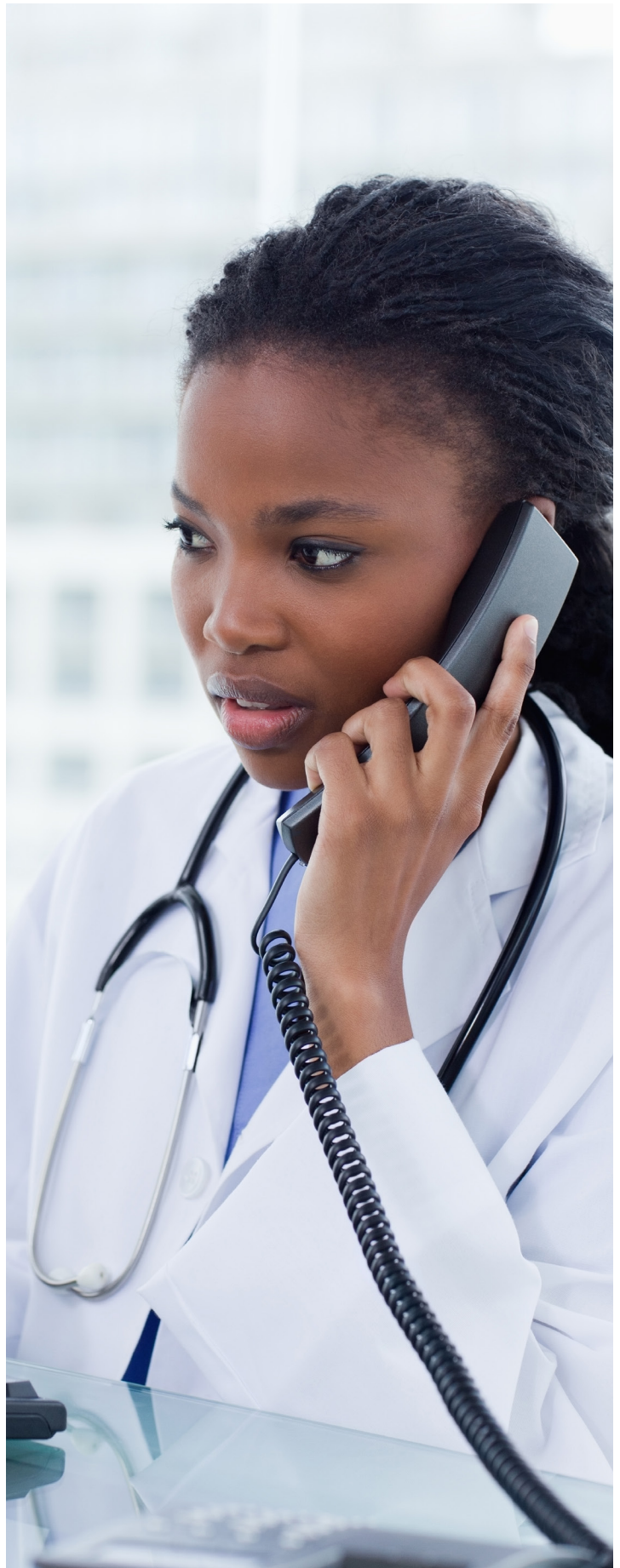
AmeriHealth Caritas DC's Fraud, Waste, and Abuse Program is dedicated to investigating any form of suspicious activity related to potential health care fraud, waste, and abuse. The program includes investigation of any reasonable belief that fraud, waste, and/or abuse may be, is being, or has been committed. If you become concerned about or identify potential fraud, waste, or abuse, we encourage you to contact us by:

- Calling us on our toll-free Fraud, Waste, and Abuse Hotline at **1-866-833-9718**
- Emailing us at [fraudtip@amerihealthcaritasdc.com](mailto:fraudtip@amerihealthcaritasdc.com)
- Writing to us at  
**Special Investigations Unit**  
AmeriHealth Caritas  
200 Stevens Drive, Philadelphia, PA 19113

## Some examples of fraud, waste, or abuse include:

- Billing for services not furnished
- A member using someone else's insurance card to receive care
- Submitting false information to obtain authorization to furnish services or items to Medicaid recipients
- Accepting kickbacks for patient referrals
- Violating physician self-referral prohibitions
- Billing for a more costly service than performed
- Providing, referring, or prescribing services or items that are not medically necessary
- Providing services that do not meet professionally recognized standards

**We look forward to partnering with you to prevent fraud, waste, and abuse.**



# Important Reminders

## HIV/AIDS medications

All District of Columbia Medicaid members, including those enrolled in any of the District's managed care plans, may obtain their HIV antiretroviral medications from any District of Columbia Medicaid Fee for Service (FFS) pharmacy provider.

Alliance beneficiaries can obtain their prescribed medications from any pharmacy within the AmeriHealth Caritas DC pharmacy network. All prescriptions on the Alliance formulary can be filled at any participating pharmacy.

## OB authorization reminder

As an AmeriHealth Caritas DC provider, you must submit a complete and accurate OB Authorization and Initial Assessment Form to the health plan within seven calendar days of an initial office visit with a pregnant member. An incentive payment of \$75 will be paid to providers who submit these forms within the required time frame. Providers must submit the form through the Jiva system via NaviNet to qualify for the incentive. The information provided on the form enables your practice and the health plan to identify each member's medical and psychosocial risks so interventions may occur as early as possible. You can find the form on our website at

[www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > [Providers](#) > [Forms](#).

## Transportation is available for Medicaid members

Medical Transportation Management Inc. (MTM) provides non-emergency medical transportation (NEMT) services to eligible AmeriHealth Caritas DC Medicaid members. For 24/7 transportation scheduling, members and providers may call **1-800-315-3485**.

## Balance billing is prohibited

As a reminder, under the requirements of both District and federal Medicaid law, all payments from AmeriHealth Caritas DC to network providers must be accepted as payment-in full for services rendered. This means participating AmeriHealth Caritas DC providers are prohibited from directly billing members for medically necessary covered services under any circumstances.

## Language access services

AmeriHealth Caritas DC provides free language services for our members who do not speak or understand English. These services include:

- On-site interpreter services at our office
- Bilingual Spanish- and Amharic-speaking representatives in our Member Services department
- A language line for interpretation over the phone in more than 120 languages
- Translation of all written documents upon request

Language access is a member right, and providers are responsible for ensuring an interpreter is present or on the phone. If you encounter a member who needs language assistance or wants to file a complaint about language access services, contact Member Services. For Medicaid members, call **202-408-4720** or **1-800-408-7511**. For Alliance members, call **202-842-2810** or **1-866-842-2810**.

## Utilization management (UM) criteria

Physicians and nurses at AmeriHealth Caritas DC use clinical criteria to make coverage decisions based on medical necessity. The criteria used for UM determinations is available upon request to all AmeriHealth Caritas DC providers. To request this information, call the Medical Management department at **202-408-4823** and follow these steps:

- Press "1" for Medicaid
- Press "2" for Alliance
- Press "2" for authorization
- Press "6" to speak with a member of the UM staff

## Sign up for electronic funds transfer (EFT)

Providers can sign up for EFT by visiting [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > [Providers](#) > [Forms](#) > [EFT](#) enrollment form.



## Screen Your Patients for Negative Housing and Economic Circumstances

AmeriHealth Caritas DC is working to better serve the needs of members who are homeless as they utilize components of the health care system. Proper claims coding improves data gathering that informs responsive clinical and health promotion programs for this population.

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) have developed official guidelines for coding and reporting ICD-10-CM data, with a specific chapter dedicated to the factors influencing health status and contact with health services. The ICD-10-CM code for homelessness is Z59.0. These guidelines specify that Z codes can be used in any health care setting and "may be used as either a first-listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances of the encounter."

In October 2016, the National Health Care for the Homeless Council released information on the importance of properly coding encounters with patients experiencing issues related to homelessness. The full report is available at [www.nhchc.org/2016/10/new-publication-ask-code-documenting-homelessness-throughout-the-health-care-system/](http://www.nhchc.org/2016/10/new-publication-ask-code-documenting-homelessness-throughout-the-health-care-system/).

Providers should use the ICD-10-CM Z59.0 code for all patients experiencing issues related to homelessness.

# Time for CLAS

The **Culturally and Linguistically Appropriate Services (CLAS)** standards of the U.S. Department of Health and Human Services Office of Minority Health encourage all health care providers to:

- Provide effective, understandable, and respectful care to all members in a manner compatible with each member's cultural health beliefs and practices, in the member's preferred language and format
- Implement strategies to recruit, retain, and promote a diverse office staff and organizational leadership representative of the demographics in your service area
- Educate and train staff at all levels, across all disciplines, in the delivery of culturally and linguistically appropriate services
- Establish written policies to provide interpreter services for health plan members upon request
- Routinely document preferred language and format (such as Braille, audio, or large print) in all member medical records

We at AmeriHealth Caritas DC use CLAS standards as a guide in working toward health equity for all our members. Together with you — our providers — we want to help each of our members achieve the highest possible level of health. We can accomplish this through adapting care plans to meet the cultural and language needs of our members. To attain this goal, we would like to share with you some of the characteristics of the people we serve.

## Did you know?

- 18 percent of our members are Hispanic; 10 percent list Spanish as their preferred language
- Over 1,000 of our members report Amharic as their preferred language
- Over 80 percent of AmeriHealth Caritas DC's member population resides in Wards 1, 4, 5, 7, or 8; Spanish, various African languages, and French are the top three languages (other than English) spoken in the home for each of those Wards.

These numbers may seem small, but the impact to individual members is enormous. We have resources available to help our providers provide culturally appropriate services.

- Visit the Cultural Competency Provider Page at [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com) > [Provider](#) > [Resources](#) > [Cultural competency](#) to find free continuing medical education (CME) training offered online by the Office of Minority Health
- Take our online provider training on CLAS by going to [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com) > [Provider](#) > [Education and training](#).
- When you check member eligibility on NaviNet, the system alerts you to non-English speakers

# Pharmacy Corner

## Meet our Director of Pharmacy

Sometimes a pharmacist is more than a pharmacist, especially when the pharmacist is Tracey Davis, the new Director of Pharmacy at AmeriHealth Caritas DC. Tracey joined AmeriHealth Caritas DC in March, and her breadth of experience, vision, and connection to the Washington, D.C., community allows her to deliver services well beyond those of any traditional pharmacist.

Tracey's experiences include over 16 years of work in hospitals, retail managed care, pharmacies, and government health plans. These varied experiences provide insight and understanding of the unique needs of our members and our practice setting. She has collaborated with multidisciplinary teams to ensure members have the best experiences and outcomes. And she finds her experiences in direct, in-person patient care most rewarding.

As the Director of Pharmacy, Tracey intends to reinvent traditional pharmacy services by spending time in the community. She plans to interact with members in their community by holding weekly "Meet the Pharmacist" events. These events will provide members quality, individual time with an experienced pharmacist who can review their medicines, make recommendations, and check member medicines for possible harmful drug interactions.

Tracey will also provide pill organizers (pill boxes) to help members simplify their daily, weekly, and monthly dosage plans. She will also provide instructions on how and when to take medicines during each day. Tracey promises to provide tips to members on how to ask providers important questions about their prescribed medicines. Additionally, Tracey will help members set up cost- and time-saving prescription medicine mail orders and help members with the complicated process of seeking prior authorizations for prescribed medicines.



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**We are excited to welcome Tracey Davis to the AmeriHealth Caritas DC team and are looking forward to helping her implement innovative pharmacy ideas and strategies that will simplify the member prescription drug process while saving members time and money.**

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# Pharmacy Corner (Continued)

## Formulary Updates

Removals	
Product list	Alternative products
Effexor XR® tablets	Effexor XR capsules
Methyclothiazide 5 mg tablet	Diuril® (chlorothiazide), chlorthalidone, Microzide® (hydrochlorothiazide), hydrochlorothiazide, Zaroxolyn® (metolazone), Lasix® (furosemide), Demadex® (torsemide), Aldactone® (spironolactone), amiloride/hydrochlorothiazide
Dyrenium® (triamterene) 50 mg and 100 mg capsule	Diuril (chlorothiazide), chlorthalidone, Microzide (hydrochlorothiazide), hydrochlorothiazide, Zaroxolyn (metolazone), Lasix (furosemide), Demadex (torsemide), Aldactone (spironolactone), amiloride/hydrochlorothiazide
Aldactazide® (spironolactone/hydrochlorothiazide) 50 mg/50 mg tablet	Diuril (chlorothiazide), chlorthalidone, Microzide (hydrochlorothiazide), hydrochlorothiazide, Zaroxolyn (metolazone), Lasix (furosemide), Demadex (torsemide), Aldactone (spironolactone), amiloride/hydrochlorothiazide
Natroba™ (spinosad) topical suspension	Over-the-counter permethrin lotion, cream rinse, and liquid or pyrethrins/piperonyl butoxide shampoo
Remicade® (infliximab) 100 mg vial	Inflectra® (infliximab-dyyb) 100 mg vial
Lantus® vial and Lantus SoloSTAR pen	Basaglar® KwikPen®
EpiPen® and EpiPen Jr	Generic epinephrine auto-injector
Condylox® topical gel	Generic Condylox® (podofilox) topical solution
Rectiv® (nitroglycerin) ointment	<ul style="list-style-type: none"> <li>• Compounded calcium channel blockers: 2% topical diltiazem or 0.2% topical nifedipine</li> <li>• Oral calcium channel blockers</li> <li>• Lidocaine 3% ointment</li> </ul>
Incruse® Ellipta® (umeclidinium)	Spiriva® Respimat® (tiotropium bromide) or Combivent® Respimat® (ipratropium bromide)

## Additions

Product list	
<ul style="list-style-type: none"> <li>• Zenpep® capsules (40K-136K, 3K-10K-16K, 25K-85K-136K)</li> <li>• Norpramin® 75 mg and 100 mg tablets</li> <li>• Linzess® 72 mcg capsule</li> <li>• Vyvanse® chewable</li> <li>• Celebrex® capsules (50 mg, 100 mg, 200 mg, 400 mg)</li> <li>• Diamox® Sequels® extended release 500 mg capsules</li> <li>• Ella® 30 mg tablet</li> </ul>	<ul style="list-style-type: none"> <li>• Xiidra® 5% eye drops (with prior authorization)</li> <li>• Basaglar KwikPen</li> <li>• Generic epinephrine auto-injector</li> <li>• Exelon® Patch (rivastigmine) 13.3 mg</li> <li>• Crestor® (rosuvastatin calcium)</li> <li>• Uroxatral® (alfuzosin HCl)</li> </ul>



## Pharmacy Corner (Continued)

### Dental Opioid Reminder

CDC reports overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. Since 1999, the number of prescription opioids sold in the United States has nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. Death rates from prescription opioids — drugs like oxycodone, hydrocodone, and methadone — have more than quadrupled since 1999.<sup>1</sup>

**We need your help on this important issue.**

- When considering prescribing opioids, dentists should conduct medical and dental histories to determine current medications, potential drug interactions, and patterns of substance use
- Dentists should follow and continually review CDC and state licensing board recommendations for safe opioid prescribing
- Dentists should register with and utilize the prescription drug monitoring program (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of these substances
- Dentists should have discussions with patients regarding their responsibility for preventing misuse and abuse of prescription opioids, as well as how to store and dispose of these drugs
- Dentists should consider treatment options that utilize best practices to prevent exacerbation of or relapse into opioid misuse
- Dentists should consider nonsteroidal anti-inflammatory analgesics as first-line therapy for acute pain management
- Dentists should recognize multimodal pain strategies for managing acute postoperative pain to avoid the need for opioid analgesics
- Dentists should consider coordinating with other treating providers, including pain specialists, when prescribing opioids for managing chronic orofacial pain
- Dental students, residents, and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing



Source: <sup>1</sup><https://www.cdc.gov/drugoverdose/epidemic/index.html>.

## Pharmacy Corner (Continued)

### Prescribing Multiple Antipsychotic Medicines to Kids

The American Academy of Child and Adolescent Psychiatry (AACAP) recommends clinicians avoid the use of multiple antipsychotic medications for children and adolescents. AmeriHealth Caritas DC is asking providers to implement the AACAP's recommendations.

The side effects of antipsychotics include metabolic disturbance, weight gain, extrapyramidal side effects, and hyperprolactinemia. These medications can also increase a child's risk for developing serious metabolic health complications that are associated with poor cardiometabolic outcomes in adulthood.

AACAP recommends clinicians avoid the concurrent use of multiple antipsychotic medications for children and adolescents. In accordance with clinical literature and Healthcare Effectiveness Data and Information Set (HEDIS®) requirements, AmeriHealth Caritas DC encourages its providers to carefully consider limiting the use of multiple antipsychotics.

**To comply with HEDIS requirements, we ask providers to implement the following recommendation from AACAP:**

Prior to the initiation of and during treatment with an Atypical Antipsychotic Medication, the general guidelines that pertain to the prescription of psychotropic medications should be followed. These principles include a careful diagnostic assessment, attention to comorbid medical conditions, a review of other drugs the patient is being prescribed, the creation of a multi-disciplinary plan, including education and psychotherapeutic interventions for the treatment and monitoring of improvement, and a thorough discussion of the risks and benefits.

Given the risk of metabolic health complications and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications. Please be sure to order metabolic (LDL-C, HbA1C) testing for your patients at least once per year.

### Reminder: Members Eligible for 12-Month Supply of Oral Contraceptives

AmeriHealth Caritas DC participating pharmacies are authorized to dispense up to 12 months of a prescription at one time for contraceptives.

Access to a 12-month supply applies to both Medicaid and Alliance members. Please see the AmeriHealth Caritas DC formulary for a full list of covered contraceptives.

Prescribers may write prescriptions for contraceptive medicines for 12 months to be filled at pharmacies in the AmeriHealth Caritas DC network. Please inform your patients using prescription contraceptives.

## Did You Know?

### 24-hour Nurse Call Line

Your AmeriHealth Caritas DC patients can call our 24-hour Nurse Call Line at **1-877-759-6279** to get help with urgent health concerns when your office is closed. The Nurse Call Line can help a patient find an urgent care clinic for urgent care needs and arrange transportation. The phone number is also listed on the back of each member's ID card. Please remind your patients about this free service.

### Appeals process

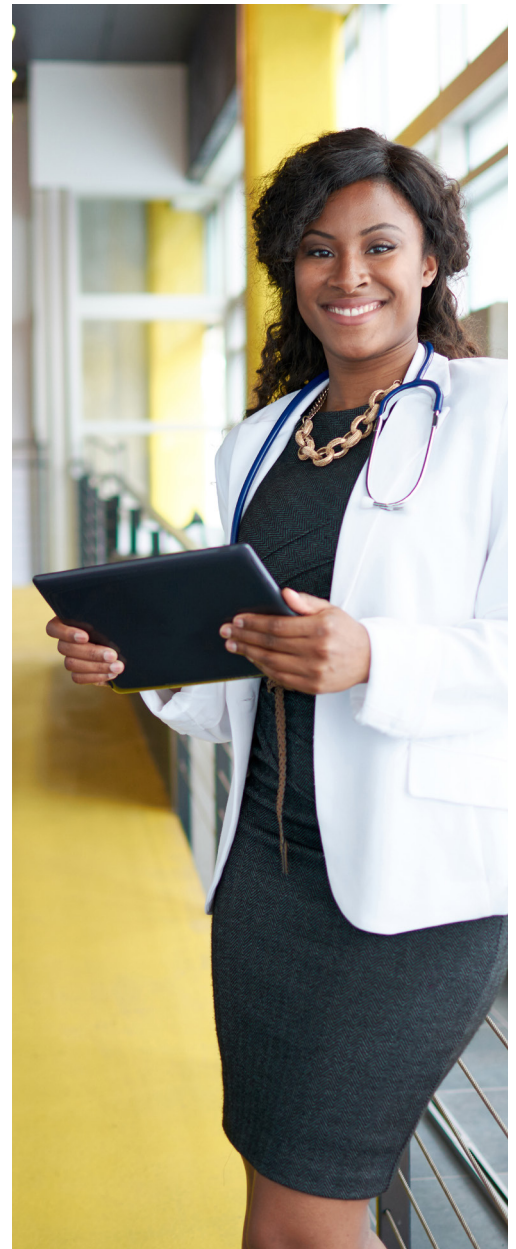
In the event that health care services rendered to a member by a network provider represent a serious deviation from, or repeated noncompliance with, AmeriHealth Caritas DC's quality standards or recognized treatment patterns of the organized medical community, the network provider may be subject to AmeriHealth Caritas DC's formal sanctioning process, which includes a process for appeal. Refer to the Provider Manual for details.

### Three questions you can ask to improve a patient's reproductive health

Here are three questions every PCP should ask every female patient:

1. Are you sexually active with men, women, or both?
2. When, if ever, do you want to be pregnant?
3. What are you using for contraception?

Remember, we have a comprehensive maternity management program for women who are currently or planning to become pregnant. Bright Start® is AmeriHealth Caritas DC's free program for members who are moms-to-be. To learn more, call us at **1-877-759-6883**.



## Now Online

### Clinical policies and guidelines

AmeriHealth Caritas DC utilizes InterQual Criteria to guide medical necessity determinations. Requests that are not addressed by, or do not meet, the medical necessity guidelines are referred to the Medical Director for a decision. During review, the Medical Director consults clinical policies, which are intended to provide the most comprehensive health solutions for our AmeriHealth Caritas DC members.

A comprehensive list of clinical policies is available at [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > [Providers](#) > [Resources](#) > [Clinical policies](#).

In addition, the Quality Management department adopts and implements preventive and clinical practice guidelines to improve patient outcomes, deliver cost-effective care, and promote consistency and delivery of evidence-based care. Guidelines are based on recommendations from professional organizations, peer-reviewed literature, and input on local practice patterns from participating providers.

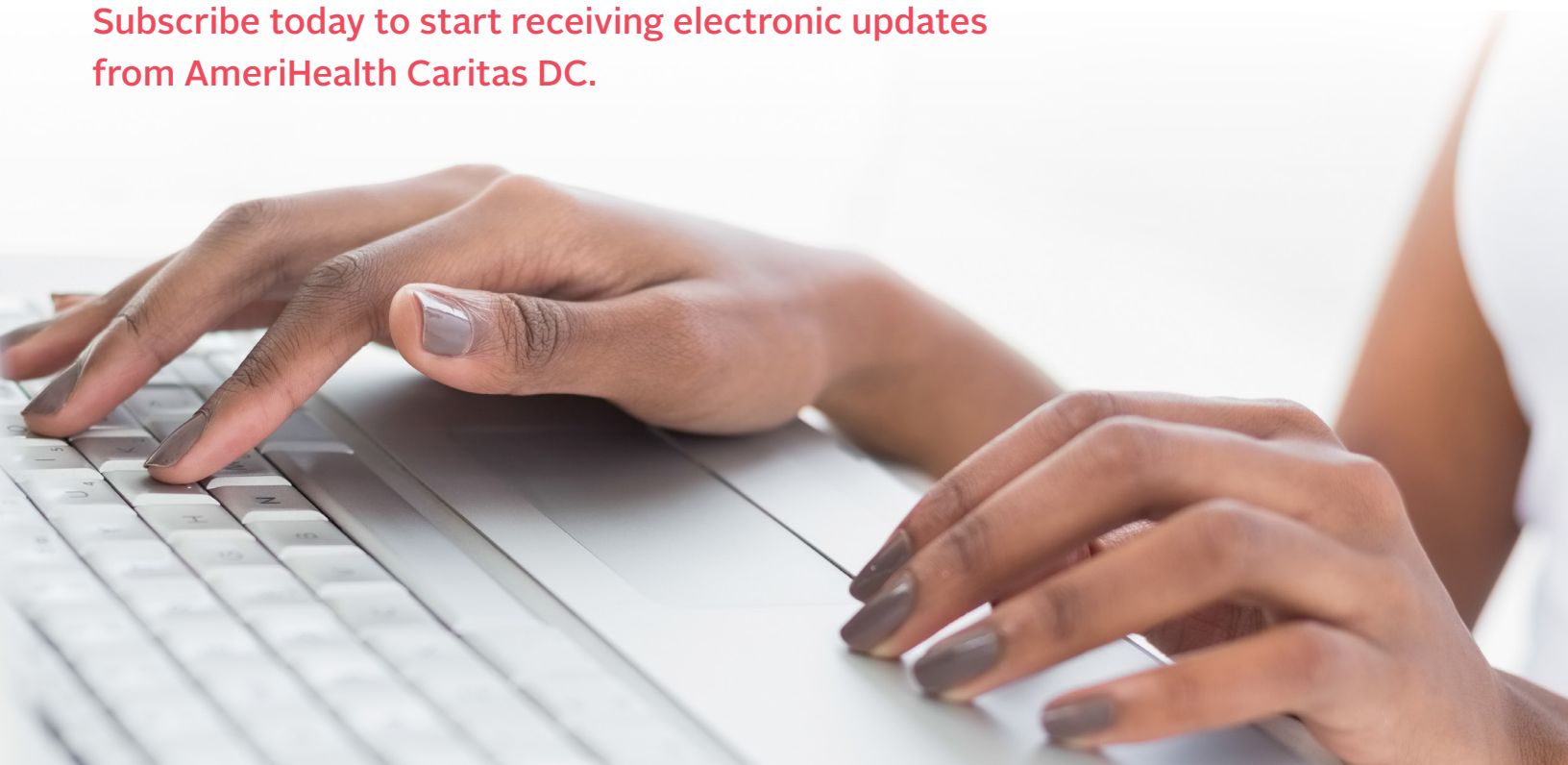
A comprehensive list of clinical practice guidelines is available at [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > [Providers](#) > [Resources](#) > [Clinical practice guidelines](#).

## Sign up for Network News

Remember to sign up for our free subscription email service, Network News. We use this service to share health plan and industry information on topics of importance to you, including billing updates, District and federal regulations, emerging technologies, and more!

Signing up is easy; simply complete the online form at [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > [Providers](#) > [Sign up for email alerts](#).

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**District of Columbia**

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GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR

