AmeriHealth Caritas
District of Columbia

CONNECTIONS

A Provider's Link to AmeriHealth Caritas District of Columbia

Fall 2020

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A Welcome Message From the Market President

Racism has been at the forefront of the national conversation this year. People have organized across dozens of cities to demand justice for victims and an end to the persistent police violence against Black communities. From a health care perspective, police violence is one of the ways racism manifests as a social determinant of health. And unfortunately the COVID-19 pandemic has exacerbated existing racial inequities.

The U.S. Department of Health and Human Services defines social determinants of health as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Racism as a social determinant of health is familiar to many of us working in health care, as we see the connections firsthand. Policing, residential segregation that restricts access to social and economic resources, discriminatory events in daily life, and other forms of racism are physiological and psychological stressors[1]. The impacts are evident in the significant racial disparities seen in life expectancy, chronic disease prevalence, infant mortality, and other key public health indicators[2].

The mix of structural racism and COVID-19 create an especially dangerous environment for the people we serve. As of October 2020, Black residents accounted for 75% of COVID-19 deaths in the District[3], a stark manifestation of racism as a social determinant of health. Racism also intersects with other social determinants of health. While unemployment in the District overall in August was 8.5%, unemployment rates were much higher in wards 5, 7, and 8 (11.2%, 14.2%, and 18.4%, respectively[4]), which are the wards with the highest proportion of Black residents. COVID-19 has and will have some degree of impact on each social determinant of health for residents — access to and quality of food, education, housing, transportation, and health care. We must do everything in our power to uphold health care access and quality of care, as well as connect our enrollees to resources they may need related to other social determinants of health.

As such, the importance of the partnership between AmeriHealth Caritas District of Columbia (DC) and you — our provider network — has never been greater. We ask that you continue to screen patients for social determinants of health and refer enrollees who need assistance to AmeriHealth Caritas DC Enrollee Services. Second, please work continuously to become more aware of and address unconscious bias in your practice. Finally, please convey what you may need from us by calling Provider Services at **202-408-2237** or contacting your Provider Account Executive. Together, we will protect and improve the environments where our enrollees and patients are born, live, learn, work, play, worship, and age.

Sincerely,

Karen Dale, Market President, AmeriHealth Caritas District of Columbia
Chief Diversity, Equity and Inclusion Officer, AmeriHealth Caritas Family of Companies

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1. HealthyPeople.gov, "Discrimination," **https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination**.
2. U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Health Equity, *Health Equity Report 2019–2020: Special Feature on Housing and Health Inequalities*, Rockville, Maryland, 2020.
3. DC Health, "COVID-19 Surveillance," **https://coronavirus.dc.gov/data**.
4. District of Columbia Department of Employment Services, "Unemployment Rate by Ward," 2020, **https://does.dc.gov/sites/default/files/dc/sites/does/release_content/attachments/DC%20Ward%20DataAug20-Jul20-Aug19.pdf**.

Provider highlight: Children's Medical Care Center

In April 2019, AmeriHealth Caritas DC met with Children's Medical Care Center (CMCC) to discuss the EPSDT program, screenings, and how the practice might improve its overall performance.

CMCC possessed an underutilized electronic health record system, making the reconciliation and retrieval of EPSDT records a manual, time-consuming process. AmeriHealth Caritas DC, in collaboration with a DC-based certified business enterprise (CBE), Zane Networks, offered to assess CMCC's current electronic health record system and to offer options on whether to upgrade the current system or to seek another application to better serve the practice.

In June 2019 the Zane Networks team began its assessment on the practice's workflow and technical infrastructure. The assessment was completed in September 2019, and based on that assessment CMCC selected E-Clinical Works (eCW) as its electronic health record system of choice. Zane Networks facilitated the implementation of the system, and CMCC received an updated technical infrastructure with new wiring and high-speed internet services. Zane Networks also coordinated the installation of a new technology suite including upgraded computers/laptops, tablets, and a new server. Additionally, CMCC received a new lab services interface and connectivity to both the DC Primary Care Association (DCPCA) Health Information Exchange (HIE) and CRISP, the State Designated Health Information Exchange (SDHIE).

Today, CMCC is electronically charting within its electronic health record system, and no longer relies on manual processes to track patient statuses. Additionally, the technology transformation at CMCC provided a number of benefits to the practice which will foster long term process improvement, including:

- Mapping of practice workflows and customization of electronic health record/practice management software features
- Clinical documentation improvement through the guidance of Certified Professional Coders
- Document management (through timely and accurate coding and claims data) with a special focus on EPSDT reporting
- Enhanced interoperability by interfacing with LabCorp and the Immunization Registry

General updates

Remind your patients to get a flu shot

According to the Centers for Disease Control and Prevention (CDC), receiving a flu vaccine this 2020–2021 season is more important than ever in order to minimize the spread of the flu and help reduce the strain on health care systems responding to the COVID-19 pandemic. Accordingly, we want to remind you that your patients who are 6 months and older should get a flu vaccine.

AmeriHealth Caritas DC enrollees may go to their primary care provider or a pharmacy in our network with a photo ID and an AmeriHealth Caritas DC ID card to receive a flu shot at no cost. We are reaching out to our enrollees and we ask that you also spread the word to your patients. **If an AmeriHealth Caritas DC enrollee does not know where to go to get their flu shot, please direct them to call our Community Outreach Solutions team at 202-216-2318.**

While everyone should get a flu shot each year, it is especially important for the following groups who are at high risk of developing serious flu-related complications:

- Pregnant women
- Adults 65 years old and older
- Children younger than 5 years old
- People of any age with certain chronic health conditions including asthma, diabetes, heart disease, cancer, and HIV/AIDS

For more information, visit **https://www.cdc.gov/flu/highrisk/index.htm**.

Immunization guidance

The CDC released Interim Guidance for Immunization Services during the COVID-19 pandemic. This guidance is intended to help immunization providers in a variety of clinical and alternative settings with the safe administration of vaccines during pandemic. This guidance will be continually reassessed and updated based on the evolving epidemiology of COVID-19 in the United States. Access this resource by visiting **https://www.cdc.gov/vaccines/pandemic-guidance/index.html**.

What providers need to know about "ORP" — ordering, referring, and prescribing

Per the Affordable Care Act, all providers who order, refer, and prescribe (ORP) items, services, or medications to DC Medicaid enrollees **must** be enrolled in the DC Medicaid program. All claims for payment for items/services that were ordered, referred, or prescribed **must** bill with a National Provider Identifier (NPI). The NPI on the claim (HCFA 1500 or UB92) must be for the individual provider and not the organization by which the ORP provider is employed. Providers should be reporting their NPI on claims, and if not billed appropriately, they will be putting their AmeriHealth Caritas DC payment at risk.

How to avoid claim denials for ORP reasons:

- Ensure that your individual provider NPI is valid at the time of service (actively enrolled with DC Medicaid). Note that your NPI must be valid and active on the date of service for which you are submitting a claim.
- Verify that all ORP information is listed on the claim correctly in all required fields.
- If you receive a claim denial, review the AmeriHealth Caritas DC explanation of benefits to determine the ORP denial reason. Once the denial reason is determined, submit a corrected claim. All corrected claims must be billed as corrected by adding the original claim number and "corrected claim code" in the appropriate data fields on the HCFA 1500/UB92 for consideration of payment.

  Additional criteria for corrected claims apply.
- Below are a few of the denial examples you may encounter if not billing with a valid NPI.

XEN	Ordering and referring NPI not submitted on claim
XD5	Referring not enrolled in Medicaid program
XD6	Ordering not enrolled in Medicaid program
XD9	Attending and referring not enrolled in Medicaid program

Behavioral health updates

Measurement-based care in the age of COVID-19

By Dr. Yavar Moghimi, Medical Director, Behavioral Health

The COVID-19 pandemic and the ensuing economic recession will have lasting impacts on the mental health of so many people, but particularly the most vulnerable populations. A July Kaiser Family Foundation poll found that 53% of adults surveyed reported that their mental health had been negatively impacted by stress and worry about the coronavirus. The most common complaints in this poll showed problems with sleeping, eating, increases in alcohol or drug consumption, and worsening chronic conditions.

Now — more than ever — is a good time to incorporate measurement-based care (MBC) as part of your approach in screening and managing behavioral health disorders. MBC is the systematic evaluation of patient symptoms before or during an encounter to inform behavioral health treatment[5]. The most commonly used conditions where screening tools are appropriate in both primary care and behavioral health settings are depression (e.g., PHQ-2, PHQ-9, Beck Depression Inventory), anxiety (e.g., GAD-7), substance use (e.g., Drug Abuse Screening Test, DAST), and alcohol use (e.g., Alcohol Use Disorders Identification Test, AUDIT).

If any of these tools screen positively for symptoms, it is important to ensure the proper behavioral health follow-up within 30 calendar days. Follow-up care could include:

- An in-person outpatient or virtual visit
- A case management encounter
- A behavioral health encounter/assessment
- A dispensed psychiatric medication
- Documentation of a follow-up screening indicating no need for follow-up

Our tracking of these quality measures is based on proper coding of the screening and the follow-up interventions. The annual screening code that should be used for purposes of reimbursement for depression is G0444 or 96161 as a more general code for health risk assessments. Other codes that may be used to document screenings for alcohol and substance use disorders are 99408/99409, which ensure that the additional time spent with enrollees to talk about their problematic use are adequately covered.

Some of the main barriers to implementing MBC occur at different levels: patient (i.e., concerns about confidentiality breach), practitioner (i.e., beliefs that measures are no better than clinical judgment), organization (i.e., no resources for training), and system (i.e., competing requirements). If you are interested in technical assistance and support to implementing MBC into your practice, please reach out to me at ymoghimi@amerihealthcaritasdc.com to set up a practice transformation session.

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5. CC Lewis et al, "Implementing Measurement-Based Care in Behavioral Health: A Review," *JAMA Psychiatry*, Vol. 76, No. 3, 2019, pp. 324 – 335, doi:10.1001/jamapsychiatry.2018.3329.

Important reminders and updates

Will you let us know?

When enrollees need assistance managing their health, we can help. Through the Let Us Know program, there are multiple ways to contact AmeriHealth Caritas DC to refer an enrollee to care management or to one of our health programs, notify us an enrollee has needs related to social determinants of health, or make other requests. A new Let Us Know brochure and Enrollee Intervention Request form are available on our **website**.

Care access standards are available online

Certain care access standards are required for Medicaid providers. Reference guides for the medical and behavioral health care access standards are now available to download on the AmeriHealth Caritas DC **website**.

Practitioner rights

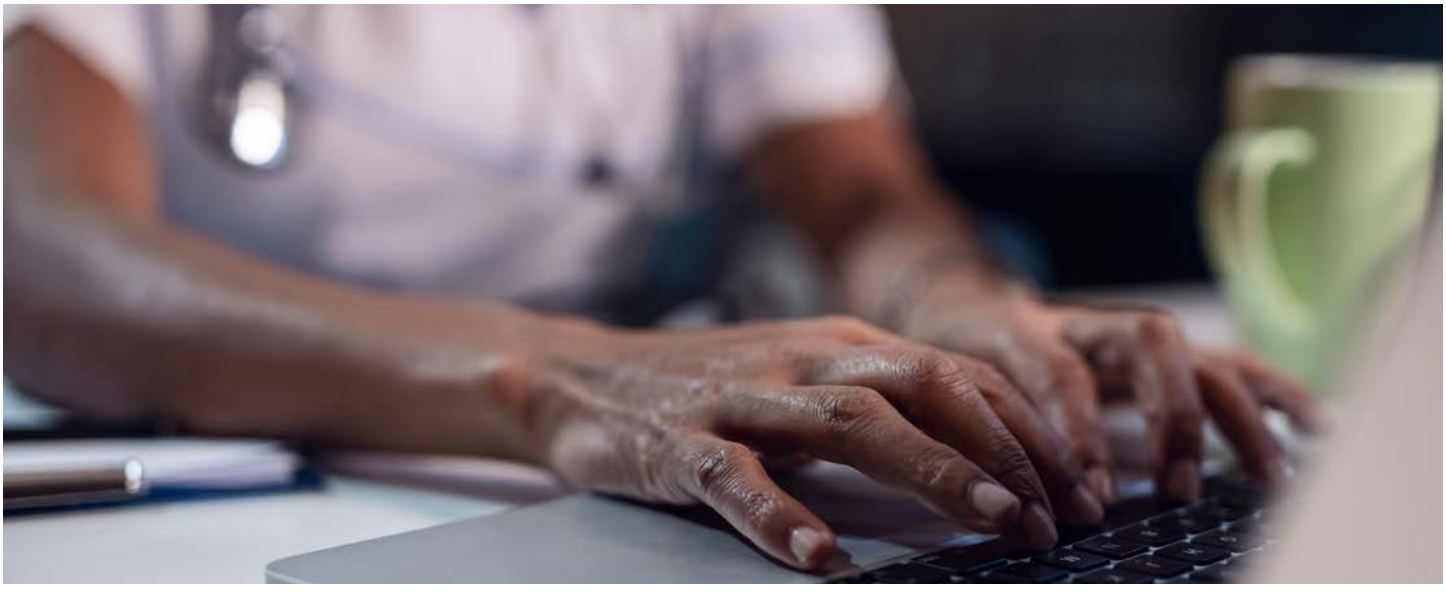
During the credentialing and recredentialing processes, all providers have the right to:

- Review their credentialing information obtained from outside sources with the exception of references, recommendations, and peer-protected information obtained by the Plan.
- Correct erroneous information. Corrections may be submitted in writing at any time during the review process by mail, email, or fax.
- Be informed of the status of credentialing or recredentialing applications, upon request. The Credentialing Department will share all information with the provider with the exception of references, recommendations, or peer-review protected information. Requests can be made via phone, email, or in writing. The Credentialing Department will respond to all requests within three business days of receipt. Responses will be communicated via email or phone call to the provider.
- Receive notification within 60 calendar days of the credentialing committee's decision.
- Appeal any credentialing or recredentialing denial within 30 calendar days of receiving written notification of the decision.

To request or provide information for any of the above, please contact AmeriHealth Caritas District of Columbia's Credentialing Department.

Mailing address:
Attn: Credentialing Department
AmeriHealth Caritas District of Columbia
200 Stevens Drive
Philadelphia, PA 19113

Email: credentialingdc@amerihealthcaritasdc.com
Phone: **1-877-759-6186**
Fax: **215-863-6369**



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MURIEL BOWSER, MAYOR