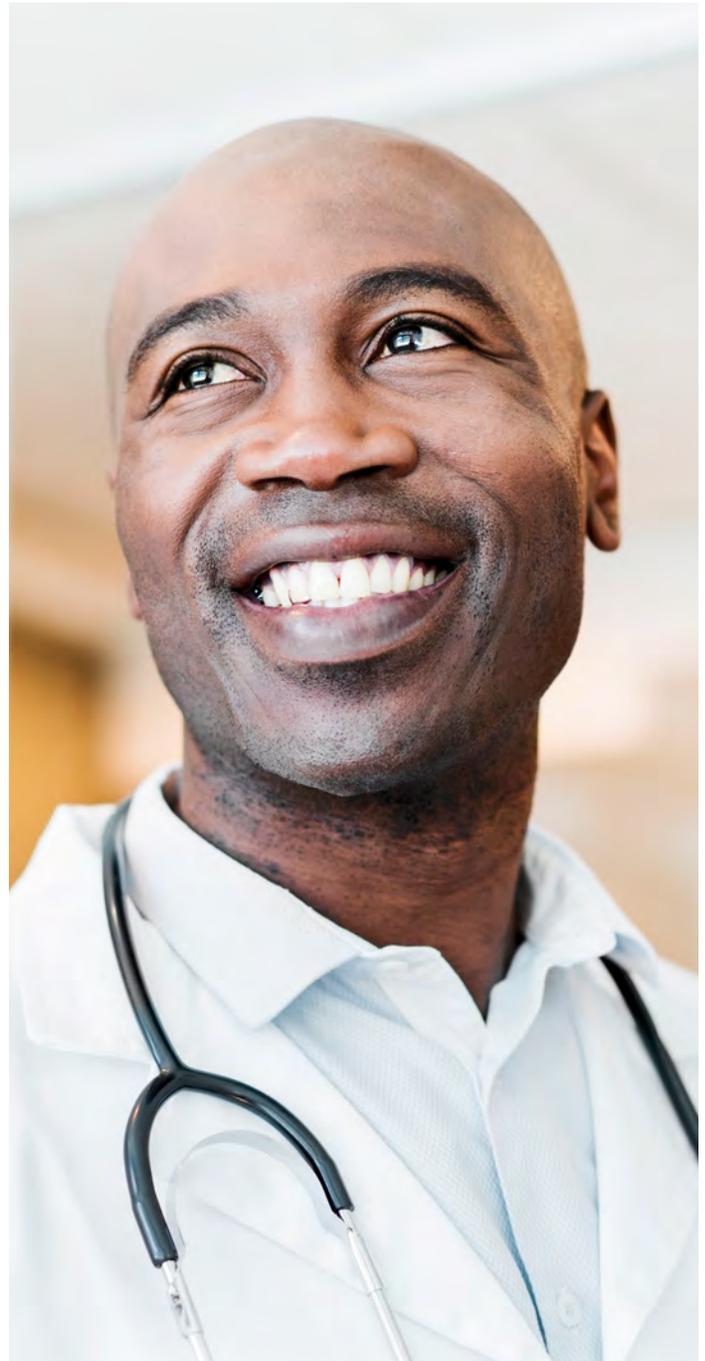


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A message from the Market President

Prioritizing our providers

We at AmeriHealth Caritas District of Columbia (DC) pride ourselves on being easy to work with from a provider standpoint. We aim to collaborate and be a resource for providers, equipping you with the knowledge you need to help reduce health care disparities in our community.

When you choose to participate in the AmeriHealth Caritas DC network, you receive access to a variety of tools and dedicated support to help you get started. Designated Account Executives provide on-site education and personal help with issue resolution. Our Provider Services team is available to assist with billing issues, enrollee eligibility checking, enrollee interpretation services, and any questions you may have.

We want to ensure you have easy access to all the information you need so you can deliver the best care to your patients. There are many ways to stay in the know about our services and offerings. In alignment with our mission and our commitment to advancing health equity, we also provide web-based and in-person trainings and educational opportunities for you and your staff, at no cost.

Additionally, we are eager to partner with the provider community to provide support with the management of the needs of our chronically ill enrollees. The [Let Us Know](#) program can help you engage enrollees in their health care. We have many support teams and tools available to assist in the identification of, outreach to, and education of our enrollees, as well as clinical resources for you — the providers — in their care management.

More information about our offerings can be found at www.amerihealthcaritasdc.com.

Thank you for working with us to improve health outcomes across the District of Columbia.

As always, we'd love to hear from you — the best relationships are created by keeping in touch. If you have questions or suggestions for us, contact your Account Executive.

Sincerely,

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

General updates

Remind enrollees to renew their benefits

After a three-year pause, Medicaid eligibility recertification will restart on April 1, 2023. AmeriHealth Caritas DC wants to ensure all enrollees and their families stay covered for all their health care needs. Please remind enrollees to complete their registration at District Direct and confirm their household information is correct.

Enrollees should complete the following steps:

- Register at [District Direct](https://districtdirect.dc.gov/ua/) online (<https://districtdirect.dc.gov/ua/>) or through the District Direct mobile app,
- Update their contact information,
- And, once prompted, renew their benefits.

For questions, enrollees can contact the DC Department of Human Services (DHS) Call Center at **202-727-5355** or visit a [Service Center](#).

Encourage patients to complete the CAHPS survey

Beginning in March 2023, SPH Analytics, on behalf of AmeriHealth Caritas DC, began the process of inviting a random selection of AmeriHealth Caritas DC enrollees to complete an annual satisfaction survey known as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The survey is an opportunity for enrollees to provide feedback on their experiences with AmeriHealth Caritas DC, its providers, and the health care services they receive.

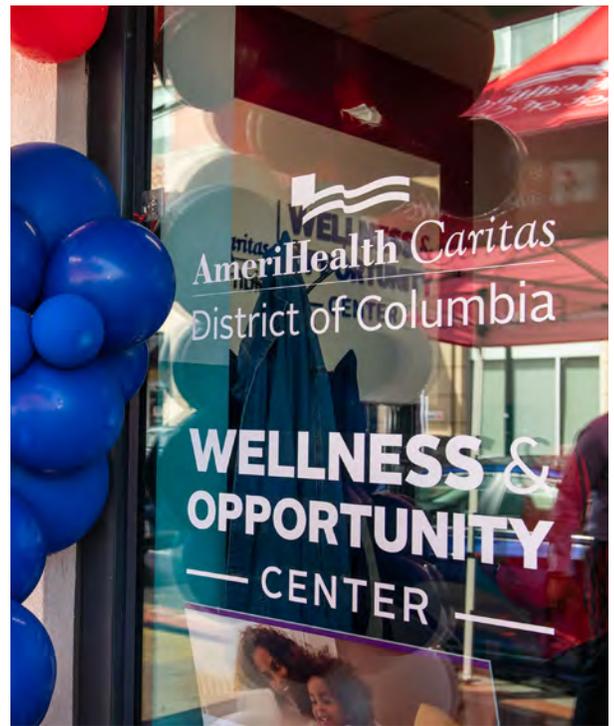
Please encourage your enrollees who receive the CAHPS survey to complete it. Survey responses are anonymous and help AmeriHealth Caritas DC better serve our enrollees by informing how we deliver our programs and services. Scores are reported to the public and contribute to our National Committee for Quality Assurance score.

Survey questions cover, but are not limited to, enrollees' views on the following topics:

- Ability to get necessary care and treatment
- Access to a primary care provider or specialist
- Customer service interactions
- The helpfulness of information provided by their health plan

Please note that the survey enrollees receive will not read "Consumer Assessment of Healthcare Providers and Systems" or its acronym, "CAHPS." The identifying marks will be the AmeriHealth Caritas DC logo on the survey itself and "SPH Analytics" (our vendor) on the envelope.

Thank you for your continued commitment to patient care.



Enrollee Wellness and Opportunity Center grand opening

We are pleased to share that the new AmeriHealth Caritas DC Enrollee Wellness and Opportunity Center recently opened its doors to enrollees.

The Enrollee Wellness and Opportunity Center is a hub for AmeriHealth Caritas DC enrollees to participate in wellness activities and connect with us and other enrollees, work towards health and wellness goals, and form meaningful friendships. The center also provides:

- Fitness classes
- Healthy cooking classes and advice on healthy eating
- Résumé assistance
- Finance classes
- Walk-in help with care management (no appointment needed)
- One-on-one help with benefits or other questions
- Kids' Zone for children

The Center is located at 1209 Good Hope Road SE, Washington, DC 20020, and its hours are 9 a.m. – 5 p.m., Monday through Friday. Enrollees may call our Community Outreach Solutions team at **1-877-759-6224** for more information or to sign up for classes and activities.

Optimizing the value of telehealth visits for maternal health

In-person appointments can be challenging to fit in for some patients who have competing health and social priorities. Although in-person office visits are ideal for seeing patients, a telehealth evaluation is an alternative option for providing needed care.

Prenatal telehealth visits can help ensure a prenatal assessment is completed before every newborn delivery without burdening the patient with an in-person visit. Any one of the following may be used as evidence of the need for prenatal care:

1. Documentation indicating the patient is pregnant or references to the pregnancy, such as:
 - Documentation in a standardized prenatal flow sheet;
 - Documentation of last menstrual period (LMP), expected date of delivery (EDD), or gestational age;
 - A positive pregnancy test result;
 - Documentation of gravidity and parity;
 - Documentation of complete obstetrical history; or
 - Documentation of prenatal risk assessment and counseling/education.
2. Evidence that a prenatal care procedure was performed, such as:
 - Screening test in the form of an obstetric panel,
 - TORCH antibody panel alone,
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
 - Ultrasound.
3. A basic physical obstetrical examination that includes:
 - Auscultation for fetal heart tone,
 - Pelvic exam with obstetric observations, or
 - Measurement of fundus height.

Postpartum telehealth visits can be a solution to help ensure a postpartum assessment is completed after every newborn delivery without requiring an in-person visit. Any of the following may be considered postpartum care:

- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
- Documentation on any of the following topics:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing, or family planning
 - Sleep/fatigue
 - Resumption of physical activity or attainment of healthy weight
 - Evaluation of weight, blood pressure, breasts, and abdomen

By optimizing the value of telehealth visits, we can ensure that more patients receive the prenatal and postpartum care they need.

HEDIS and EDV audits

During the spring season, our Quality Management department is engaged in two large audits simultaneously: the HEDIS hybrid audit and the Encounter Data Validation (EDV).

Although HEDIS data is gathered on a regular basis throughout the year, retrieving medical records for hybrid measures occurs in a concentrated period, from February through May. A measure is considered hybrid when it also requires visualizing data point(s) in the medical record, as opposed to being fully processed administratively through claims. As an example, to meet requirements for controlling high blood pressure, a patient's blood pressure needs to be noted in the medical record and evaluated. We want to ensure that providers receive the most accurate HEDIS scores based on the care you have already provided. Partnering with us to retrieve these needed medical records will assist with guaranteeing this accuracy.

The EDV is a mandated audit by the Department of Health Care Finance (DHCF) and aims to validate the accuracy of the coded claims compared with the services and diagnoses documented in the associated medical record. DHCF will select time frames at random, and providers will be asked to submit medical records relating to the care and services delivered to members during this window. All records must include four elements: patient name, date of birth, provider name, and date of service.

These requests for records are time sensitive. We ask that you share this information with your team and encourage them to respond as soon as possible. As always, your partnership and collaboration for these audits are greatly appreciated.

If you have any questions, please contact Quality Management at **1-855-217-2219**.



Expanding doula coverage

The United States has the highest maternal mortality rate among developed countries, with the rates disproportionately higher for Black women compared with white women. Although most maternal deaths are preventable, the rate in the United States has been increasing since 2000.¹ In the District of Columbia, both the maternal mortality rate and the pregnancy-related mortality rate are higher than the national average. Black mothers account for about half of all births in the District but 90% of pregnancy-related deaths.²

Research shows that doulas can help improve health outcomes for mothers and reduce these disparities by offering culturally contextual and competent care.³ To prioritize maternal health care, AmeriHealth Caritas DC has expanded the doula benefits available to enrollees. The new benefits include the following:

- 12 visits that can be allocated across the perinatal and postpartum visits, including attendance at delivery and one doula consultation.
- Perinatal visits (before, during, and up to six weeks after delivery): billed and reimbursed per visit, regardless of visit length.

- Postpartum visits: billed and reimbursed separately as a unit of service; billed in 15-minute increments and reimbursed at a per-unit rate, with each visit not exceeding 24 units or six hours.

The doula benefits are available for the following groups:

- Enrollees who were pregnant on or after April 1, 2022, as well as current and new beneficiaries who enroll based on pregnancy.
- Current enrollees who were receiving Medicaid or the Children's Health Insurance Program (CHIP) benefits in the District of Columbia while pregnant and who were no longer pregnant as of April 1, 2022, but were still within the 12-month postpartum period.
- Individuals who apply for Medicaid after their pregnancy ends but receive Medicaid-covered services in the District of Columbia while pregnant.

We encourage providers to recommend doulas to their patients. If you have questions, call Provider Services at **1-888-656-2383**.

1. Roosa Tikkanen et al., "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries," The Commonwealth Fund, New York, NY, November 18, 2020, <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries#:~:text=Women%20in%20the%20U.S.%20are,inc>.

2. "Maternal Mortality Review Committee: 2019 – 2020 Annual Report," District of Columbia, Office of the Chief Medical Examiner, December 2021, https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf.

3. Cara B. Safon et al., "Doula Care Saves Lives, Improves Equity, and Empowers Mothers. State Medicaid Programs Should Pay for It," *Health Affairs*, May 26, 2021, <https://www.healthaffairs.org/doi/10.1377/forefront.20210525.295915/full/>.



Education and trainings

Providers were invited to *Cooking with Gas: Health Harms from Gas Stoves*, a webinar training presented by Physicians for Social Responsibility to examine the impact of environmental injustice, the increased risk of disease, and the dangers of indoor air pollution to our most vulnerable populations. These unique trainings provide actionable tools, awareness, education, and enriched dialogue.

Past webinars are available on demand at www.amerhealthcaritasdc.com/provider/resources/training.aspx. Stay on the lookout for new educational opportunities!

Improving specialty care access with AristaMD

AmeriHealth Caritas DC now offers access to the [AristaMD eConsult platform](#) to better serve Medicaid and Alliance patients. eConsult empowers primary care providers to request the advice of a specialist online to help ensure patients get the timely, specialist-guided treatment they need without a face-to-face visit with a specialist.

This HIPAA-compliant provider-to-provider communication platform enables connections with specialists in more than 70 specialties and subspecialties, allowing primary care physicians to deliver immediate access to specialty care right from their own office, avoiding excessive wait times. eConsult is simple and fast and fits seamlessly into your clinical workflow.

[Request an eConsult demonstration](#) to learn more.



Behavioral health updates

How one behavioral health care provider leveraged data to better manage care

Integrated Care DC is a five-year program aimed at facilitating individualized technical assistance and training to support Medicaid providers in their efforts to deliver whole-person care. The goal of the program is to improve care and patient outcomes within three core competencies:

- Delivering person-centered care across the care continuum
- Using data and population health analytics
- Engaging leadership to support person-centered, value-based care

As part of the Integrated Care DC program, Anchor Mental Health — a division of Catholic Charities — worked with Health Management Association coaches to better understand and address their quality data as a way to improve clinical outcomes. This work included a focus on the use of CRISP tools as well as a review of the AmeriHealth Caritas DC Behavioral Health Quality Scorecards.

Anchor Mental Health combined the use of CRISP Admission, Discharge, Transfer (ADT) feeds for consumers who have recently had an emergency department (ED) or inpatient visit. They then align this data with the AmeriHealth Caritas DC Scorecard outcomes. The Anchor Quality team provides this patient-level data to its Assertive Community Treatment (ACT) team to focus their resources on the highest utilizers of behavioral health-related ED visits. By honing in on specific cases, the team can identify ways to improve transitions of care, outcomes, and patient satisfaction for all consumers.

Anchor’s ACT team follows up after patient hospitalizations and partners with consumers to improve physical and behavioral health outcomes and reduce unnecessary ED utilization. Due to this approach, a significant reduction of ED visits was reported for one consumer who had 13 visits in fall 2021. This patient now has regular follow-up visits with his primary care and specialist providers instead of emergency room encounters. He rarely visits the ED now thanks to this whole-person care.

“Through Integrated Care DC and AmeriHealth Caritas DC, our team developed and implemented plans for improving the overall health of our consumers,” said Karen Ostlie, Senior Director of Behavioral Health Transitions at Anchor Mental Health. “We’re excited to continue our population health approach to improving clinical health outcomes.”

Due to this approach, a significant reduction of ED visits was reported for one consumer who had 13 visits in fall 2021.

Dental updates

Supporting the oral health of enrollees with special needs

Many individuals find oral hygiene and visits to a dentist's office challenging and stressful. For individuals with special needs, however, there can be additional difficulties associated with caring for their oral health. It is critical to familiarize yourself with steps you can take to help these enrollees feel more comfortable in your office and with their dental care routine.

Here are a few ways to help patients with special needs feel comfortable during treatment:

- Have enough assistants during exams and procedures to help you monitor the patient.
- Consider sedation if it will keep the patient comfortable during longer appointments.
- Pay attention to the patient's body language so you are aware of any discomfort, particularly if the patient is not verbal or has any impairments that may affect communication.
- Be aware of your own body language, facial expressions, and tone of voice.
- Communicate with the patient in a way that is appropriate for his or her needs. For instance, if an enrollee has a hearing impairment but can read lips, be sure to speak face-to-face so the patient can see what you say. You could also offer paper for the enrollee to write messages if that method is preferred.
- Assess how to address the needs of patients who have balance issues or exhibit aggressive behaviors, both of which could require supportive and protective stabilization (e.g., using pillows or rolled blankets to stabilize the head or rubber bite blocks for oral stabilization).

Be sure to communicate with the patient or their caregiver to determine how best you can support their long-term dental health — you may need to demonstrate appropriate techniques or suggest alternative options so they can care for themselves effectively. Refer to [our guide](#) for more insight into enrollees with special needs and the barriers they face regarding their oral health.

Supporting oral health during pregnancy

Caring for one's oral health is always important, and this is no less true during pregnancy. Pregnant patients might be so overwhelmed with other health needs and concerns, however, that they may not be as attentive to their oral health as they should be.



Refer to [our guide](#) for information about specific oral health considerations for pregnant patients, as well as how you can support them in caring for their dental health during pregnancy.

If your patient needs assistance scheduling a dental appointment or identifying or changing their primary dental provider, please instruct them to call Enrollee Services at **1-800-408-7511**. Enrollee Services is available 24 hours a day, seven days a week.

Dental provider manual updates

AmeriHealth Caritas DC has updated the Dental Value-Based Compensation Program manual, available at <https://www.amerihealthcaritasdc.com/pdf/provider/forms/provider-value-based-dental-guide.pdf>. The manual contains a new sample scorecard for 2023.

If you have questions, please contact Dental Provider Services at **1-855-609-5170, option 5**.

Pharmacy updates

Recent formulary changes for AmeriHealth Caritas DC

Below are recent AmeriHealth Caritas DC formulary additions and removals of which providers should be aware.

Formulary additions as of December 12, 2022

- Calcipotriene (Dovonex) 0.005% topical cream: requires a step therapy requirement through a topical corticosteroid
- Tazarotene (Tazorac) 0.1% topical cream: requires a step therapy requirement through a topical corticosteroid
- Ascorbic acid 250 mg, 500 mg, and 1000 mg tablets
- Injectafer (ferric carboxymaltose) 100 mg/2 mL IV solution
- Quetiapine 150 mg tablet: quantity limit of 150 tablets per 30 days
- Granisetron 0.1 mg/mL, 1 mg/mL, and 4 mg/mL injection solutions
- Ondansetron 4 mg/2 mL and 40 mg/20 mL injection solutions

Formulary removals as of January 16, 2023

- Drithocrema HP (anthralin) 1% topical cream
- Pevnar 13
- Victoza (liraglutide)
- Wixela Inhub (fluticasone-salmeterol)

Formulary removals as of February 1, 2023

- QVAR RediHaler (beclomethasone)
 - Note that members currently on QVAR RediHaler may continue to fill prescriptions for it without prior authorization until March 13, 2023.

Please visit the [Pharmacy section](#) of our provider website for up-to-date pharmacy information. Contact PerformRx at **1-888-602-3741** (Medicaid) or **1-888-987-5821** (Alliance) with any questions.

Important reminders

Practitioner credentialing rights

During the review of the credentialing and recredentialing applications, applicants are entitled to certain rights. Every applicant has the right to:

- Review the information submitted to support their credentialing application, with the exception of recommendations, and peer protected information obtained by AmeriHealth Caritas DC;
- Correct erroneous information. When information is obtained by the Credentialing department that varies substantially from the information the provider provided, the Credentialing department will notify the health care provider to correct the discrepancy;
- Upon request, to be informed of the status of their credentialing or recredentialing application. The Credentialing department will share all information with the provider with the exception of references, recommendations or peer-review protected information (i.e., information received from the National Practitioner Data Bank). Requests can be made via phone, email, or in writing. The Credentialing department will respond to all requests within 24 business hours of receipt. Responses will be via email or phone call to the provider.
- Be notified within 60 calendar days of the Credentialing Committee or Medical Director review decision; and,
- Appeal any recredentialing denial within 30 calendar days of receiving written notification of the decision.

To request or provide information for any of the above, the provider should contact AmeriHealth Caritas District of Columbia's Credentialing department at the following address:

Attn: Credentialing Department
AmeriHealth Caritas District of Columbia
200 Stevens Drive
Philadelphia, PA 19113
Phone: **1-877-759-6186**
Fax: **215-863-6369**

AmeriHealth Caritas DC's Quality Assessment and Performance Improvement (QAPI) program provides oversight of the Credentialing department.

Medical record requirements

Medical records of network providers are to be maintained in a manner that is current, detailed, organized and permits for effective and confidential patient care and quality review. Provider offices are to have an organized medical record filing system that facilitates access, availability, confidentiality and organization of records at all times.

Providers are required by contract to make medical records accessible to the D.C. Department of Health Care Finance (DHCF), the D.C. Department of Health (DOH), the United States Department of Health and Human Services (HHS), the Centers for Medicare and Medicaid Services (CMS) and/or the Office of the Inspector General (OIG), and their respective designees in order to conduct fraud, abuse, waste and/or quality improvement activities.

Providers must follow the medical record standards outlined below, for each enrollee's medical record, as appropriate:

- Elements in the medical record are organized in a consistent manner and the records must be kept secure.
- Patient's name or identification number is on each page of record.
- All entries are dated and legible.
- All entries are signed by the author.
- Personal and biographical data are included in the record.
- Current and past medical history and age-appropriate physical exam are documented and include serious accidents, operations, and illnesses.
- Allergies and adverse reactions are prominently listed or noted as "none" or "NKA."
- Information regarding personal habits such as smoking and history of alcohol use and substance abuse (or lack thereof) is recorded when pertinent to proposed care and/or risk screening.
- An updated problem list is maintained.
- There is documentation of discussions of a living will or advance directives for each enrollee.
- Patient's chief complaint or purpose for visit is clearly documented.
- Clinical assessment and/or physical findings are recorded.
- Appropriate working diagnoses or medical impressions are recorded.
- Plans of action/treatment are consistent with diagnosis.

- There is no evidence the patient is placed at inappropriate risk by a diagnostic procedure or therapeutic procedure.
- Unresolved problems from previous visits are addressed in subsequent visits.
- Follow-up instructions and time frame for follow-up or the next visit are recorded, as appropriate.
- Current medications are documented in the record, and notes reflect that long-term medications are reviewed at least annually by the practitioner and updated, as needed.
- Health care education provided to patients, family members or designated caregivers is noted in the record and periodically updated, as appropriate.
- Screening and preventive care practices are in accordance with the Plan's Preventive Health Guidelines.
- An immunization record is up to date (for enrollees 21 years and younger) or an appropriate history has been made in the medical record (for adults).
- Requests for consultations are documented in writing and are consistent with clinical assessment/physical findings.
- Laboratory and other studies ordered, as appropriate, are documented in writing.
- Laboratory and diagnostic reports reflect practitioner review, documented in writing.
- Patient notification of laboratory and diagnostic test results and instruction regarding follow-up, when indicated, are documented in writing.
- There is written evidence of continuity and coordination of care between primary and specialty care practitioners or other providers.

Medical record audits

AmeriHealth Caritas DC conducts medical record audits to assess the provision and documentation of high-quality primary care according to established standards. Compliance with these standards will be audited by periodic review and chart samplings of the participating primary care offices. Health care practitioners/providers must achieve an average score of 90% or higher on the medical records review. AmeriHealth Caritas DC will assist health care practitioners/providers scoring less than 90% through corrective action plans and re-evaluation.



AmeriHealth *Caritas*[™]
District of Columbia

www.amerihealthcaritasdc.com

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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR