

Q1 — 2017



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Message from the Market President

Welcome to the spring 2017 edition of Connections — our newsletter for AmeriHealth Caritas District of Columbia (DC) providers. We believe you will find the resources enclosed helpful as you provide quality care and services to our members.

In continuation of our efforts in 2016, this year we plan to continue to focus on ensuring our members have access to quality health care services on their terms. Throughout 2016, we found great success by enrolling our members in our Care Management program. The program supports members by examining their personal health goals and, with the help of Care Coaches, guiding them to achieve health and wellness. Members have benefited immensely from this program, and we look forward to increasing our members' — your patients' — enrollment in it.

Providers, as a part of each member's "care team," play a huge role in ensuring members understand what their health goals should be and how they can make healthy choices that will impact their health for the better. To assist you in encouraging healthy behaviors with your patients, the Let Us Know program allows providers to refer patients to Care Coaches or let us know how we can give your patients added support.

This time last year, we launched several new approaches to reducing nonemergent emergency department use and preventable admissions and readmissions. This continues to be a point of improvement for us at AmeriHealth Caritas DC. We plan to continue the initiatives we found effective last year and additionally cultivate new and innovative techniques and programs to address these matters.

Your active participation and collaboration have played a key role in our successful efforts over the past four years and have helped us reduce avoidable readmissions and increase medication adherence. We anticipate that with additional tools, robust resources, and active partnership, we will garner similar positive results toward our common goal of improving health outcomes for those we serve.

We encourage you to share this newsletter with your staff and colleagues. For more information and other resources, please visit www.amerihealthcaritasdc.com. Thank you for your continued service and dedication to our members!

Karen M. Dale
Market President
AmeriHealth Caritas DC

Care Management Innovation: Two-Way Texting Pilot Program

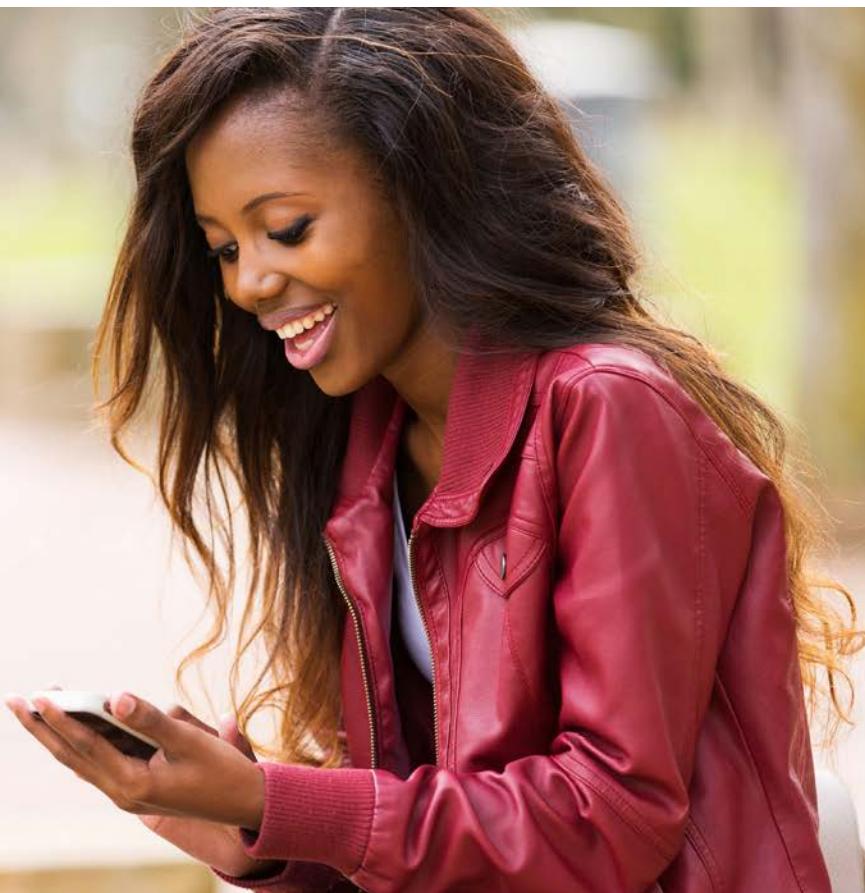
AmeriHealth Caritas DC has introduced a new tool for our members to communicate with their Care Coaches (formerly known as Care Managers) using text messaging through the Wellpass platform from Voxiva. This program allows Care Coaches to text members through a secure network to assist with scheduling provider appointments, transportation, and other needs.

We estimate that 90 percent or more of our adult members have phones capable of SMS text messaging. Based on member feedback and an analysis of our current care management outreach efforts, we know many of our members do not respond to phone calls or mailings; however, they are more likely to respond to and prefer communication by text message.

Key benefits of the two-way texting program:

- Improved customer service: Many members don't want to be interrupted with phone calls
- Improved ability to contact members: Members are more likely to respond to text messages
- Improved ability to engage members: Messaging members reminders and other information will improve their connection with their Care Coaches
- Reduced Care Coach time spent calling members unsuccessfully

As we implement this pilot program, select Care Coaches will introduce the two-way texting program to their care-managed members so they can opt in to the program. AmeriHealth Caritas DC is always seeking to enroll our members into the Care Management program. If any of your patients could benefit from the AmeriHealth Caritas DC Care Management program, you may refer them by using the **Let Us Know form** on our website at www.amerihealthcaritasdc.com/provider/resources/let-us-know.aspx.



A Guide to Appropriate Antibiotic Use

Now that cold and flu season is in full swing, you may feel pressured by your patients to prescribe an antibiotic. To ensure the continued effectiveness of antibiotics that save lives from bacterial infections, clinicians must prescribe antibiotics appropriately. According to the Centers for Disease Control and Prevention (CDC), antibiotic resistance is one of the world's most pressing public health problems.

AmeriHealth Caritas District of Columbia (DC) encourages all providers to follow the CDC's recommendations for preventing the spread of antibiotic resistance by:

- Prescribing antibiotic therapy only when it is likely to benefit the patient
- Using an agent targeting likely pathogens
- Encouraging each patient to use the antibiotic in the appropriate dose and for the appropriate duration

Alternatives to antibiotics

AmeriHealth Caritas DC covers some over-the-counter (OTC) cough and cold products with a prescription. You may be able to provide patients with a prescription for symptomatic treatment while reserving antibiotics for cases where there is more evidence to support their use. Covered OTC products include:

- Guaifenesin, 100 mg/5 ml (generic Robitussin®)
- Pseudoephedrine-guaifenesin extended release (ER), 60 mg – 600 mg ER tablet (generic Mucinex® D)
- Guaifenesin-dextromethorphan-phenylephrine, 5 mg/5 ml, 10 mg/5 ml, or 100 mg/5 ml (generic Robitussin CF)
- Guaifenesin-dextromethorphan, 10 mg/5 ml – 100 mg/5 ml (generic Robitussin DM)
- Children's acetaminophen, 160 mg/5 ml (generic Tylenol®)
- Infants' acetaminophen drops, 80 mg/0.8 ml
- Children's ibuprofen, 100 mg/5 ml (generic Motrin®)
- Infants' ibuprofen, 50 mg/1.25 ml
- Loratadine, 5 mg/5 ml – 10 mg/5 ml (generic Claritin®)
- Cetirizine, 5 mg and 10 mg (generic Zyrtec®)
- Cetirizine-D, 12 hour
- Loratadine-D, 24 hour (generic Claritin-D®)
- Pseudoephedrine, 60 mg tablets
- Guaifenesin-phenylephrine, 5 mg/5 ml – 100 mg/5 ml (Despec)



A Guide to Appropriate Antibiotic Use (continued)

Improving HEDIS® scores

Please consider the following Healthcare Effectiveness Data and Information Set (HEDIS) measures when treating these common winter afflictions.

Pharyngitis in children (2 – 18 years of age)

- The vast majority of pharyngitis is viral
- Clinical signs and symptoms do not always point to a viral or bacterial cause
- Quick strep tests are billable in addition to evaluation and management coding
- Wait to see if strep culture or quick strep test is positive before treating with antibiotics
- Penicillin is still the drug of choice in group A strep, or erythromycin if the patient has a penicillin allergy

Upper respiratory infection (URI) in children (3 months to 18 years of age)

- Clinicians know URIs are viral, but patients often pressure for a prescription
- Antibiotics should be reserved for bacterial infections to reduce emerging bacterial antibiotic resistance

Acute bronchitis in adults (18 – 64 years of age)

- Just like pharyngitis and URIs, acute bronchitis is mostly caused by viruses
- Patients can have respiratory symptoms including cough with or without sputum for three weeks
- Purulent sputum is not always indicative of bacterial infection
- Avoid antibiotics, but treat symptomatically
- Consider chest X-ray if pulse is greater than 100 beats per minute, respiratory rate is greater than 24 breaths per minute, temperature is higher than 100.4 degrees, or patient has a lung exam suggestive of pneumonia
- Antibiotics are not needed if there is no evidence of pneumonia

See the table for guidance on acceptable HEDIS codes.

	CPT	ICD-10
Pharyngitis		J02.8 – J02.9
Tonsillitis		J03.80 – J03.81, J03.90 – J03.91
Streptococcal sore throat		J02.0, J03.00 – J03.01
Upper respiratory infection		J00, J06.0, J06.9
Acute bronchitis		J20.3 – J20.9
Strep test	87070 – 87071, 87081, 87430, 87650 – 87652	
Rapid strep test	87880	

Updates to the Obstetrical Authorization and Initial Assessment Form Process

The Obstetrical Authorization and Initial Assessment or ONAF form has been updated, and a new electronic submission process is now available for providers. The ONAF form serves as notification of a pregnancy by a provider to the health plan. The information on the form will also assist your office and AmeriHealth Caritas DC and its Bright Start® team in identifying medical risks, psychosocial risks, and interventions as early as possible.

In an effort to streamline the submission process, the form must be submitted through the Jiva™ system via NaviNet. After submitting the online form, you will receive an authorization number for tracking purposes. In addition, providers will receive a \$75 incentive payment for each form submitted within seven calendar days of each member's initial obstetrics visit. Darin Hutchins, your OB/GYN Provider Network Account Executive, will contact you to schedule training regarding this new initiative.

Effective now, all OB/GYN providers must complete the updated Obstetrical Authorization and Initial Assessment form using AmeriHealth Caritas DC's new electronic submission process. The updated form is available on our website at www.amerihealthcaritasdc.com > Providers > Forms.

If you have any questions about the new process, please contact Darin Hutchins at **202-326-8921**.





Dental Corner

Silver diamine fluoride (SDF) pilot program

In August 2016, AmeriHealth Caritas DC launched the SDF pilot program with Children's National Medical Center (CNMC). Currently, this program is geared towards CNMC providers. This program targets members from newborn to 8 years old who have been diagnosed with early childhood caries. Early childhood caries is of concern because treating it involves a high-risk procedure that requires the administration of general anesthesia. CNMC tracks our members and reports whether they avoided surgery for early childhood caries after receiving SDF treatment. Thus far, we have found this program to be successful in reducing the need for surgical procedures. Due to the initial success of the program, we invited Dr. Scott Tomar of the University of Florida to join us in a provider seminar discussing the effectiveness of SDF treatment in children.

AmeriHealth Caritas DC would love to share some of the new research that demonstrates how the use of SDF treatment reduces emergency room utilization and preventable dental surgical procedures. Have you heard about SDF treatment and its benefits for your patients? If you would like additional information on SDF treatment, please request to have our SDF pilot program provider seminar sent to you via email. To request this presentation, or to share your SDF success stories, please contact Kelli Johnson at kjohnson3@amerihealthcaritasdc.com or at 202-408-3968.

Oral cancer screening initiative

AmeriHealth Caritas District of Columbia is launching a new screening initiative designed to increase early detection of oral cancer and decrease mortality rates caused by late detection. The pilot program provides the latest oral cancer screening technology to participating dental providers in the District to encourage oral cancer screening at all routine dental exams. AmeriHealth Caritas DC will work with two federally qualified health centers, two oral surgeons, and two private dental practices as the initial group of providers for the pilot program.

The American Cancer Society estimates that nearly 50,000 Americans will be diagnosed with oral cancer this year, with 9,500 oral cancer-related deaths. Top causes include tobacco and alcohol use, weakened immune systems, over-exposure of the lips to the sun, and the human papillomavirus (HPV).

The Oral Cancer Foundation reports that mortality rates for the disease are comparatively higher than for other prevalent forms of cancer due to late detection. Oral cancer is especially dangerous because early symptoms are typically painless and go unnoticed by patients until it reaches an advanced stage; still, physicians and dentists can, in many cases, identify oral cancer early.

Behavioral Health Spotlight: Toxic Stress and Adverse Childhood Experiences

The issue of toxic stress and adverse childhood experiences (ACEs) is gaining recognition, as pediatricians continue to work to incorporate behavioral health into primary care visits for children. Dr. Robert Block, the former president of the American Academy of Pediatrics, has said, “Children’s exposure to ACEs is the greatest unaddressed public health threat of our time.”

Toxic stress is defined by Harvard University as the “prolonged activation of stress response systems in the absence of protective relationships.” It is important to differentiate types of stress; this idea emphasizes that, for all human beings, some levels of stress are positive, characterized by moderate increases in stress hormones and heart rates in the occasional stressful situation. Other tolerable stress responses are activated in more serious situations but are buffered by the presence of a supportive relationship with an adult. Thus, the toxic stress response takes place under two conditions: 1) a child experiences strong and/or frequent trauma, such as physical and emotional abuse, substance use disorder, and exposure to violence while 2) lacking an adequate adult support system to prevent or reverse any damaging effects of this kind of stress response.

ACEs can be measured in your office using the survey below, which expresses 10 types of childhood trauma.

Before your 18th birthday:

1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, humiliate you, or act in a way that made you afraid that you might be physically hurt?

No ____ If Yes, enter 1 ____

2. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?

No ____ If Yes, enter 1 ____

3. Did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way or attempt or actually have oral, anal, or vaginal intercourse with you?

No ____ If Yes, enter 1 ____

4. Did you often or very often feel that no one in your family loved you or thought you were important or special or that your family didn’t look out for each other, feel close to each other, or support each other?

No ____ If Yes, enter 1 ____

5. Did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you or that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No ____ If Yes, enter 1 ____

6. Were your parents ever separated or divorced?

No ____ If Yes, enter 1 ____

7. Did your mother or stepmother often or very often get pushed, grabbed, slapped, or have something thrown at her? Was she sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No ____ If Yes, enter 1 ____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

No ____ If Yes, enter 1 ____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No ____ If Yes, enter 1 ____

10. Did a household member go to prison?

No ____ If Yes, enter 1 ____

**Now add up the “Yes” answers.
This is a respondent’s ACE score.**

Behavioral Health Spotlight: Toxic Stress and Adverse Childhood Experiences (continued)

Studies show that a person with four or more ACEs is:

- 2.5 times more likely to have chronic obstructive pulmonary disease
- 4.6 times more likely to experience depression
- 12 times more likely to be suicidal

A woman with **seven** or more ACEs is **5.5** times more likely to become pregnant as a teen. A woman with **three** or more ACEs is **3.5** times more likely to become a victim of intimate partner violence, and a man with **three** or more ACEs is **3.8** times more likely to perpetrate intimate partner violence. Not only are there clear physical health outcomes, the toxic stress experienced by patients with a history of ACEs is more likely to affect their own future parenting abilities for the next generation of children.

An opportunity therefore exists for providers to learn to understand which children may be undergoing this kind of trauma and to potentially interrupt the progression of long-term effects on a child's body. Here are some easy steps to identify toxic stress and provide trauma-informed care in your visits:

- Create a welcoming office environment
- Conduct routine screenings for and surveillance of trauma (i.e., tabulate a child's ACE score)
- Conduct targeted follow-ups, not just referrals
- Assess family strengths and challenges to identify needs
- Establish relationships with community resources for trauma and maintain a comprehensive list of these resources

In the D.C. area, DC MAP (Mental Health Access in Pediatrics), found at www.dcmap.org, provides education and training for primary care providers (PCPs) looking to incorporate behavioral health into their assessments. Furthermore, it offers phone consultations and other on-demand resources. Please consider using this resource if you do not have a behavioral health provider integrated into your services.

You may also complete and fax the ACE screening tool to AmeriHealth Caritas DC attached to the Let Us Know form.

Sources:

Forkey, Heather, RJ Gillespie, Teri Pettersen, Lisa Spector, and John Stirling. Toolbox for Primary Care. Edited by M. Denise Dowd. American Academy of Pediatrics: Elk Grove Village, IL, 2017.

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Forkey, Heather, RJ Gillespie, Teri Pettersen, Lisa Spector, and John Stirling. Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting. Edited by M. Denise Dowd. American Academy of Pediatrics: Elk Grove Village, IL, 2014.

www.aap.org/en-us/Documents/ttb_addressing_aces.pdf.

Children Now. Trauma Advocacy Fact Sheet. Children's Movement of California: Oakland, CA. Accessed March 30, 2017.

www.childrennow.org/files/8314/2905/3814/trauma-advocacy-fact-sheet.pdf.

Toxic Stress. Center on the Developing Child at Harvard University: Cambridge, MA, 2016.

www.developingchild.harvard.edu/science/key-concepts/toxic-stress/.

Mom's Meals™ Meal Delivery Program

Helping our members address their challenges through nutrition

In partnership with Mom's Meals, a family-owned business, we provide customizable, heart-healthy, and diabetic-friendly meals straight to our members' doors. The program provides meals to members recently discharged from the hospital who are recovering from surgery or managing a chronic condition, such as kidney disease, cancer, hypertension, or diabetes. Ensuring these members receive proper nutrition helps to prevent return visits to the hospital and facilitates a smoother path to recovery. Qualifying members receive three meals a day for two weeks.

Recently, we expanded the Mom's Meals program to members who have a pregnancy-related condition, such as pre-eclampsia or gestational diabetes, and members whose pregnancies are categorized as high risk. Under this expansion, qualifying members will receive meals until 45 days after delivery.

In addition, Mom's Meals offers customized meal programs for members who are managing various chronic conditions or who may benefit from additional support, including members managing:

- Diabetes
- Pre-diabetes
- Heart disease
- Cancer
- Surgery
- Hypertension
- Hospital admission for all causes

Many of our members have enjoyed the nutritional support they receive from Mom's Meals. If you have a member you would like to refer to the Mom's Meals program, please contact the Community Outreach team by calling **202-216-2318**.



Member Rights and Responsibilities

As a plan provider, it is your responsibility to recognize the following member rights and responsibilities.

Members have the right to:

- Be treated with respect and dignity
- Know that when they talk with their doctors and other providers, it's private
- Have an illness or treatment explained to them in a language they can understand
- Participate in decisions about their care
- Receive a full, clear, and understandable explanation of treatment options and the risks of each option so they can make an informed decision, regardless of cost or benefit coverage
- Female members only: Have direct access to a women's health specialist within the network for the covered care necessary to provide women's routine and preventive health care services. Also, female members have the right to designate their PCPs or advanced-practicing registered nurses who specialize in obstetrics (OB) or gynecology (GYN) as participating providers.
- Refuse treatment or care
- Be able to see their medical records and to request that the records be corrected if they are wrong
- Choose eligible PCPs from within AmeriHealth Caritas DC's network and to change their PCPs
- Make a complaint (grievance) about AmeriHealth Caritas DC or the care provided to them and receive an answer
- Request an appeal or a fair hearing if they believe AmeriHealth Caritas DC was wrong in denying, reducing, or stopping a service or item
- Receive family planning services and supplies from the providers of their choice
- Obtain medical care without unnecessary delay
- Ask for a chaperone to be present when they receive health care
- Receive information on advance directives and choose not to have or continue any life-sustaining treatment
- Receive a copy of the Member Handbook
- Continue treatment they are currently receiving until they have a new treatment plan
- Receive interpretation and translation services free of charge if they need them and refuse oral interpretation services
- Get an explanation of prior authorization procedures
- Receive information about AmeriHealth Caritas DC's financial condition and any special ways we pay our providers
- Obtain summaries of customer satisfaction surveys
- Receive AmeriHealth Caritas DC's "Dispense as Written" policy for prescription drugs
- Receive information about AmeriHealth Caritas DC, our services, our providers and other health care workers, our facilities, and each member's rights and responsibilities
- Make recommendations about AmeriHealth Caritas DC's member rights and responsibilities policy
- Be free from any form of restraint or seclusion used as coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion
- Receive a second opinion from a qualified health care professional within the network or arrange to obtain one from a qualified health care professional outside the network, at no cost to them

Member Rights and Responsibilities (continued)

Members have the right to:

- Be informed about cost sharing, if any, upon enrollment, annually, and at least 30 days prior to any change
- Be informed about how and where to access any benefits available under the District of Columbia plan but not covered under the contract, including any cost sharing and how transportation is provided, upon enrollment, annually, and at least 30 days prior to any change
- Be informed that they may be required to pay the cost of services furnished while an appeal is pending, if the final decision is adverse to them
- Not be held liable for AmeriHealth Caritas DC's debts in the event of AmeriHealth Caritas DC's insolvency
- Use any hospital or other setting for emergency care
- Be treated no differently by providers or by AmeriHealth Caritas DC for exercising their rights
- Try to understand their health problems and participate in developing treatment goals
- Help their providers obtain medical records from providers who treated them in the past
- Tell AmeriHealth Caritas DC if they were injured as the result of an accident or at work

Members have the responsibility to:

- Treat those providing their care with respect and dignity
- Follow the rules of the health care program and AmeriHealth Caritas DC
- Follow instructions they receive from their doctors and other providers
- Go to appointments they schedule or that AmeriHealth Caritas DC schedules for them
- Tell their providers at least 24 hours before a scheduled appointment if they have to cancel
- Ask for more explanation if they do not understand their providers' instructions
- Go to the emergency room only if they have a medical emergency
- Tell their PCPs about medical and personal problems that may affect their health to help their PCPs provide their care
- Report to the Economic Security Administration (ESA) and AmeriHealth Caritas DC if they or a family member has other health insurance

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, medical necessity guidelines are referred to the Medical Director for a decision. During review, the Medical Director may also utilize **clinical policies** to assist with making coverage determinations for our AmeriHealth Caritas DC members.

A comprehensive list of clinical policies is available at

www.amerihealthcaritasdc.com > Providers > Resources > Clinical policies.

In addition, the Quality Management department adopts and implements preventive and clinical practice guidelines to help improve patient outcomes, enhance the delivery of 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.amerihealthcaritasdc.com > Providers > Resources > Clinical practice guidelines.

Provider orientation training

Providers now have the option to complete orientation training using on-demand modules found on our website. This training is composed of four modules:

- Introduction to AmeriHealth Caritas DC
- Key departments and provider information
- Claims and payment process
- Culturally and Linguistically Appropriate Services (CLAS)

To access our on-demand training, please visit our website at

www.amerihealthcaritasdc.com > Providers > Education and training.



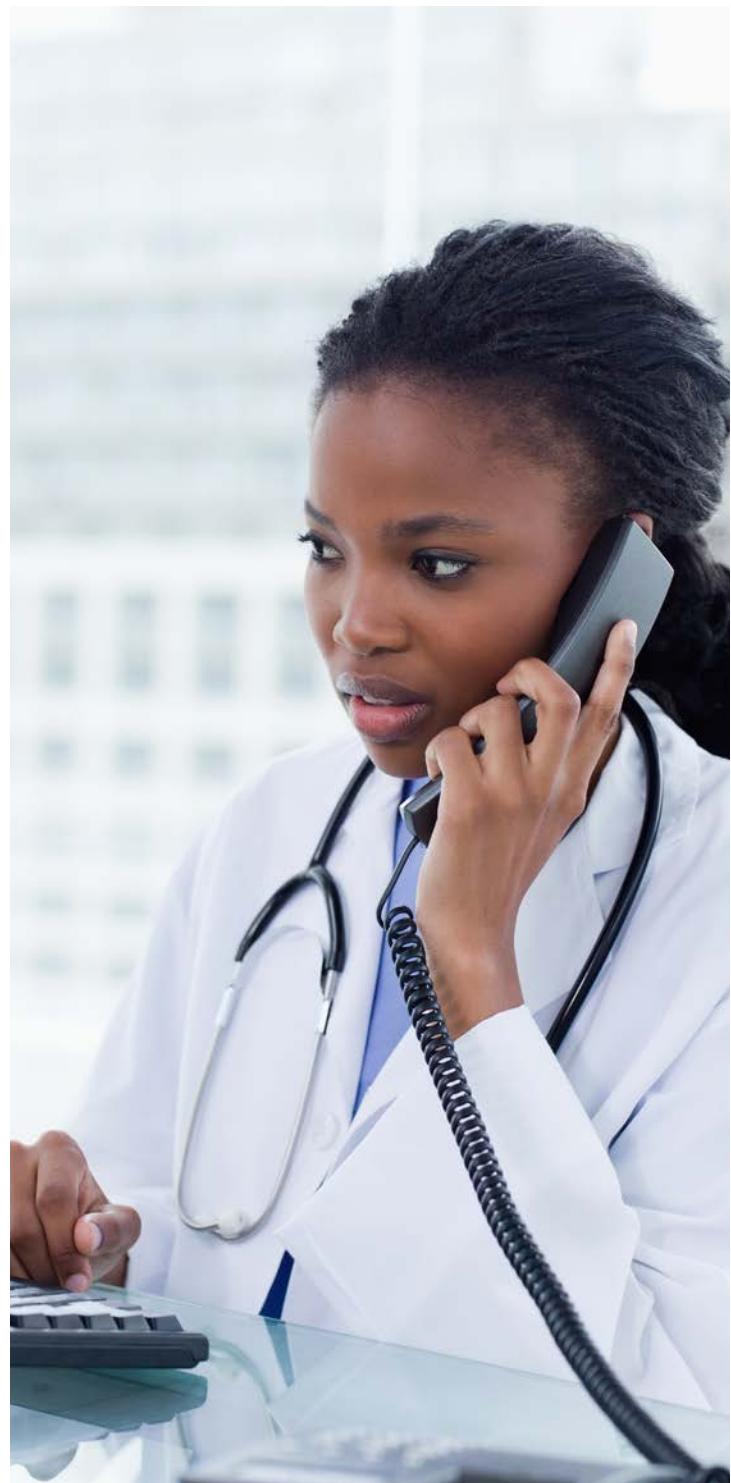
Preventing Fraud, Waste, and Abuse

Medicaid fraud, waste, and abuse (FWA) amounted to \$17 billion dollars in 2014 (about 5 percent of the total cost of the entire program).^{*} Health care fraud affects everyone by raising taxes; decreasing the quality of health care; and taking funds away from members, hospitals, and providers who are attempting to provide legitimate and necessary services.

It is everyone's responsibility to be aware of and report fraud, waste, and abuse. Providers can monitor the activities of their employees through compliance audits; record reviews; and ongoing fraud, waste, and abuse training. Additionally, providers should be aware of and able to recognize member fraud and abuse, such as member ID card sharing. Member ID card sharing can be stopped by checking the identification of a member who comes to an appointment versus checking the Medicaid ID card the member is provided with by the plan. If a member's Medicaid ID does not match the name, birth date, and other information on a type of identification card, please report this to the necessary source. It is important to remember that members may also be the victims of identity theft.

Providers can report fraud, waste, or abuse in the following ways:

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



* Fraud, Waste, and Abuse Toolkit. Centers for Medicare & Medicaid Services: Baltimore, September 2015. www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-overview-booklet.pdf. Link no longer available.

Pharmacy Corner

Formulary updates

The following changes have been made to the formulary. The most current formulary information for AmeriHealth Caritas DC members can always be found via our online searchable formulary at www.amerihealthcaritasdc.com/apps/formulary-medicaid/index.aspx.

Removals	
Drug	Formulary alternatives
Brand suboxone tablet, suboxone film, or Zubsvolv®	Generic suboxone tablets (buprenorphine and naloxone)
Tekturna® (aliskiren hemifumarate)	Cozaar® (losartan potassium) or Diovan® (valsartan), benazepril, captopril, fosinopril, lisinopril, moexipril, perindopril, quinapril, or trandolapril
Tekturna HCT® (aliskiren and hydrochlorothiazide)	Hyzaar® HCTZ (losartan/hydrochlorothiazide), Diovan HCT® (valsartan-HCTZ), benazepril-HCTZ, captopril-HCTZ, enalapril-HCTZ, fosinopril-HCTZ, lisinopril-HCTZ, moexipril-HCTZ, quinapril-HCTZ
Brand Androgel® 1.62% gel pump (testosterone)	Generic depo testosterone, Androgel 1%, and Fortesta®
Methitest™ (methyltestosterone)	Generic depo testosterone, Androgel 1%, and Fortesta
Testred (methyltestosterone)	Generic depo testosterone, Androgel 1%, and Fortesta
Axiron® (testosterone)	Generic depo testosterone, Androgel 1%, and Fortesta
Denavir® cream	Abreva® cream

Additions

Drug
Abreva cream
Generic depo testosterone
Androgel 1%
Fortesta

Now covered: 12-month supply of certain contraceptives

AmeriHealth Caritas DC now covers a 12-month supply of certain contraceptives for our members. For a full list of eligible contraceptives covered by AmeriHealth Caritas DC, please see our online formulary at www.amerihealthcaritasdc.com/apps/formulary-medicaid/index.aspx.



Know Your Credentialing and Recredentialing Rights

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

- Review the credentialing information, with the exception of references, recommendations, and peer-protected information, obtained by the plan. When a discrepancy is identified between an application and other sources, the Credentialing department will notify the provider for clarification.
- Correct erroneous information
- Inquire about the status of credentialing or recredentialing applications
- Receive notification within 60 calendar days of the Credentialing Committee's decision
- Appeal any credentialing or recredentialing denial within 30 days of receiving written notification of the decision

Did You Know?

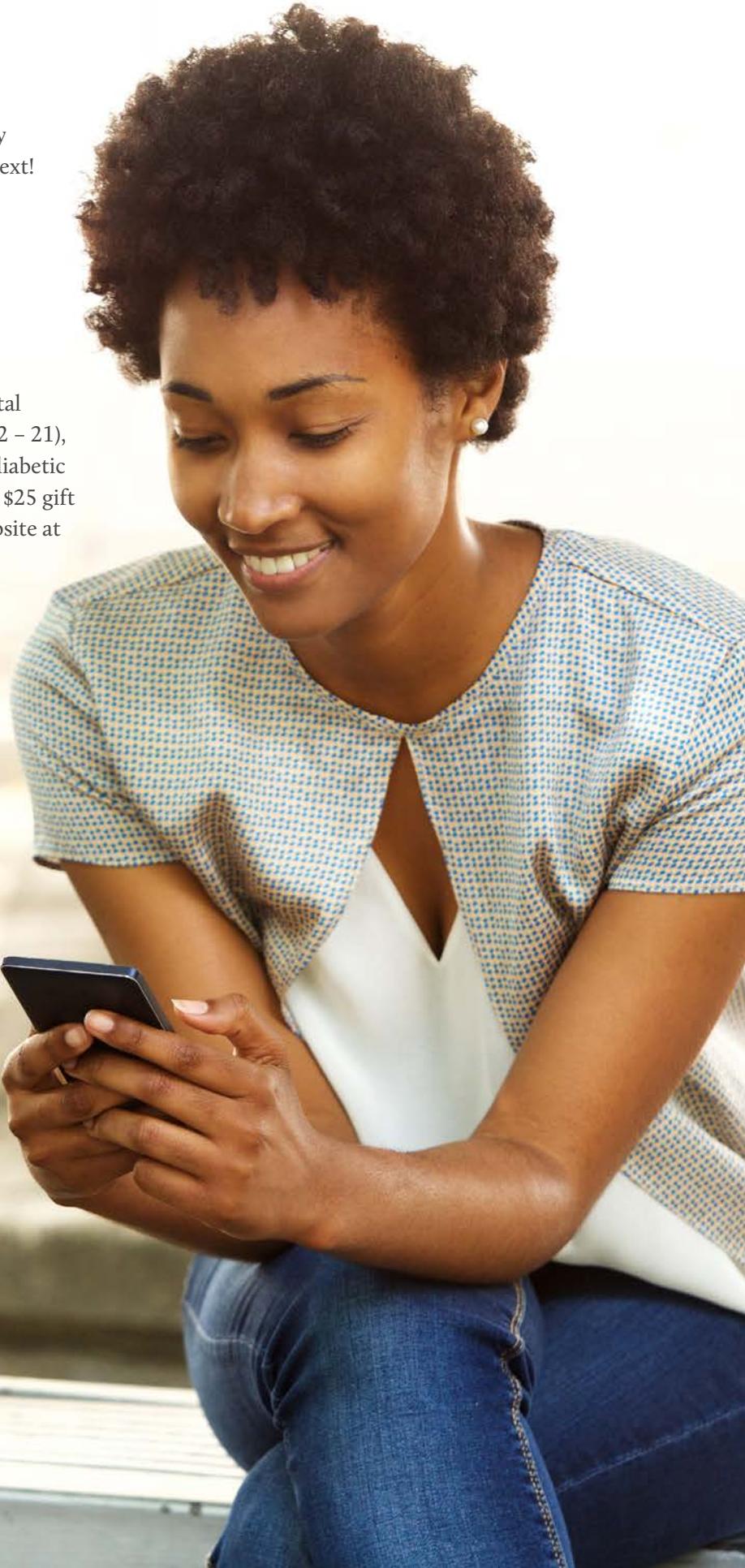
I am HealthySM Text Message Program

AmeriHealth Caritas DC now offers members an easy way to keep track of their health and benefits — via text!

Members who sign up for the text message program by texting “**iamhealthy**” to **85886** will receive a free T-shirt upon enrolling.

I am Healthy Rewards Program

Members who complete a postpartum exam, a prenatal exam in their first trimester, a well-child visit (ages 12 – 21), or hemoglobin A1C or nephropathy screenings or a diabetic retinal eye exam (for diabetic members) can receive a \$25 gift card. To learn more about this program, visit our website at www.amerihealthcaritasdc.com/giftcard.



Important Reminders

Care coaches at the Member Wellness Center

Care Management is a voluntary program for members to receive personal Care Coaches to help them manage their health. Now it's even easier for members to get personalized care from a Care Coach.

Care Coaches are available for walk-in or scheduled appointments on Monday through Friday at the Member Wellness Center located at 2027 Martin Luther King Jr. Avenue SE, Washington, DC 20020. If any of your patients could benefit from the AmeriHealth Caritas DC Care Management program, you may refer them by using the Let Us Know form on our website at www.amerihealthcaritasdc.com/provider/resources/let-us-know.aspx.

Let Us Know program

AmeriHealth Caritas DC wants to partner with you, our provider community, in the management of our members with chronic illnesses or behavioral health needs. Please call our Rapid Response and Outreach Team at **1-877-759-6224** from 8 a.m. to 5:30 p.m., seven days a week, to let us know about members' needs.

HIV/AIDS medications

Effective April 30, 2016, all District of Columbia Medicaid members, including those who are 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. This change will greatly expand access to HIV antiretroviral medications by making them available through all District of Columbia Medicaid FFS pharmacy providers.

OB authorization reminder

AmeriHealth Caritas DC maternity care providers must submit a complete and accurate OB Authorization and Initial Assessment Form to the health plan within seven business days of an initial office visit with a pregnant member. The information provided on the form enables your practice and the health plan to identify medical and psychosocial risks so necessary interventions may occur as early as possible. The form is available on our website at www.amerihealthcaritasdc.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 participating providers must be accepted as payment in full for covered 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 your 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 have the responsibility to ensure an interpreter is present or on the phone when needed. 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**.

Important Reminders (continued)

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.

Sign up for electronic funds transfer (EFT)

Providers can sign up for electronic funds transfer by visiting

www.amerihealthcaritasdc.com > Providers > Forms > EFT enrollment form.

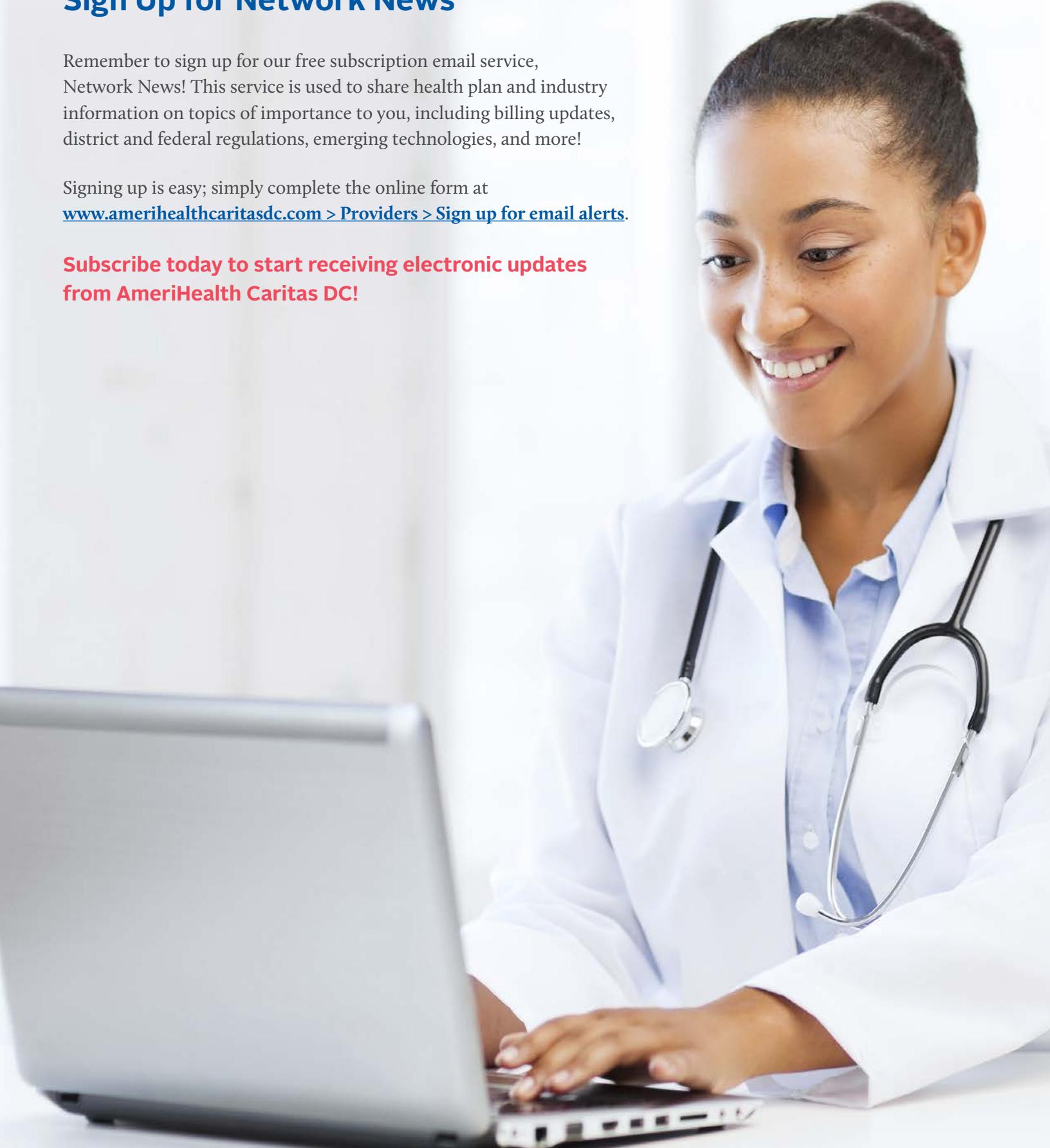


Sign Up for Network News

Remember to sign up for our free subscription email service, Network News! This service is used 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.amerihealthcaritasdc.com > Providers > Sign up for email alerts.

Subscribe today to start receiving electronic updates from AmeriHealth Caritas DC!





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5400ACDC-17513

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 This program is funded in part by the
Government of the District of Columbia
Department of Health Care Finance.

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DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR
