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A Welcome Message From the Market President

At AmeriHealth Caritas District of Columbia (DC), we are committed to supporting every aspect of member health throughout each stage of their lives. Our support would not be possible without our providers, who are committed to improving health outcomes for the populations we serve in the District of Columbia.

In this issue, you'll learn about our many programs and resources dedicated to addressing the problems that our community faces, including some of the most pressing health care issues in the country.

A 2018 report from the United States Department of Health and Human Services found that high-risk conditions such as pre-eclampsia and eclampsia are **60 percent more common in African American women**. To help reduce these alarming risks, AmeriHealth Caritas DC works with many service agencies and resource providers to improve access to maternal health care services. In this newsletter, you'll learn more about our recently announced work with Babyscripts, a virtual obstetric care management platform on which patients can enroll to receive appointment reminders, meet with providers, and have their care monitored remotely. We have also included information on connecting your patients with community services that can help with food insecurity and other social determinants of health. These services are intended to address health-related social needs some members face.

AmeriHealth Caritas DC is committed to working with you by using models and programs designed to equip you with the necessary tools to address complex patient needs and truly focus on whole health and patient-centered care. This year, we launched our [Perinatal Quality Enhancement Program](#) as a way to focus on value-based care models and care for a segment of the District of Columbia community that desperately needs improvement in its health care outcomes.

As we move forward in our sixth year of providing care in the District, we would like to thank the providers below who have worked alongside us for all of those six years as part of our managed care network.

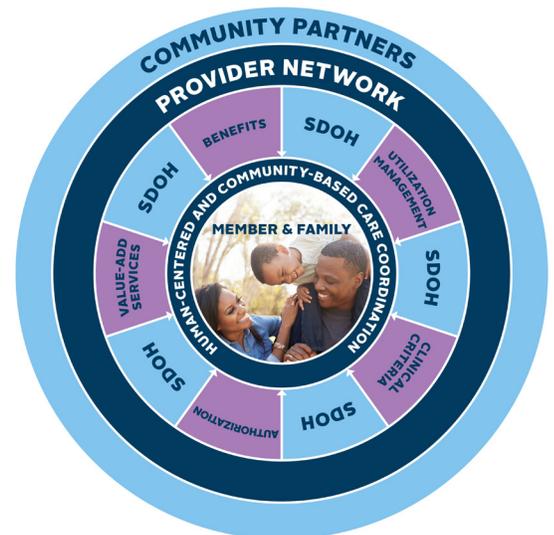
- Children's Medical Care Center
- Pediatric Professionals PC
- Accent on Health LLC
- Michelle Barnes Marshall, M.D.
- Core Health and Wellness Center
- Sushma Goyal, M.D.
- Myra Cranshaw Grissom, M.D.

We thank our providers for all you do to make the District of Columbia a healthier city.

As always, we welcome your feedback on our programs and resources. [Let us know](#) how we can help you continue to provide the best care possible for our members.

Sincerely,

Karen Dale, Market President
AmeriHealth Caritas District of Columbia



Employing Virtual Models to Improve Access to Maternity Care

Many women in the District of Columbia are at risk of experiencing significant, and even life-threatening, pregnancy and perinatal conditions. One of our top priorities at AmeriHealth Caritas DC is to improve maternal outcomes by investing in programs that will enable our members to access total care and resources before, during, and after pregnancy.

One such investment includes creating an engaging and supportive maternity experience for our members by offering resources that provide total care throughout pregnancy and after childbirth. Specifically, we're proud to [announce our collaboration with Babyscripts](#), a virtual care platform for managing obstetrics that will help deliver direct pregnancy care solutions for patients across partner sites in the District of Columbia.

Using internet-connected devices for remote monitoring, Babyscripts offers users an experience tailored to their situations and allows providers to virtually manage many routine parts of pregnancy. This will in turn permit providers to quickly detect risks and automate certain elements of care. Participating AmeriHealth Caritas DC members will be connected to providers with whom they can interact frequently and with flexibility, something that we hope will help minimize a key barrier to accessing care.

This unique care model helps address some of the structural difficulties in coordinating care between health plans and providers; more importantly, it will allow pregnant patients to receive the benefits of remote monitoring and virtual care. We hope this initiative will improve outcomes and decrease the total cost of care.

This program is open to members in Bright Start®, our care management program that helps promote healthy outcomes for pregnant members and their unborn babies. Any AmeriHealth Caritas DC member who is pregnant can be a member of Bright Start. To enroll, members or providers can contact our Bright Start program at **1-877-759-6883**.

We offer a multitude of resources for growing families. For a copy of our perinatal guide, please contact your Account Executive.



Dental checkups as part of maternity and perinatal care

Obstetric providers should be sure to let their AmeriHealth Caritas DC patients know that they have dental benefits. We encourage providers to remind members that regular dental checkups are a safe and healthy part of maternity and perinatal care.

Additionally, all dental health checkups and treatments are provided at no cost for AmeriHealth Caritas DC enrollees.

Beginning at age 1, every child should see their dentist for a checkup every six months or twice a year.

Members should call AmeriHealth Caritas DC's Member Services department at **202-408-4720** or **1-800-408-7511** to find a dentist near them. Members can also look in the provider directory or online at www.amerihhealthcaritasdc.com, or they can call a dental office directly for an appointment.

Services covered:

- Cleanings
- Exams
- Fillings
- Crowns

Note: Some procedures require prior authorization. If a member has dental questions or needs help finding a dentist, please have them call Member Services at **1-800-408-7511 (TTY 1-800-570-1190)**.

CRISP DC and D.C. Department of Health Care Finance Announce Renewal of Partnership to Support Providers

Chesapeake Regional Information System for our Patients (CRISP) DC and the D.C. Department of Health Care Finance (DHCF) are excited to announce the extension of their innovative partnership that brings together clinical and claims infrastructures in support of providers and their patients District-wide.

This grant opportunity names CRISP DC as the entity within the District that provides core health information exchange (HIE) services. These services allow stakeholders to access clinical and claims records in a single view, see and calculate their electronic clinical quality measures (eCQMs), communicate critical care management enrollment information, and improve secure electronic communication with each other, among other services. Over the next year and beyond, CRISP DC and DHCF will further deploy and implement these HIE tools through deeper clinical workflow integration, including through the use of standards such as Fast Healthcare Interoperability Resources (FHIR).

Additionally, CRISP DC has partnered with the DC Hospital Association (DCHA) and the DC Primary Care Association (DCPCA) to ensure that these services are implemented and utilized in a meaningful way. DCHA and DCPCA will conduct trainings, convene workgroups, and implement a pipeline of feedback to CRISP DC's technology teams so that services can be constantly improved through an agile software development process.

DHCF seeks to continue to innovate HIE technology in support of District priorities and its State Medicaid Health IT Plan (SMHP), as well as in alignment with new federal requirements around trusted exchange. We are excited to continue this partnership and efforts to improve the health care ecosystem in our city.

AmeriHealth Caritas DC wishes to support CRISP DC and the DHCF in expanding the use of HIE tools. If you are not already an active user of CRISP DC, your Account Executive will contact you with more information.



New Meal-Delivery Program Helps Alleviate Food Insecurity During Pregnancy

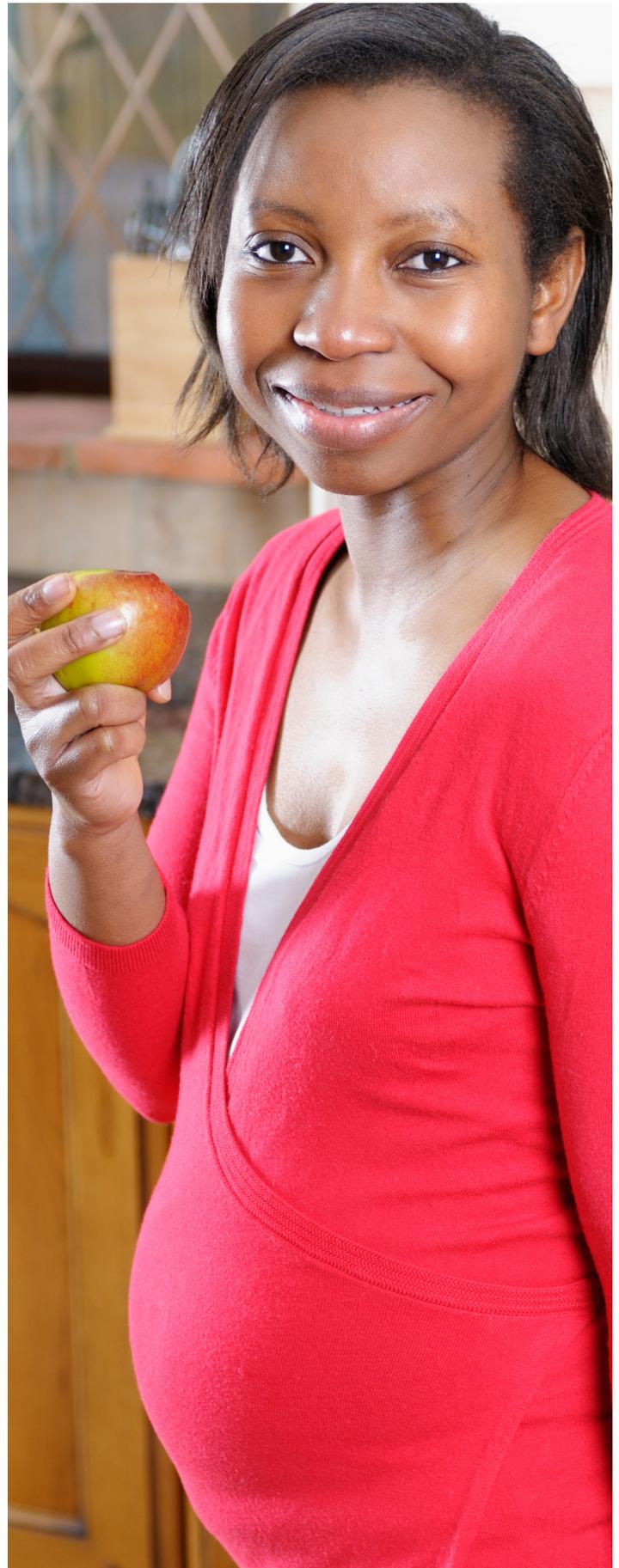
Connecting expecting and new mothers with healthy meals and educational resources is key to working toward better health outcomes. AmeriHealth Caritas DC works with regional nonprofit organization Food & Friends, which specializes in preparing and delivering fully cooked, medically tailored meals, to provide regular nutrition to pregnant and postpartum women in the Bright Start program.

At AmeriHealth Caritas DC, we are proud to work with the District of Columbia community to decrease the stress of food insecurity during a critical period in a patient's life while connecting members to resources to address food insecurity in the long term. This meal delivery service is aimed at reducing risks of developing gestational diabetes, hypertension, and pre-eclampsia, all of which can cause severe harm to both mother and baby. New mothers can also receive meals to aid their recovery from childbirth and the postpartum transition.

Once enrolled in the service, each participant receives six days' worth of meals each week for eight weeks after delivery. Meals are tailored to meet the specific dietary needs of each woman, as directed by a dietitian or other medical provider. Participants also receive nutrition counseling from a Food & Friends registered and licensed dietitian.

Any AmeriHealth Caritas DC member who is pregnant can be a member of Bright Start.

Members can contact our Bright Start program at [1-877-759-6883](tel:1-877-759-6883) to enroll.



BRIGHT START®

Behavioral Health Spotlight

Using clinical outcome measures is a relatively new idea in the world of behavioral health, but this approach has been used in other areas of health care. We have found that applying measurement-based care in behavioral health cases can help providers screen for many common conditions.



Measurement-based treatment for behavioral health

Every time a patient visits a primary care clinic, someone takes their blood pressure. Increasingly, primary care practices and some behavioral health organizations are using this same principle to screen for the most common behavioral health conditions, such as depression and anxiety.

There are a variety of proven measures that can help a provider detect behavioral health conditions, and some of these measures track treatment progress over time. These measures can play an important role in identifying during annual visits people who may not otherwise be recognized as needing care for a behavioral health condition.

Once a patient has a positive screening, a provider should document a follow-up plan that includes one of the following in the next 30 days:

- An outpatient or telephone follow-up visit, with a diagnosis of depression or other behavioral health condition
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management
 - A dispensed antidepressant medication
- or**
- Receipt of an assessment on the same day and subsequent to the positive screening
 - Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up

Follow-up screenings should be done every four to eight months if there was a positive screening so the treating provider has specific information about whether a patient's symptoms are improving. We look forward to supporting you in this journey to integrating behavioral health into primary care as a key part of the holistic care of your patients.

To stay up-to-date on our behavioral health resources and learn more about our engagement program for behavioral health providers, visit the [Provider Manuals and Guides](#) section of our website.



Dental Updates

Dental providers: Our credentialing process is now fully online!

As dental providers prepare to apply for renewed credentials, they should know that AmeriHealth Caritas DC now uses the American Dental Association (ADA)[®] credentialing service, powered by CAQH ProView[®]. The service is fully electronic and was developed to save providers and their staff the time it takes to complete the lengthy paper credentialing forms needed for each health care organization with which they are affiliated. Learn more by visiting www.ada.org/credentialing.

Getting started with the ADA credentialing service, powered by CAQH ProView

Prepare by reviewing the dental credentialing application (www.ada.org/credentialingchecklist) and gathering all required documentation prior to filling out your profile. Any practicing dentist in the United States can get started using this service by visiting www.ada.org/godigital. Once you accept the terms and conditions, you will be redirected to a welcome page, where you will see certain prepopulated information from the ADA — or the information attested to previously — making it easier and quicker for you to complete.

Already registered with CAQH ProView?

If you have used CAQH ProView before, we recommend you access your profile by visiting www.ada.org/godigital. Take note of the items below to ensure you complete your profile successfully:

- Add new documents to replace any expired ones
- Leave no gaps in work history for the most recent five years, or list the reasons for any gaps as appropriate (e.g., leaves of absence, maternity leaves, or illnesses)
- Ensure that a current copy of your liability insurance is attached to the CAQH profile

[Visit the AmeriHealth Caritas DC website for a full checklist of items needed for credentialing applications, as well as answers to frequently asked questions.](#)

Opioid Update for Dental Providers

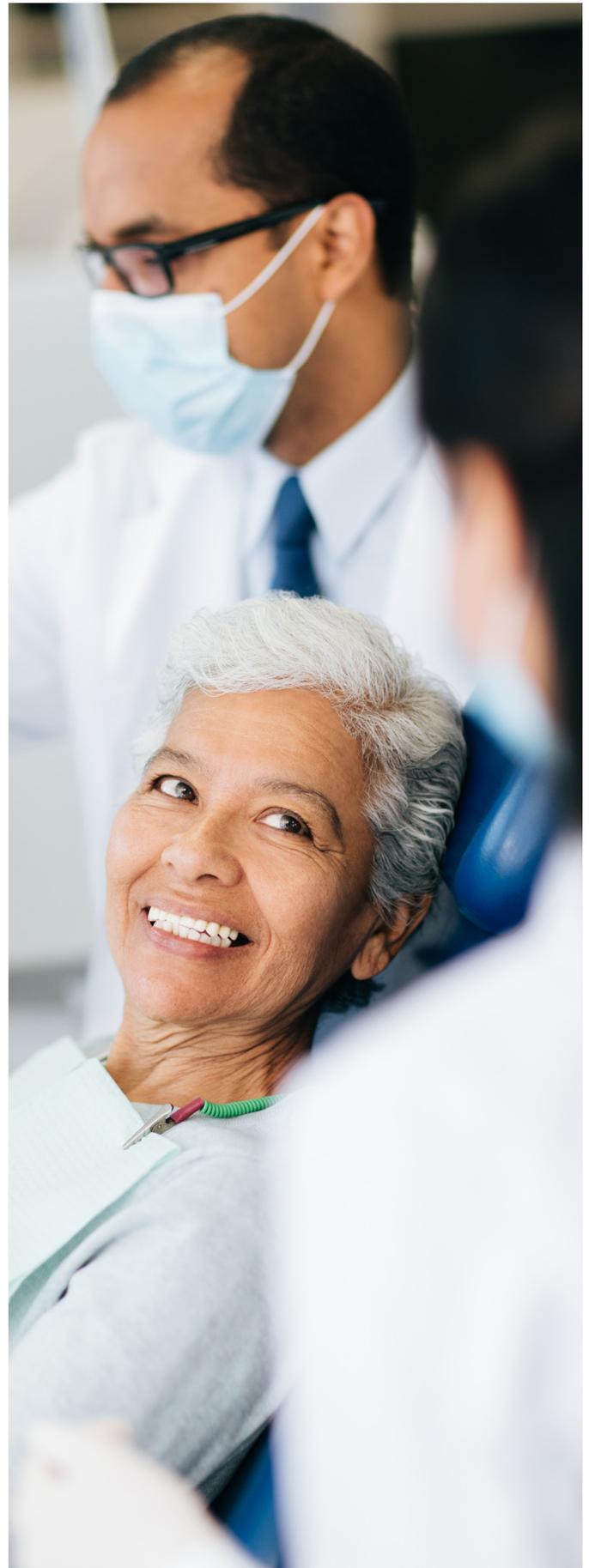
When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions, and history of substance use. Dentists should follow and continually review the U.S. Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain.

According to the CDC, “Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.”

An overview of systematic reviews published in the April 2018 issue of the Journal of the American Dental Association (JADA) found that combinations of ibuprofen and acetaminophen were more effective at relieving acute dental pain than opioids with fewer acute adverse events. The authors concluded that the use of nonsteroidal anti-inflammatory drugs (NSAIDs), with or without acetaminophen, offered the most favorable balance between benefits and harms, optimizing efficacy while minimizing acute adverse events.

The ADA recommends that dentists consider NSAIDs as the first line of therapy for acute pain management, as well as use of NSAIDs before procedures for those who can tolerate them.

For more information, visit www.ada.org/en/advocacy/advocacy-issues/opioid-crisis/faqs-on-opioid-prescribing.



Pharmacy Updates

Please visit the Pharmacy section of our provider webpage for up-to-date pharmacy information, including:

- Changes approved by the Pharmacy and Therapeutics Committee
- Preferred drug list (PDL) updates
- Drug recalls
- Updated pharmaceutical management procedures
- Prior authorization criteria and procedures for submitting a prior authorization request



Important Reminders and Updates

The importance of race, ethnicity, and language data

Did you know that, as part of AmeriHealth Caritas DC's cultural competency program, the health plan has collected more than 50 percent of our members' self-reported race, ethnicity, and language (REL) data? When this data is combined with information the health plan has received from enrollment and electronic medical records, we will have received 80 percent of our REL data from our members.

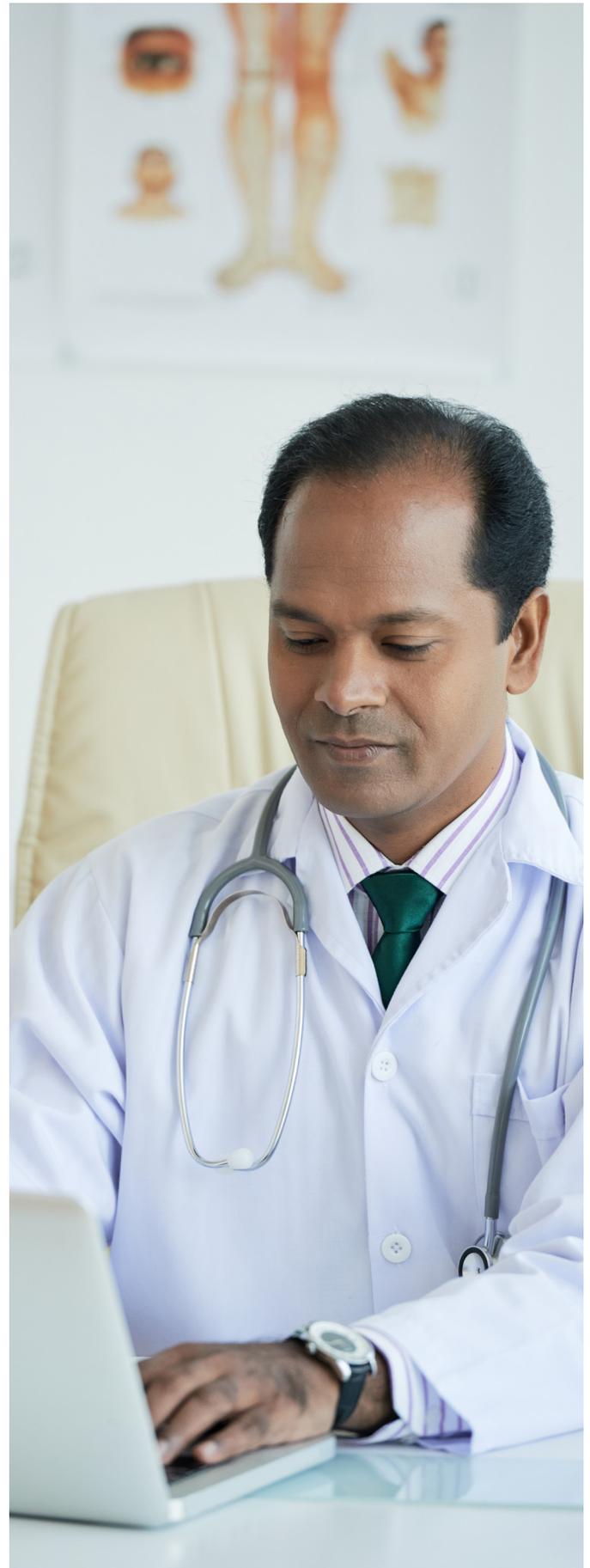
- Allows us to analyze Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), and other performance metrics by REL to examine where there may be health care disparities or a higher prevalence of negative health outcomes in one population in comparison to another.
- Provides accurate and reliable demographic data to providers via NaviNet and other reports. For example, we can analyze REL data by where members live in the District of Columbia to tailor programs to specific areas in the city.

However, collecting provider REL data is also important for helping ensure our members get the best possible care from their providers. In instances where members prefer a provider who has a deep understanding of their cultural background, AmeriHealth Caritas DC aims to provide members with this information on an as-needed basis by asking members to call Member Services.

To better serve our members, AmeriHealth Caritas DC aims to collect more race and ethnicity data from our network providers. Currently, we collect language data from providers when they join our network, but race and ethnicity data are not required. The provision of this information is completely optional; however, we encourage our providers to share this information so we can ensure better care for our members — your patients. **This information is *not* listed in the provider directory, nor is it posted publicly. It is only used by internal health plan staff to help members choose a provider that meets their individual cultural needs.**

You can complete the [Provider Race, Ethnicity, and Language Survey](#), or you can contact your Account Executive to complete an updated provider information form.

AmeriHealth Caritas DC strives to assist our providers in giving quality care to our members. Through the cultural competency program, we have resources available to help our providers provide culturally appropriate services.



Important Reminders and Updates (continued)

Culturally and linguistically appropriate services (CLAS) and patient health

We use the CLAS standards as a guide for working toward health equity for all of our members.

Together with you — our providers — we can help each of our members achieve the highest possible level of health. We can accomplish this by adapting care plans to meet the cultural and linguistic needs of our members.

The [National Standards for Culturally and Linguistically Appropriate Services in Health Care](#) from 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 members' cultural health beliefs and practices, as well as 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 or format, such as braille, audio, or large type, in all member medical records

Visit our website for cultural competency resources.

- The Cultural Competence [provider page](#) on our website shares information about free continuing medical education (CME) training offered online by the Office of Minority Health, and it also contains a link to our online [provider training](#) on CLAS
- When you check eligibility on NaviNet, the system alerts you to non-English speakers, which is a helpful tool to use when prescreening patients to ensure you can address any language barriers or special needs

Translation services

AmeriHealth Caritas DC provides language services at no cost to members for those who do not speak English. Services are provided in the following forms:

- 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

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**.





AmeriHealth Caritas[™]

District of Columbia

www.amerihealthcaritasdc.com

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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR