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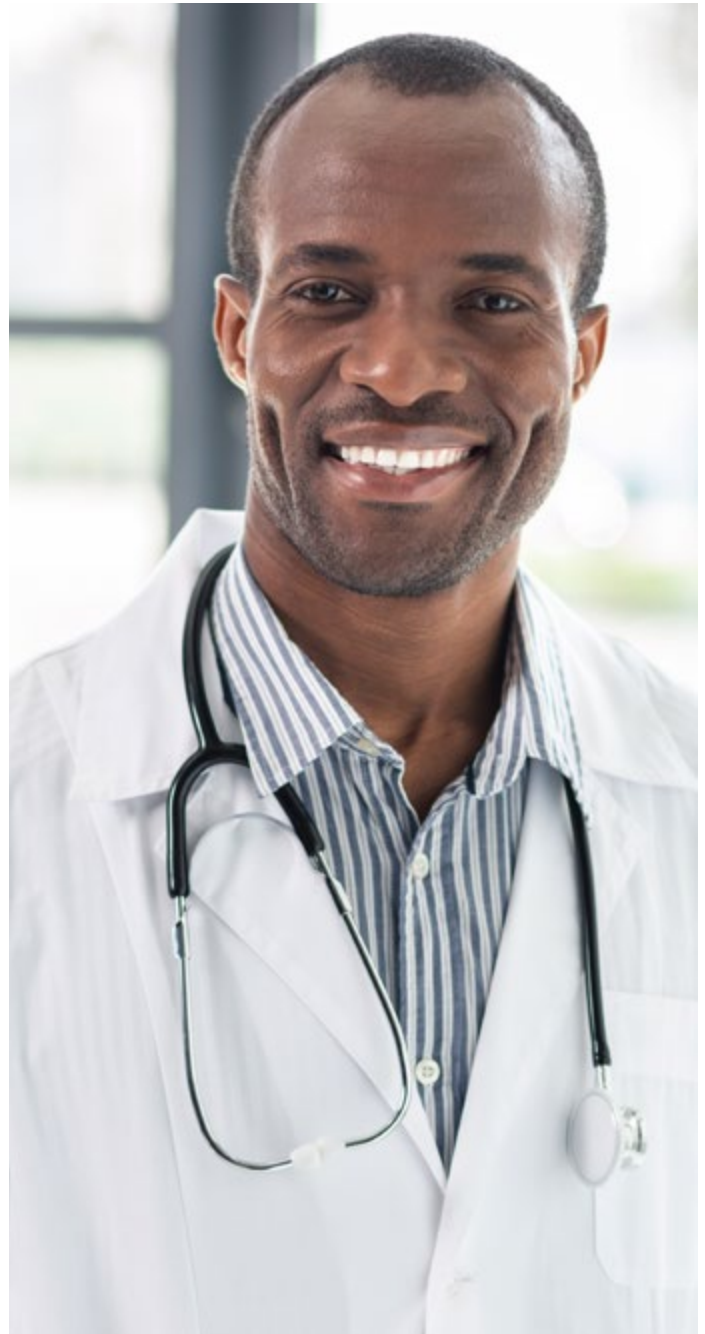
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The content presented within this newsletter is for informational purposes only and is not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information presented and accompanying materials to substitute independent clinical judgment.

www.amerihealthcaritasdc.com



A message from the Market President

Maternal and child health remain key areas of focus in the District of Columbia. For AmeriHealth Caritas District of Columbia (DC) enrollees and their infants, access to the quality care you provide and to our maternal health programs is crucial for helping them experience health and wellness.

The AmeriHealth Caritas DC Bright Start® program is designed to improve the care of vulnerable populations, enhance a pregnant enrollee's care experience, reduce disparities, and improve our birthing and infant enrollees' health outcomes. This program matches pregnant enrollees with an AmeriHealth Caritas DC Care Manager and a team of Care Connectors to support healthy pregnancy, delivery, and postpartum recovery by:

- Helping enrollees find an OB/GYN, midwife, peer support worker, or doula so that they can receive early and consistent perinatal care and/or support. Care Managers and Care Connectors also help with scheduling transportation to and from appointments and identifying behavioral health services when needed.
- Developing a birth plan and providing social support throughout the pregnancy and early postpartum period as expectant parents navigate the changes in their body, family dynamics, and more.
- Connecting enrollees to community-based resources for diapers, a car seat, other necessary supplies, and for parent education and nutrition support programs (including home meal delivery) as needed.

The dedicated team of care managers address the needs of our diverse population by providing holistic care through a racial, ethnic, and cultural lens across the maternal-child continuum of care. The team is intentionally composed of people from the local community who have inside knowledge and understanding of the challenges enrollees may face.

We strive to be a resource our enrollees can count on, and we are continuously creating new materials to help enrollees on their maternal journey. For example, we recently developed a [postpartum passport](#) to act as an interactive guide to help parents stay healthy and take care of their child after birth. Please refer patients to these resources as appropriate. It is essential that we support the health continuum for pregnant persons to ensure consistent access to care from prenatal through postpartum.

You can also refer enrollees to the Bright Start program by calling **1-877-759-6883**. We look forward to continuing to work together to advance coverage, care, and outcomes for maternal and infant health in the District.

Sincerely,

A handwritten signature in black ink that reads "Karen M. Dale". The signature is written in a cursive, flowing style.

Karen Dale

Market President, AmeriHealth Caritas District of Columbia



General updates

HEDIS and EDV audits

During the spring season, the AmeriHealth Caritas DC Quality Management department is engaged in two large audits simultaneously: the **Healthcare Effectiveness Data and Information Set (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 must 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 is greatly appreciated.

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

Encourage your patients to complete the patient experience survey

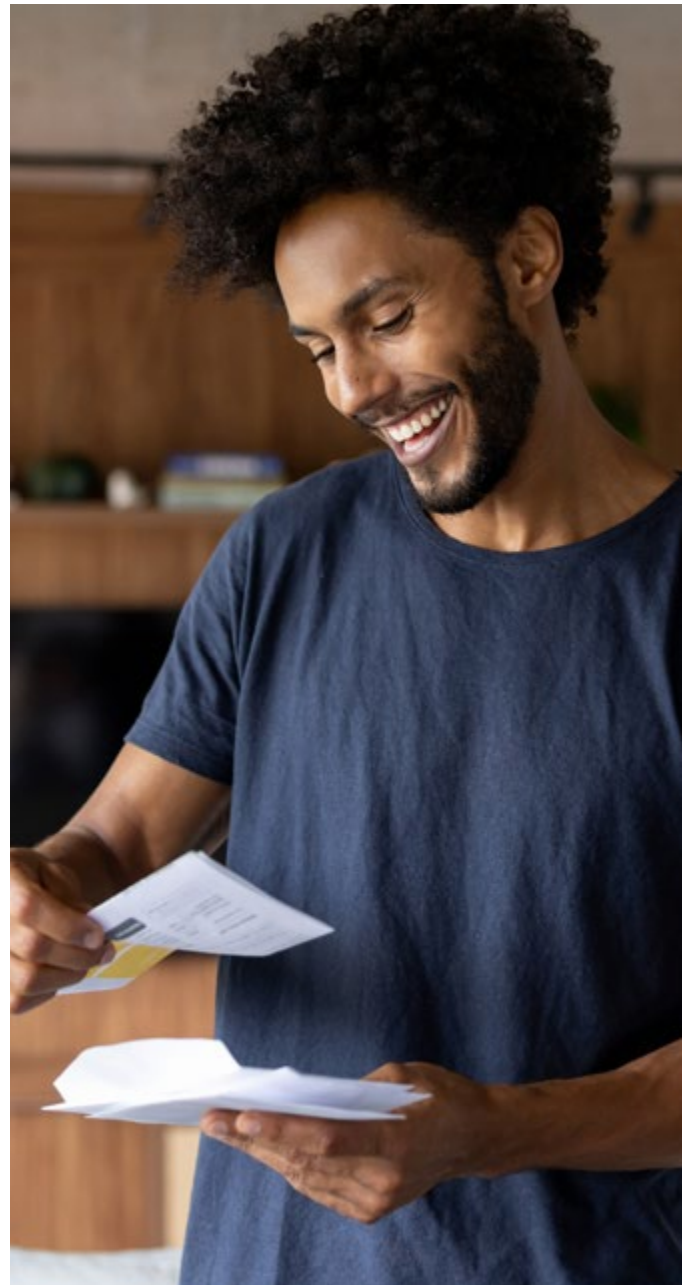
Press Ganey, on behalf of AmeriHealth Caritas DC, has invited a random selection of AmeriHealth Caritas DC enrollees to complete a patient experience survey. The patient experience survey encompasses the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Experience of Care and Health Outcomes (ECHO) survey. This survey is considered the national standard for measuring and reporting on consumers' experiences with health plans, providers, and the services provided. Its purpose is to enhance understanding of patient experience and advance the delivery of safe, patient-centered care.

The annual survey can be completed via mail, internet, or phone. The survey will feature the AmeriHealth Caritas DC logo, and the envelope will display Press Ganey's branding.

Survey topics include, but are not limited to:

- Annual flu vaccinations
- Ability to get necessary care and treatment
- Ability to get care quickly
- Customer service interactions
- Satisfaction ratings of overall health care experience
- Ease and ability to get prescribed medications
- Experience with behavioral health care and services

Survey responses are anonymous and help AmeriHealth Caritas DC, as well as our network providers, better serve enrollees by informing how we deliver our programs and services. Responses can help us facilitate system change, so please encourage your patients who receive the survey to complete it.





Healthy Rewards Program

AmeriHealth Caritas DC would like you to know about changes to our rewards program. On January 1, 2025, the CARE Card Program transitioned to the Healthy Rewards Program. Any rewards earned before January 1, 2025, were part of the CARE Card Program. Any rewards earned on or after January 1, 2025, are part of the Healthy Rewards Program.

Through the Healthy Rewards Program, enrollees can earn rewards (gift cards) by completing activities that support their health. To earn rewards, they must complete one of the following health screenings or tests:

Health screen, visit, or activity	Criteria for enrollees to participate
EPSDT/Well-child visit	All enrollees ages 9 – 20 are eligible to receive a \$50 reward when they complete their annual wellness visit.
Diabetic blood and urine screening	All enrollees previously diagnosed with diabetes are eligible to receive a \$25 reward when they complete an annual blood (HbA1c) and urine (kidney health evaluation) screening.
Diabetic retinal eye exam	All enrollees previously diagnosed with diabetes are eligible to receive a \$25 reward when they complete an annual retinal eye exam for diabetics.
Maternity prenatal visit	All pregnant enrollees are eligible to receive a \$25 reward when they complete a prenatal visit in their first trimester (before they are 13 weeks pregnant).
Maternity postpartum visit	All enrollees who have delivered a baby are eligible to receive a \$25 reward when they complete a postpartum visit between one to 12 weeks (seven to 84 days) after delivery.

Once we are notified that an enrollee has completed a healthy activity, they will receive a text or email with a link to the AmeriHealth Caritas DC Healthy Rewards Marketplace. They should click the link, follow the prompts, and choose a gift card from a select list of retailers. Enrollees may choose to receive either a digital or physical gift card.

Each enrollee is limited to a total of \$75 for any and all rewards each year. Enrollees may earn only one reward in each category per year. Their rewards may not be converted to cash, and rewards expire if they lose AmeriHealth Caritas DC eligibility or are disenrolled from the plan for more than 60 days. They cannot use rewards to purchase alcohol, tobacco, or firearms.

More information can be found at www.amerihelthcaritasdc.com/healthyrewards. The goal of the Healthy Rewards Program is to increase preventive care measures and encourage enrollees to regularly visit their providers.

Behavioral health updates

Collaborative Care Model

The Collaborative Care Model (CoCM) is an evidence-based, integrated behavioral health and primary care model that extends the capabilities of the primary care team to identify and treat patients with less complex behavioral conditions. Based on principles of effective chronic illness care, CoCM focuses on defined patient populations who are tracked in a registry to monitor treatment progression. The treatment plan focuses on measurement-based treatment to help ensure the patient's goals and clinical outcomes are met. CoCM is delivered in primary care settings by a team of three providers: a primary care provider, a behavioral health care manager, and a psychiatric consultant. The model integrates care management and psychiatric interprofessional consultations to regular primary care visits, with the goal of improving whole-person care and care coordination.

Since January 1, 2024, CoCM has been a billable service through DHCF. For providers to bill this service, each member of the collaborative care team must be enrolled

as a Medicaid provider, and the supervising practitioner must be the beneficiary's primary care provider or federally qualified health center (FQHC). For non-FQHCs, collaborative care is reimbursed based on the amount of time the behavioral health care manager spends providing collaborative care services. The primary care provider is responsible for submitting claims reflecting the amount of time the behavioral health care manager has spent providing services in each month. FQHCs will be reimbursed outside of their primary care and behavioral health alternative payment methodologies.

In accordance with requirements set forth in Section 9104 of Chapter 91 and Section 988 of Chapter 9 of Title 29 of the District of Columbia Municipal Regulations, DHCF announced the Medicaid reimbursement rates for the following services. The Medicaid fee schedule for these services is located on the DHCF website at <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleInquiry>.

Non-FQHC billing rates

Service description	Procedure code	Modifier	Rate (effective January 1, 2024)
Collaborative care, initial 70 minutes, first month	99492	N/A	\$173.07
Collaborative care, first 60 minutes, subsequent month	99493	N/A	\$162.29
Collaborative care, additional 30 minutes in any given month	99494	N/A	\$65.99
Collaborative care, first 60 minutes, subsequent month more than six months (prior authorization required)	99493	22	\$162.29
Collaborative care, additional 30 minutes in each month — more than six months (prior authorization required)	99494	22	\$65.99

Billing rates for FQHCs

Service description	Procedure code	Modifier	Rate (effective January 1, 2024)
Monthly rate for 60 minutes or more of collaborative care	G0512	N/A	\$168.68
Monthly rate for 60 minutes or more of collaborative care more than six months (prior authorization required)	G0512	22	\$168.68

[Research](#) shows that CoCM leads to many benefits including greater patient and provider satisfaction, improved functioning, and a reduction in health care costs. The patient plays an active role in their treatment which can increase motivation, empowerment, adherence, and satisfaction. This correlates with better health outcomes overall. As such, we encourage providers to consider implementing collaborative care models when appropriate.

Dental updates

Dental communications resources list

To streamline communications and act as a resource for any dental-related questions, please refer to the below contact information for SKYGEN and AmeriHealth Caritas DC.

SKYGEN AmeriHealth Caritas DC Provider Services

Support for questions about enrollee eligibility, billing, claims, payments, fee schedules, authorizations, etc. Provides immediate access to enrollee information, claim history, and payment records 24 hours a day, seven days a week.

1-855-609-5170

<https://pwp.sciondental.com/PWP/Landing>

SKYGEN Dental HUB support or questions

1-855-609-5156

dentalhubsupport@skygenusa.com

SKYGEN provider web portal support or questions

1-855-434-9239

dentalproviderportal@skygenusa.com

AmeriHealth Caritas DC plan provider credentialing

1-877-759-6186

dentalapplications@amerihealthcaritasdc.com

AmeriHealth Caritas DC plan provider credentialing application status check

credentialingdc@amerihealthcaritasdc.com

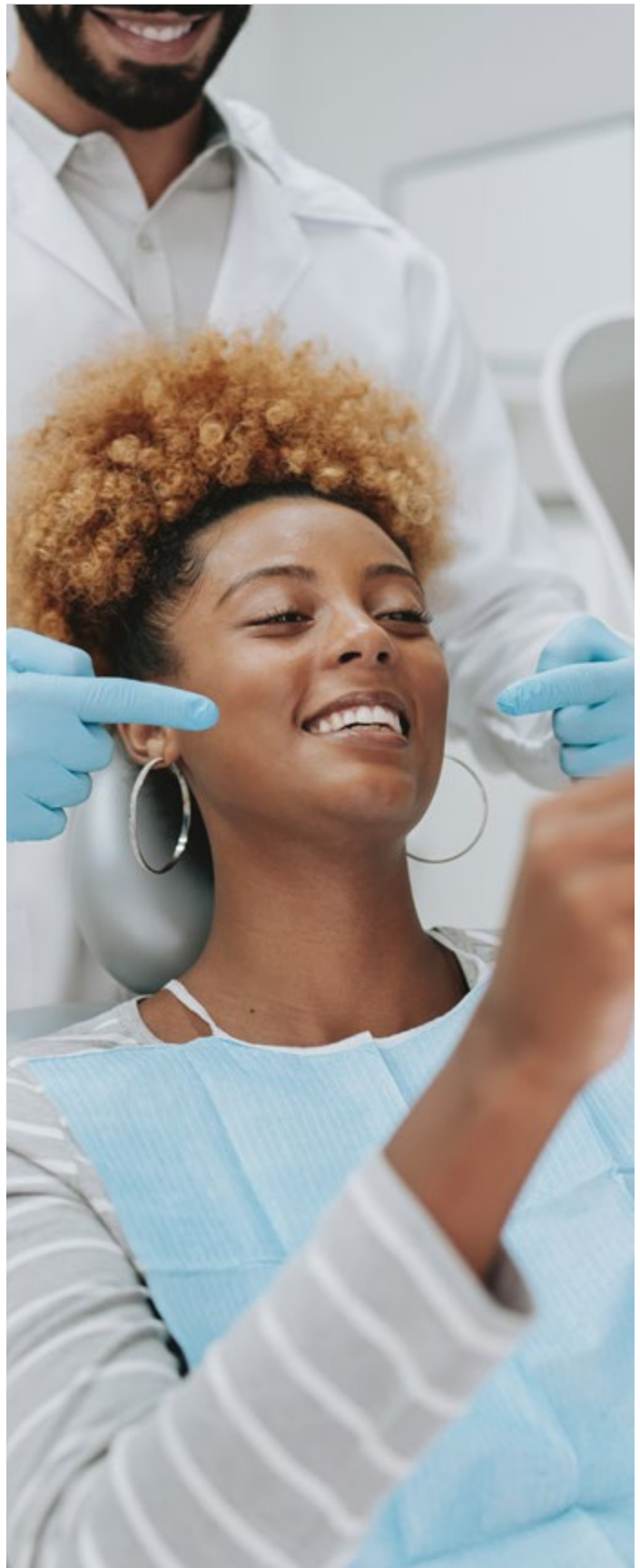
AmeriHealth Caritas DC provider data updates or changes

Providers calling to make changes or updates to their data must fill out the [Provider Change Form](#) and email it to the AmeriHealth Caritas DC dental applications and provider enrollment/credentialing team at dentalapplications@amerihealthcaritasdc.com.

AmeriHealth Caritas DC provider data updates or changes status check

Please allow 30 – 120 days and email any questions to dentalapplications@amerihealthcaritasdc.com.

All provider forms are located on the [Dental page](#) of the AmeriHealth Caritas DC Provider website.



Pharmacy updates

Pharmacy electronic prior authorization requests

AmeriHealth Caritas DC implemented changes to the process for pharmacy electronic prior authorization requests.

Effective December 1, 2024, the online PerformRxSM Prior Authorization Request Form may no longer be used. Please remove this form from your records. Instead, providers should submit electronic prior authorization requests through their electronic health record tool software, or through any of the following online portals:

- [CoverMyMeds](#)
- [SureScripts](#)

The AmeriHealth Caritas DC [Pharmacy Prior Authorization Forms web page](#) has been updated accordingly. If you have questions, please contact your AmeriHealth Caritas DC Provider Account Executive or Provider Services at **202-408-2237**.



Important reminders

Language, conversion, and auxiliary aid services for enrollees

All providers of health care services who receive federal financial payment through the Medicaid program are responsible for arranging language services, upon request, for Medicaid enrollees who are either limited English proficient (LEP), non-English proficient (NEP), or low literacy proficient (LLP) to facilitate the provision of health care services to such enrollees.

AmeriHealth Caritas DC requires its providers to provide competent professional oral interpretation services to all enrollees (Medicaid, Alliance, and Immigrant Children's Program) at no cost by using a certified language access/telephonic interpretation service that they have contracted with or through onsite professional interpretation services. These services must be rendered regardless of the language spoken and at all points of contact, including, but not limited to:

- Appointment scheduling
- Office encounters
- Provider visits
- Onsite interpretation services

AmeriHealth Caritas DC provides onsite and live remote video professional interpretation services for its enrollees, at no cost, at any of their inpatient and outpatient provider appointments, including, but not limited to medical, dental, vision, behavioral health, radiology, and laboratory encounters. Professional interpretation services are available in all languages and American Sign Language. It is the enrollee's choice to decide whether they would like to use onsite or remote video professional interpretation services for their provider visit or encounter. Services are offered at no cost to an enrollee and their provider for covered services and encounters.

Providers who are unable to arrange interpretation services for LEP, NEP, LLP, or sensory impaired enrollees should contact AmeriHealth Caritas DC Enrollee Services at **202-408-4720** or **1-800-408-7511** (TTY **202-216-9885** or **1-800-570-1190**). AmeriHealth Caritas DC enrollees can also request and schedule interpretation services by calling the same number. The Enrollee Services representative will facilitate the scheduling of a professional interpreter to support the provider encounter and communicate in the enrollee's primary language. Please have the patient's AmeriHealth Caritas DC enrollee ID number when you call.

Translation services

AmeriHealth Caritas DC offers document translation services at no cost for enrollees. Translation services are available for all languages. Enrollees can request translation services by calling AmeriHealth Caritas DC Enrollee Services at **202-408-4720** or **1-800-408-7511** (TTY **202-216-9885** or **1-800-570-1190**).

Braille, large print, and audio tape document conversion

AmeriHealth Caritas DC offers conversion services of AmeriHealth Caritas DC printed materials and information for enrollees at no cost. Enrollees can request Braille, large print, and audio tape conversion services by calling AmeriHealth Caritas DC Enrollee Services at **202-408-4720** or **1-800-408-7511** (TTY **202-216-9885** or **1-800-570-1190**).

Auxiliary aid services for the hearing and visually impaired

AmeriHealth Caritas DC offers auxiliary aid services for those hard-of-hearing or visually impaired people at no cost. They can request assistance by calling AmeriHealth Caritas DC Enrollee Services at **202-408-4720** or **1-800-408-7511** (TTY **1-202-216-9885** or **1-800-570-1190**).

Please see the "Cultural and Linguistic Requirements" section of the [AmeriHealth Caritas DC Provider Manual](#) for additional details.





Newborn hearing screenings

The District's comprehensive newborn screening provisions within the Better Access for Babies to Integrated Equitable Services Act of 2020 (DC BABIES Bill) require that all infants born in the District have their hearing screened before leaving the hospital. A newborn hearing screening checks if a baby is deaf or hard of hearing. It is one of three screens that should take place after birth, along with blood and heart screens.

The hospital should explain the testing process, results and their implications, and provide guidance on next steps. While families may decide not to have their baby tested due to religious or other reasons, it is important that testing is offered to all newborns.

DC Health houses the Early Hearing Detection and Intervention program which is designed to ensure that children who are deaf or hard of hearing are identified and referred for treatment early. Please remind your patients who are pregnant or have recently given birth about the importance of newborn hearing screenings. Even if a baby passes the initial screen, new parents should continue to monitor their baby's speech and language development. An audiologist and a pediatric ear/nose/throat doctor should help provide support and resources for babies who are determined deaf or hard of hearing.

Enrollee rights and responsibilities

AmeriHealth Caritas DC is committed to complying with all applicable requirements under federal and state law and regulations pertaining to enrollee privacy and confidentiality rights. Please review the [Enrollee Rights and Responsibilities](#) on our website.

Important reminders (continued)



Can you spot the phish?

More than [3.4 billion phishing emails](#) are sent out each day worldwide, but one factor can make life much harder for scammers: you. As the first line of defense, it is important that you are able to recognize and report a suspected phishing email.

What is phishing?

- Phishing scams are emails that look real, but they are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put protected health information (PHI) and personally identifiable information (PII), as well as your organization's confidential and proprietary information, at risk.

Beware of ransomware:

- In addition to stealing information, phishing scams can lead to ransomware attacks. Ransomware is a form of malware designed to encrypt files on a device, rendering them unusable until a ransom is paid.

It may be a phishing email if it:

- Promises something of value (e.g., "Win a free gift card!").
- Asks for money or donations.
- Comes from a sender or company you don't recognize.
- Links to a site that is different than the company the sender claims to be from.

- Asks you for personal information, such as your username and password/passphrase.
- Includes misspelled words in the site's URL address or subject line.
- Has a sense of urgency for you to act now.

What you should do if you receive a suspicious email:

- Do not click any links in the email.
- Do not provide your username and password. You should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as banks or retailers like Target or Amazon.
- Do not reply/respond to the email or forward it to anyone else within your organization.
- Familiarize yourself with your organization's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- Your organization's information security department may have additional information and guidance on how to protect yourself from phishing scams.



AmeriHealth *Caritas*[®]
District of Columbia

www.amerihealthcaritasdc.com

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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR