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www.amerihealthcaritasdc.com
As we approach the new year, change is most definitely in the air. Change can be hard, but it helps push us in areas where we need to grow. One area in which we are committed to expanding our success is working with our provider community on improving health outcomes.

This does not happen without investments. It takes well-coordinated practice staff paired with timely data to create real change. We’re helping our members improve their HbA1C levels and improve their asthma, educating members about benefits designed to make it easier for them to get to and from their appointments so they don’t miss follow-ups, and contributing to system redesign and payment reform to help providers continue the shift to value-based care.

We are committed to helping you deliver the best care to your patients. In the effort to meet our providers’ needs and priorities for care delivery, we created a value-based compensation program for participating providers who furnish primary care services to AmeriHealth Caritas District of Columbia (DC) members. The program provides unique financial incentives to encourage a focus on providing high-quality care and reducing unnecessary emergency room usage by helping direct members to an appropriate care setting.

With this program, we hope to engage primary care providers, ideally a member’s first point of contact for health care. The provider-patient relationship has never been more important. In the next phases of this program, we will work with hospitals and practices to improve perinatal and birth outcomes, in addition to other areas of primary care.

Throughout this newsletter, you’ll find information on programs and resources designed to help you give patients the care they need to be the best version of themselves. We encourage you to contact us at 202-408-2237 for more information on enrolling your patients in these programs or obtaining copies of these resources for your office.

It has been a pleasure working with you this year, and we appreciate your important work as an AmeriHealth Caritas DC provider!

Tajh Goswami, MPH
Director, Practice Transformation
AmeriHealth Caritas District of Columbia
We're proud to have providers in our network who believe that health begins with wellness. Our Provider Spotlight celebrates a provider or organization that goes above and beyond in caring for their patients and sharing resources that will help them and their families be the best and healthiest version of themselves.

The focus of this Provider Spotlight is nurse practitioner Amanda Joy Johnson, a family medicine provider with Unity Health Care. Johnson shares her dedication and passion for helping patients in the District of Columbia succeed on their road to wellness.

**AmeriHealth Caritas DC:** What led you to family medicine and primary care?

**Amanda Joy Johnson (AJJ):** I was drawn to health care as a means of reducing health disparities. Health care is a human right, especially in a nation as privileged as ours. Working in primary care enables me to form meaningful relationships with my patients while we work together to improve their health.

**AmeriHealth Caritas DC:** How long have you been practicing medicine in Washington, D.C.? How long have you been an AmeriHealth Caritas DC provider?

**AJJ:** I have been practicing in D.C. for five years. I have been an AmeriHealth Caritas DC provider with Unity Health Care for that entire period.

**AmeriHealth Caritas DC:** As a primary care provider, do you find it beneficial to have resources on hand to share with your patients that highlight benefits and resources they can use to maintain their health?

**AJJ:** Absolutely! It’s easy to get overwhelmed with all of the information that is shared during a visit with a health care provider. I love giving my patients written material that they can take with them to reference once they get home and have had some time and space to think. They may forget some of the things we talk about during our visit, but they’re more likely to continue the work of health maintenance if they have access to resources to support their goals.

*Amanda Joy Johnson,* nurse practitioner
Provider Spotlight: Reducing Disparities to Create Healthier Families (continued)

AmeriHealth Caritas DC: What are some of the resources you have shared with your patients to empower them and enable them to learn more about taking control of their health?

AJJ: There are a few resources I use constantly. I’m a big fan of Bedsider for accessible, evidence-based information about family planning options. We have a tool called ParkRX built into our electronic medical record (EMR) that allows me to help patients find the parks that are closest to their house, because I’m a firm believer in the health benefits of spending time outside in nature.

The American Diabetes Association website also has some great tools for meal planning and healthy eating for people with diabetes. I also have a collection of articles I like to give to patients who express concern about the safety of vaccines. There is a lot of misinformation out there, but data overwhelmingly demonstrate that vaccines are both safe and effective! For parents, I like to provide important information about car seat safety and infant and child nutrition.

AmeriHealth Caritas DC: What is one thing you wish you had known when you started practicing, or just something you have learned along the way, that has impacted how you work with your patients?

AJJ: Patience with my patients — primary care is a marathon, not a sprint. Small changes add up to big health benefits over the years. People may not change overnight, but if we have patience and faith, and provide education and encouragement, they often surprise us.

AmeriHealth Caritas DC: Have there been any AmeriHealth Caritas DC resources you have found as a provider to be especially valuable or to have especially resonated with patients?

AJJ: AmeriHealth [Caritas DC] has a brochure that reviews all of its wraparound benefits: The gym membership program, nutrition programs, and the Member Wellness Center resources are all great benefits. Patients are always pleasantly surprised when I tell them about all of the bonus benefits available to them!

A few of my patients have also told me how helpful they’ve found the educators at the Member Wellness Center to be, which is great! For easy access, I have a PDF of the wraparound benefits brochure saved on my computer desktop and just print it out and go over it with my patients, so they know the available resources.

AmeriHealth Caritas DC: If a provider is struggling with improving outcomes for a patient, what advice would you give them?

AJJ: Meet the patient where they are and help them set realistic goals to help them achieve a healthy lifestyle. If you tell a patient he needs to lose 30 pounds, that may feel so insurmountable that he’s given up before he’s left the exam room. Instead, try to set smaller goals that become part of the process of achieving larger lifestyle changes: Aiming to exercise for 30 minutes three days a week, working on decreasing liquid calories, and walking for 10 minutes a day — or any combination of those, depending on the patient — are great places to start. Be specific, and focus on the positive!

Celebrate the victories, and do not get too distracted or disappointed by the inevitable setbacks. We are all human and just doing the best we can on any given day.

Know a provider who deserves a spotlight? Email ssonies@amerihealthcaritasdc.com.

AmeriHealth Caritas DC does not endorse the content, or any products or services available, on any third-party web sites.
Pursuing Innovation for Better Patient Care

At AmeriHealth Caritas DC, we believe that fostering healthy communities means treating the whole person, addressing challenges that might not necessarily be top-of-mind when thinking about a patient's health. To further our mission of delivering patient-centered care and superior customer service, we are working within the community in pursuit of innovative ways to engage members. Many of our programs and resources are designed to help members receive superior health care at every point on the health spectrum.

We don’t see health care as what happens just in a provider’s office. There are many ways members can work on their health, and part of our role is to connect members with resources that are already helping communities thrive in other ways.

For example, for patients who need transportation, we work with on-demand ride vendors to offer free non-emergency transportation to and from provider appointments. This helps members get to their appointments and prevents missed follow-up care, eliminating what can be a major barrier to care.

We offer parenting classes for expecting and new mothers and work with community-based organizations to offer support at a time when our members need it most. Our approach to diabetes and hypertension, some of the most common chronic illnesses, includes not only clinical resources but also lifestyle programs such as cooking classes, wellness programs that encourage healthy weight loss, and free gym memberships. This multifaceted approach is one that enables members to participate in enjoyable activities to improve their health. These initiatives also support our providers under a value-based payment system.

To learn more about these resources and how they can help your patients, please contact us at 202-408-2237.

Our programs are your programs!

Members may be eligible for additional value-added wellness programs, from free Weight Watchers sessions to free gym memberships. Want more information? Call 202-408-2237.
Medicaid Benefit Profile: The Freedom of Choice Act

Every Medicaid member has a right to a primary care provider and women’s health services. This includes the right to receive family planning services from a provider of their choice, whether the provider is in or out of the managed care organization’s network. Making sure your patients receive these services, including family planning and postpartum follow-up care, will equip patients with proper tools and resources to keep themselves and their families healthy.

In addition to a primary care provider, a female enrollee may also have a women’s health specialist within the network for covered women’s routine and preventive health care services. Under Medicaid, women’s health specialists may also serve as primary care providers.

Under section 1902(a)(23) of the Social Security Act, Medicaid, this is referred to as the “Freedom of Choice” provision. One of the most important women’s health provisions in Medicaid, this provision supports the delivery of proper postpartum services.

Family planning coverage in this federal provision is a way to improve health outcomes for women and their families.
Behavioral Health Spotlight: Best Practices for Depression Screening and Treatment

The prevalence of depression in adolescents and young adults has increased in recent years.1 At the same time, there has not been an increase in young people getting treatment for their depression. Depression can increase the risk of suicide, which is the third leading cause of death among adolescents.2 To address this gap in care for our adolescent members, AmeriHealth Caritas District of Columbia is participating in a quality improvement collaborative with the National Collaborative for Innovation in Quality Measurement to improve the screening and treatment of our members.

In this effort, we need the support of our pediatric providers in adopting best practices for depression screening and treatment. The first step in assessing depression in adolescents is a screening using validated tools (e.g., the Patient Health Questionnaire modified for Adolescents [PHQ-A]) as part of an annual well-child visit. If a patient screens positive for depression using this tool, follow-up care must be arranged within 30 days. Follow-up care could include an outpatient or telephone follow-up visit, a depression case management encounter, a behavioral health encounter or assessment, a dispensed antidepressant medication, or documentation of a follow-up screening that indicates no need for follow-up.

Our tracking of these quality measures is based on proper coding of the screening and the follow-up interventions. Follow-up screenings should be done within four to eight months for all patients who scored positive on an earlier screening; if there is no evidence of response to treatment or remission of symptoms, further treatment is indicated.

If your practice is interested in participating in or learning more about this collaborative, please contact our chief psychiatric medical officer, Dr. Yavar Moghimi, at ymoghimi@amerihealthcaritasdc.com.

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1 Ramin Mojtabai, Mark Olfson, and Beth Han, “National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults,” Pediatrics 138, no. 6 (December 2016), http://pediatrics.aappublications.org/content/138/6/e20161878.

Pharmacy Corner
Combating opioids: How you can help keep patients safe

The District of Columbia has some of the highest rates of deaths due to drug overdose in the United States. We all play a critical role in reducing the number of drug overdoses and improving addiction outcomes. The District of Columbia has several resources available to providers to help monitor prescribing activity and encourage early intervention when patients might be at risk for addiction and overdose. According to findings from the Centers for Disease Control and Prevention, enrolling in and utilizing prescription drug monitoring programs (PDMPs) is a promising state-level intervention to combat opioid use disorder and monitor prescribing activity.

The District of Columbia strongly encourages providers to enroll in and use the program to monitor patient care and prescribing, which can help reduce overdose rates. Providers can register for the PDMP here.

Registration requires just a few small steps and the following information:

- Drug Enforcement Administration (DEA) number
- D.C. controlled substance registration number
- D.C. health professional license number
- National Provider Identifier (NPI)

Already registered for the PDMP? You can expand use in your office by delegating access to the employees of your practice. Learn more about the District of Columbia's PDMP here.

Formulary Updates
The most current formulary information for AmeriHealth Caritas DC members can always be found in our online Searchable Drug Formulary at www.amerihealthcaritasdc.com/apps/formulary-medicaid/index.aspx.
Dental Corner

Dental sealant usage rates are dropping across the District of Columbia. AmeriHealth Caritas DC is devoted to providing our members with optimal oral health care services through your participation as a network provider. To help manage sealant rates and help members get appropriate oral care when needed, we are providing a periodicity schedule for your reference to address member needs for sealants and fluoride varnish.

Please be reminded that members should begin to receive oral health care services at age 1. Fluoride varnish is reimbursed every six months for dentists. Sealants are only covered for permanent teeth.

The periodicity schedule will assist in enhancing the services you provide for your patients, our members. We thank you for your participation in our network. Please do not hesitate to contact your Provider Network Management Account Executive, Darin Hutchins, at 202-326-8921.

You can view the full dental periodicity chart based on recommendations from the American Academy of Pediatric Dentistry on the HealthCheck website.

Did you know that AmeriHealth Caritas DC covers dental sealants for children ages 6 to 14?
New Process for Verifying Providers’ Demographic Information

AmeriHealth Caritas DC is engaging the services of vTech Solution Inc. (vTech) to ensure the accuracy of the demographic information in our provider directory. Having accurate and updated provider information is important to us. We use this information to create our provider directories, and AmeriHealth Caritas DC members rely on the accuracy of our directories when they choose their providers.

When providers fail to notify us of changes to their practice, it contributes to inaccurate demographic information in our database. A vTech representative will visit the offices of participating providers to share the demographic information we have on file for them. If updates are necessary, vTech will confirm those changes, obtain sign-off from the practice, and forward that information to AmeriHealth Caritas DC. We will make the necessary changes in our database.

Thank you in advance for your cooperation with the vTech representative when they visit your office. Questions and comments may be directed to Carl Chapman Sr., AmeriHealth Caritas DC’s Director of Provider Network Management, at cchapman@amerihealthcaritasdc.com or 202-617-2901.
Important Reminders

Free Rides to Provider Offices for All AmeriHealth Caritas DC Members

All AmeriHealth Caritas DC Medicaid and Alliance members have a non-emergency transportation benefit. Transportation is available for routine provider appointments, urgent follow-up medical visits, hospital discharges, and urgent care services. Options are available to accommodate for Metrobus, van, wheelchair van, and stretcher van transportation.

All members need to ride is their member ID card and a photo ID. To access this benefit, members or their providers can call 1-800-315-3485 to arrange a ride to and from medical appointments.

Utilization Management (UM) Criteria

Providers at AmeriHealth Caritas DC use clinical criteria to make coverage decisions based on medical necessity. The criteria utilized for UM determinations are available upon request to all AmeriHealth Caritas DC providers.

To request this information, call the Medical Management department at 202-408-4823; press 1 for Medicaid or 2 for Alliance, then press 2 for Authorization, then press 6 to speak with a member of UM staff.

Staff members are available to speak directly with providers all day during normal business hours, and can receive inbound communication regarding UM issues after hours.

For those who might need them, AmeriHealth Caritas DC offers TTY services.

AmeriHealth Caritas DC provides free language services for our members who do not speak English. Services are provided in the following forms:

- On-site interpreter services at your office
- Bilingual Spanish-speaking 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.
Member Rights and Responsibilities

Members have a right to the following:

- Receive enrollment notices, informational materials, and instructional materials in a manner and format that is easily understood.
- Be treated with respect and due consideration for their dignity and right to privacy.
- Receive information on available treatment options and alternatives regardless of cost or benefit coverage, presented in a candid manner appropriate to their condition and ability to understand.
- Participate in decisions regarding their health care, including the right to refuse treatment.
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of their medical records and request that they be amended or corrected.
- Be furnished health care services that are available and accessible to them in a timely manner; coordinated; sufficient in amount, duration, or scope; and provided in a culturally competent manner, to meet their specific needs.
- Know that when they talk with their doctors and other providers, it is private.
- Have an illness or treatment explained to them in a language they can understand.
- 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 enrollees 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, designate as their PCP a participating provider or an advanced-practicing registered nurse who specializes in obstetrics (OB) and gynecology (GYN).
- Refuse treatment or care.
- Choose an eligible PCP and primary dentist from within AmeriHealth Caritas District of Columbia’s network and change their PCP or primary dentist.
- Make a complaint (grievance) or appeal about AmeriHealth Caritas District of Columbia or about the care provided to them, and receive an answer.
- Request an appeal or a fair hearing if they believe AmeriHealth Caritas District of Columbia was wrong in denying, reducing, or stopping a service or item.
- Receive family planning services and supplies from the provider of their choice.
- Obtain medical care without unnecessary delay.
- Receive information on advance directives and choose not to have or continue any life-sustaining treatment.
- 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 District of Columbia’s financial condition and any special ways it pays its providers.
- Obtain summaries of customer satisfaction surveys.
- Obtain a 72-hour dose of prescription drugs that are administered or taken daily or more than one time per day, and have one full course of prescription drugs that are administered or taken less frequently than one time per day.
- Receive information about AmeriHealth Caritas District of Columbia, including its services, practitioners and providers, and enrollee rights.
- Receive information about their rights and responsibilities as an enrollee.
Member Rights and Responsibilities

Members have a right to the following: (continued)

- Make recommendations about AmeriHealth Caritas District of Columbia’s enrollee rights and responsibilities policy
- Request information about any of our providers, including medical school education, residency, and board certification
- Ask for a chaperone to be present when they receive health care
- Receive a second opinion from a qualified health care professional within the network, or, if necessary, obtain one outside the network, at no cost to them
- Be informed about cost sharing, if any, upon enrollment, annually, and at least 30 days prior to any change
- Not be held liable for AmeriHealth Caritas District of Columbia debts in the event of AmeriHealth Caritas District of Columbia’s insolvency

Members are responsible for the following:

- Treating those providing their care with respect and dignity
- Following the rules of the D.C. Medicaid Managed Care Program and AmeriHealth Caritas District of Columbia
- Following agreed-upon plans and instructions they receive from their doctors and other providers
- Going to appointments their provider schedules or that AmeriHealth Caritas District of Columbia schedules for them
- Telling their provider at least 24 hours before an appointment if they have to cancel
- Asking for more explanation if they do not understand the provider’s instructions
- Going to the emergency room (ER) only if they have a medical emergency
- Telling their PCP and primary dentist about medical and personal problems that may affect their health
- Use any hospital or other setting for emergency care
- Be informed about how and where to access any benefits available under AmeriHealth Caritas District of Columbia 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
- Receive transportation services free of charge
- Receive covered services from an approved out-of-network provider if AmeriHealth Caritas District of Columbia does not have an in-network provider who can perform a covered service
- Request a copy of clinical practice guidelines, have access to Utilization Management staff, or get an explanation of medical necessity review information
- Supplying information (to the extent possible) that AmeriHealth Caritas District of Columbia and its practitioners and providers need in order to provide care
- Reporting to the Economic Security Administration and AmeriHealth Caritas District of Columbia if they or a family member has other health insurance or they have a change in their address or phone number
- Reporting to the Economic Security Administration and AmeriHealth Caritas District of Columbia if there is a change in their family (for example, a death or birth)
- Trying to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- Helping their PCP get medical records from providers who have treated them in the past
- Telling AmeriHealth Caritas District of Columbia if they were injured as the result of an accident or at work
Sign up for Network News

Remember to sign up for our free subscription email service, Network News. We use this service to share health plan and industry information on topics of importance to you, including billing updates, district and federal regulations, member resources to share with your patients, 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!
CAHPS Member Experience Surveys

Each year, AmeriHealth Caritas DC mails a member experience survey to a random sample of our members to get their feedback regarding our provider network. This year, we are incorporating group-level provider visit information so that we can better highlight successes and target opportunities. We ask that you work with us to encourage your patients, our members, to complete these surveys so that we can better respond to their needs.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys are fielded by our vendor from February to April, providing aggregated results in late July.

We look forward to sharing our results with you!