



Table of Contents

Message from the Market Chief Medical Officer.....	2	Well-Child Visits During Sick Visits for Children.....	8
Behavioral Health Spotlight: New Treatment Option to Prevent Opioid Overdose.....	3	Did You Know?.....	9
Improving Care for Pregnant Patients: Submitting an Obstetrical Authorization and Initial Assessment Form.....	5	Now Online.....	10
Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Cultural Competency Training Now Required.....	5	Pharmacy Corner.....	11
Updates to NaviNet Plan Central, Eligibility and Benefits, and Claim Status Inquiry.....	6	Important Reminders.....	12
		Appointment Standards.....	14
		Dental Fast Facts.....	16
		Preventing Fraud, Waste, and Abuse.....	17
		Sign Up for <i>Network News</i>	18



Message from the **Market Chief Medical Officer**

Welcome to the new edition of our provider newsletter — *Connections*. In this edition, we are excited to share with you many great articles to help you provide the best care to your patients — our members.

As the school year ends and the District's children are enjoying their summer vacation, we want to remind you how important it is that we increase our efforts of getting all children in for their well-child visits before the new school year begins. As a part of the *No Shots, No School initiative*, District of Columbia (DC) children must receive their required physical exams and vaccinations before the start of the new school year.

Last year, we launched the I am healthy® Rewards Program in continuation of our efforts to get our members into your offices for their screenings and vaccinations. This program rewards children ages 12 – 21 with a \$25 gift card after completion of their well-child visit. All providers need to do is fill out a simple form and then e-scribe or fax the form to Stellar Rx. To get the form or to learn more about the program, please visit our website at www.amerihealthcaritasdc.com.

We encourage you to share this issue with your staff and colleagues. For more information and other resources, please visit our website.

Thank you for your continued service and dedication to our members.

Dr. Lavdena Orr
Market Chief Medical Officer
AmeriHealth Caritas DC

Behavioral Health Spotlight: New Treatment Option to Prevent Opioid Overdose

Presented by Dr. Yavar Moghimi, Behavioral Health Medical Director

DC, like many parts of the country, is dealing with an opioid epidemic that is a public health crisis. This crisis is fueled by the overprescribing of prescription painkillers that can transition to heroin use. To put this public health problem in context, health care providers wrote 259-million prescriptions for painkillers in 2012, which are enough painkillers for every American adult to have a bottle of pills.¹ In DC, health care providers prescribed 86 painkiller prescriptions per 100 people. For the first time in two decades, opioid prescriptions have begun to decline, but the rates of fatal overdoses continue to rise. In 2014, 28,647 drug overdose deaths involved some type of opioid, making it one of the leading causes of accidental deaths.²

With these statistics in mind, it is important to discuss how providers can address the issue of opioid dependence and prevent overdoses.

1. The first step is to do a thorough assessment of the patient's history of drug use to determine whether they are appropriate for prescription of opioid analgesics
2. In emergency situations, prescribe the smallest amount of opioid analgesics possible (no more than three days). In non-emergency situations, prescribe only enough until the next appointment.
3. Use CRISP, external prescription history, or a prescription drug monitoring program to ensure the patient is not securing medication from multiple providers
4. Prescribe naloxone nasal spray or Narcan™ (currently on our formulary) with the initial opioid prescription or if the patient reports history/current opioid use disorder

Naloxone works as an opioid antidote, temporarily moving opioids off the opiate receptors, and reversing the effects of the overdose long enough to secure emergency help. Naloxone should be seen as an emergency means of reversing opioid overdoses and be a standard of care for those who are:

1. Taking high doses of opioid for long-term management of chronic malignant or nonmalignant pain
2. Receiving rotating opioid medication regimens
3. Discharged from emergency medical care following an opioid intoxication or poisoning
4. At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance use disorder or nonmedical use of prescription or illicit opioids
5. On certain opioid preparations that may increase the risk for an opioid overdose such as extended release/long-acting preparations
6. Completing mandatory opioid detoxification or abstinence programs
7. Recently released from incarceration and with a history of opioid use disorder

¹ www.cdc.gov/vitalsigns/opioid-prescribing/index.html

² www.cdc.gov/vitalsigns/painkilleroverdoses/index.html

Behavioral Health Spotlight: New Treatment Option to Prevent Opioid Overdose (continued)

It is advised that at-risk patients create an overdose plan to share with friends, partners, or caregivers as they would administer the naloxone and call **911** for at-risk patients. They would discuss the signs of opioid overdose, which are:

1. Unusual sleepiness
2. Slow or shallow breathing
3. Pinpoint pupils in someone who is difficult to awaken

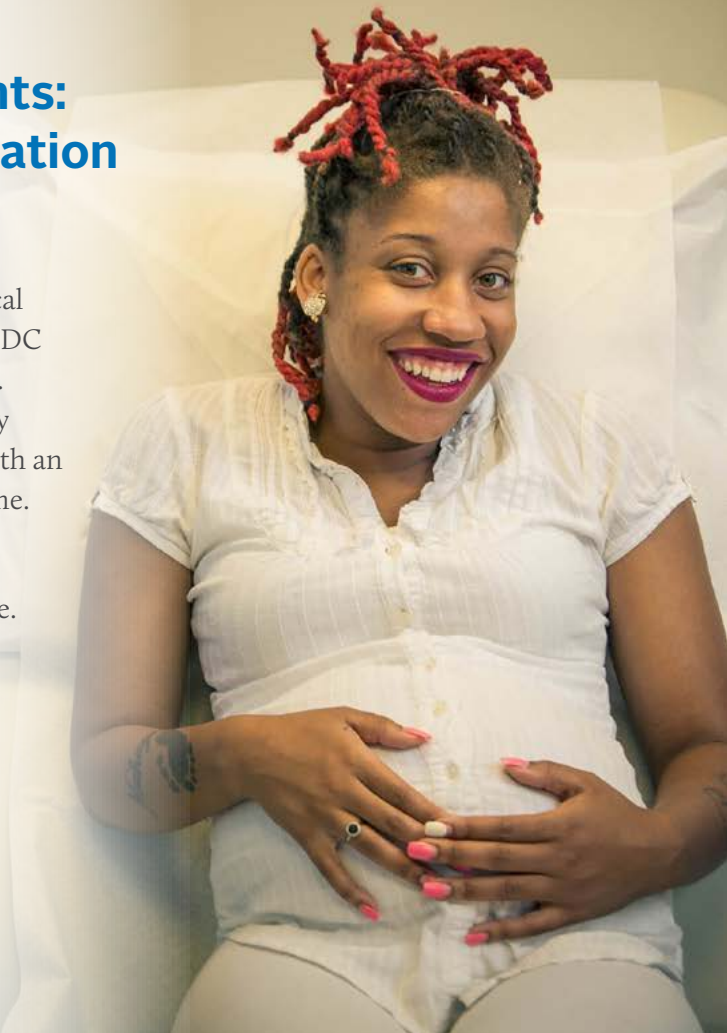
Naloxone nasal spray should be thought of in the same way EpiPens® are prescribed for those with severe allergies or glucagon for people with diabetes. It is important to remember all deaths from opioid overdose are preventable. As a provider, it is imperative you educate your patients on the dangers of overusing prescription painkillers. If your patient has a history of opioid abuse, it is good practice to ensure they and their family members know how and when it is appropriate to administer naloxone. Patients and their family members should know they will not be punished for administering naloxone to anyone who is suffering from an opioid overdose. It is also vital that patients know that naloxone is not the entire treatment needed after a possible overdose; they should always go to the emergency room for care after its administration.



Improving Care for Pregnant Patients: Submitting an Obstetrical Authorization and Initial Assessment Form

Providers are required to submit a complete and accurate Obstetrical Authorization and Initial Assessment form to AmeriHealth Caritas DC within two business days of an office visit with a pregnant member. Timely receipt of the form is directly linked to our ability to identify members early in their pregnancy. Early notification provides us with an ability to engage women who are at risk for a negative birth outcome.

The universal Obstetrical Authorization and Initial Assessment form is mandatory for all patients enrolled in Medicaid and Alliance. The form is located on our website at www.amerihhealthcaritasdc.com/pdf/provider/forms/ob-auth-assessmentt.pdf



Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Cultural Competency Training Now Required

The Council of the District of Columbia introduced the LGBTQ Cultural Competency Continuing Education Amendment Act of 2015 that requires health care providers to have two continuing education (CE) credits of LGBTQ cultural competency training.

The LGBTQ Cultural Competency Continuing Education Amendment Act of 2015 (Amendment) amended existing health care legislation to require all DC health care providers to receive two CE credits of LGBTQ training. The Amendment requires that providers must receive two CE credits for instruction pertaining to “cultural competency or specialized clinical training focusing on patients who identify as lesbian, gay, bisexual, transgender, gender non-conforming, queer, or questioning their sexual orientation or gender identity and expression (LGBTQ).”

Providers must include two credits of the specified instruction to maintain licensure. For more information regarding LGBTQ cultural competency training, the following resources are available:

- www.samhsa.gov/behavioral-health-equity/lgbt/curricula
- www.hhs.gov/programs/topic-sites/lgbt/enhanced-resources/competency-training/index.html

Updates to NaviNet Plan Central, Eligibility and Benefits, and Claim Status Inquiry

On May 12, 2016, AmeriHealth Caritas DC upgraded the Plan Central, Eligibility and Benefits, and Claim Status Inquiry transactions for easier navigation. The following enhancements were made:

Plan Central

Easily view the latest updates as well as quick access to:

- Frequently asked questions (FAQs)
- Hours of availability and contact information for the plan
- Quick links to provider tools

Eligibility and Benefits

View eligibility status and date, benefit information for different services, and patient details.

- **Screen header:** The patient's name, gender, and date of birth are displayed prominently at the top of the screen to confirm you are viewing details for the correct patient
- **Patient details window:** You can view more details about the patient by choosing "View Patient Details" at the top of the screen. This link opens the "Patient Details" window, which displays patient demographic information and subscriber details.
- **Eligibility status bar:** The overall coverage status of the patient appears in large font for quick confirmation. The eligibility date (start date or range) is shown to the right of the eligibility status.
- **Services menu:** A list of services supported by the health plan is displayed. Services are listed alphabetically, and the currently selected service is always highlighted in the "Services Menu". You can choose a service to see benefit details for the patient in the "Details Section" to the right of the menu.
- **Details section:** When you select a service in the "Services Menu", the "Details Section" shows benefit details for the patient. The header displays the name of the service selected.

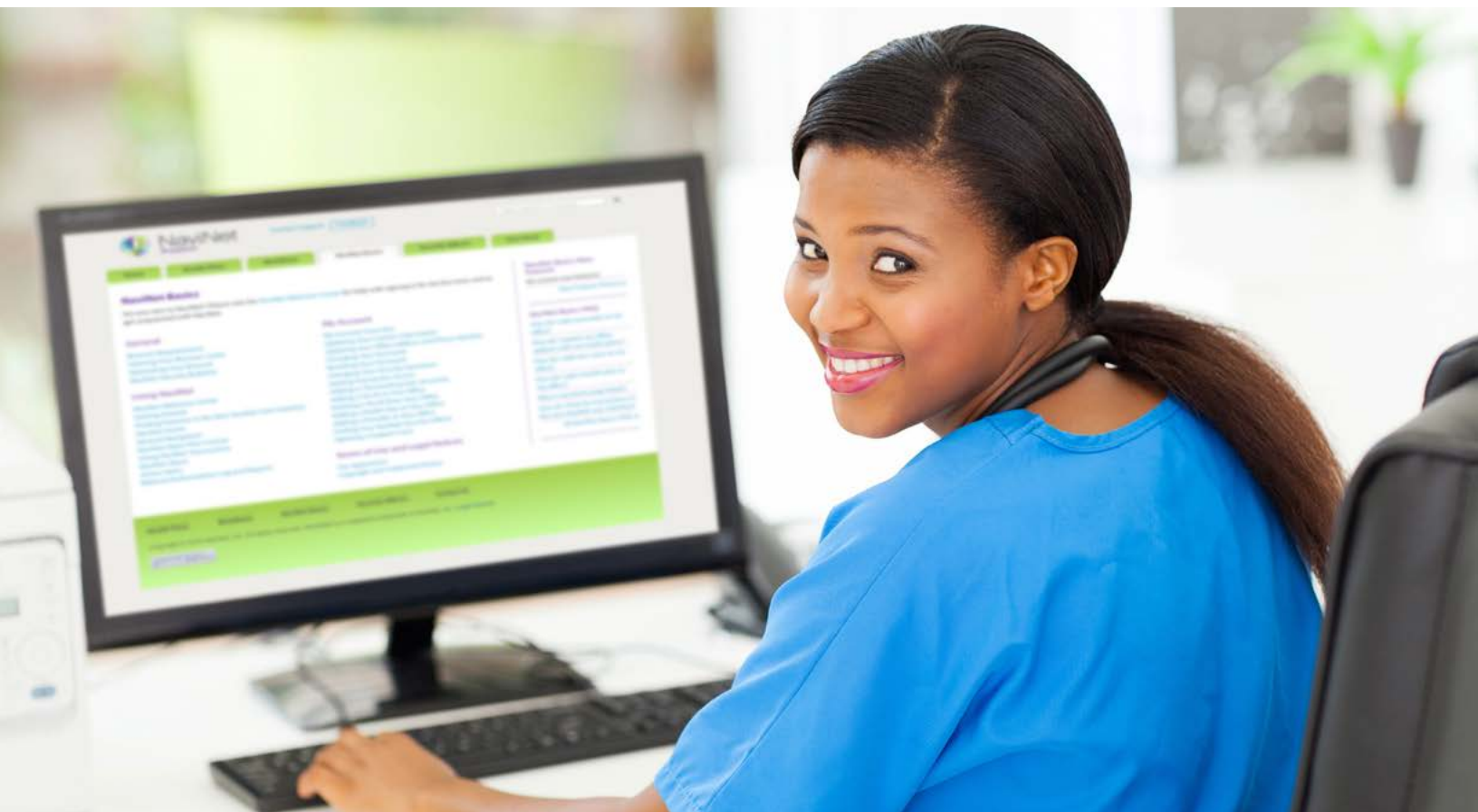
Claim Status Inquiry

Access real-time, detailed claim status information, which can eliminate the need to make phone inquiries. You can check claim status at any time following a claim submission, for all claims, regardless of submission method.

- **Screen header:** The patient's name and date of birth are displayed prominently at the top of the screen to confirm you are viewing details for the correct patient
- **Claim status bar:** Current claim status, overall claim status, and status details are displayed
- **Claims summary section:** The most important details of the claim, including the total charge from the provider and the amount paid by the health plan, are prominently displayed
- **Service line details section:** Details of the individual claim service line are displayed
- **Additional payment details:** The allowed amount, amount applied to member responsibility, and explanation of benefits description are displayed for each line item

Questions?

You can find additional information on NaviNet Plan Central in the *NaviNet Enhancements Training Guide*, which gives you detailed previews of the new screens. This guide is located on our website at www.amerihealthcaritasdc.com > **Providers** > **NaviNet**.





Well-Child Visits During Sick Visits for Children

As a primary care provider, it is important to ensure that your pediatric and adolescent patients receive appropriate and timely well-child visits. We understand certain age groups are challenging to schedule for a comprehensive physical. AmeriHealth Caritas DC encourages you to leverage sick visits to perform comprehensive well-child exams, as appropriate.

Documentation guidelines

In addition to the services necessary to address the sick visit, the documentation for a comprehensive well-child visit is as follows:

- A comprehensive health and developmental history (i.e., physical health, mental health, development, and nutrition)
- An unclothed physical exam with height, weight, and head circumference
- A health education or anticipatory guidance

Billing tips

Apply the following tips to help facilitate appropriate reimbursement for your services:

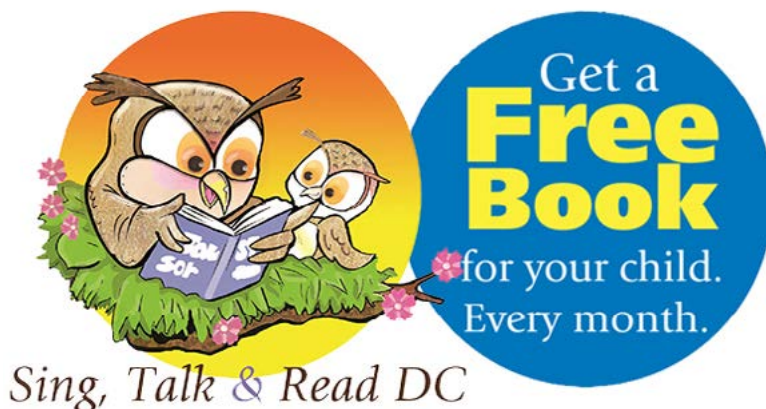
- In addition to the applicable diagnosis for the sick visit, please remember to include the appropriate well-child visit diagnosis code on your claim. For examples please refer to the attached guidance from the District.
- Please also remember to include the applicable Evaluation & Management (E&M) code for both the sick visit and the well-child visit. As a reminder, Modifier 25 is required when the sick visit is significant enough to necessitate a problem-oriented evaluation and management service.

Please note that corrected claims are accepted within 365 days of the original date of service.

Did You Know?

Free books for District children

Did you know the District's early learners can receive free books? The DC Public Library has partnered with Dolly Parton's Imagination Library to launch the Books from Birth initiative. This program builds on the library's "Sing, Talk, and Read (STAR)" program to increase early childhood literacy in DC. Books from Birth provides one free book each month to children from birth until their 5th birthday.



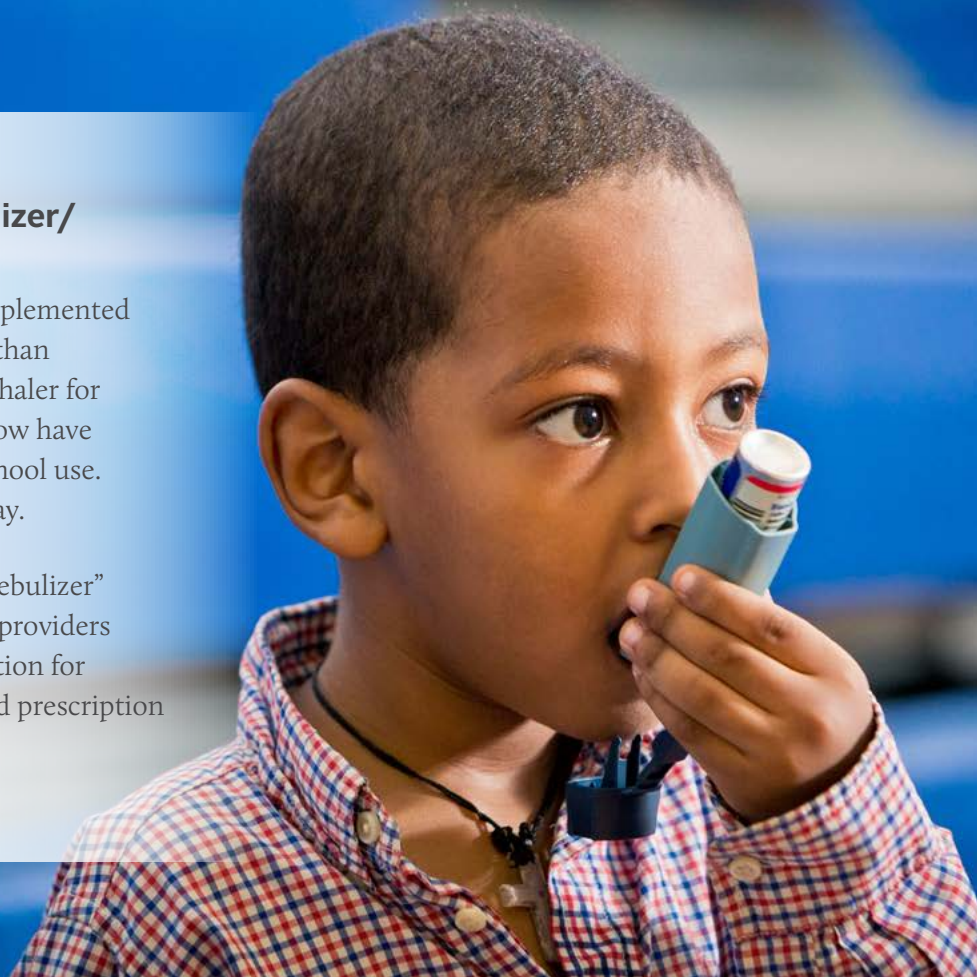
You can find more information at www.dclibrary.org/booksfrombirth. Your patients can complete online registration for the program at www.dclibrary.org/freebooks.¹

¹ The websites noted above are maintained by organizations over which AmeriHealth Caritas District of Columbia exercises no control, and AmeriHealth Caritas District of Columbia expressly disclaims any responsibility for the content, the accuracy of the information and/or quality of products or services provided by or advertised on these third-party sites. AmeriHealth Caritas District of Columbia does not control, endorse, promote, or have any affiliation with any other website unless expressly stated herein.

Members can receive a second nebulizer/ inhaler for school use

In February 2015, AmeriHealth Caritas DC implemented a new benefit that allowed members younger than 18 years of age to receive a second albuterol inhaler for school use. Effective immediately, members now have this same benefit for a second nebulizer for school use. Both prescriptions can be filled on the same day.

To differentiate between the "school inhaler/nebulizer" and the "home inhaler/nebulizer," we request providers write two separate prescriptions: one prescription for home use, which may have refills, and a second prescription with no refills to serve as the school supply.



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 the medical necessity guidelines are referred to the Medical Director for a decision. During review, the Medical Director utilizes clinical policies, which are intended to provide the most comprehensive health solutions for our AmeriHealth 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 improve patient outcomes, deliver 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 practitioners.

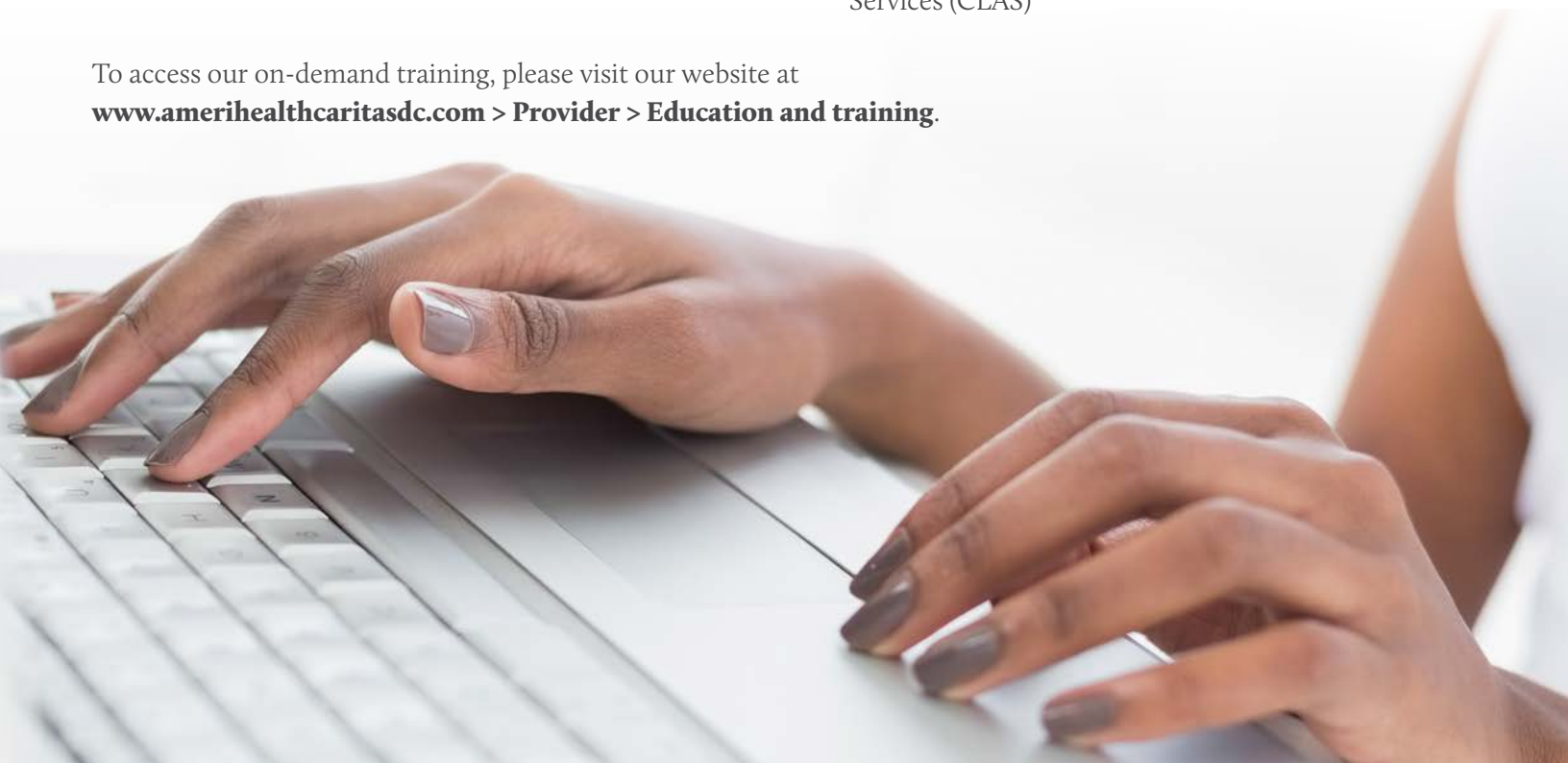
A comprehensive list of clinical practice guidelines is available at www.amerihealthcaritasdc.com > **Providers** > **Resources** > **Clinical practice guidelines**.

Provider orientation now available online

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 > **Provider** > **Education and training**.



Pharmacy Corner

As of May 1, 2016, the following products have been removed from the AmeriHealth Caritas DC drug formulary

Members currently receiving any of the products listed below will require a new prescription for an alternative product before June 15, 2016. Members for whom it is not medically advisable to change therapy will require prior authorization.

Formulary Removals	
Product list	Alternative product(s)
Jentaduetto (Linagliptin/Metformin HCL)	Sitagliptin/Metformin (Janumet, Janumet XR)
Kombiglyze XR (Saxagliptin HCL/Metformin HCL)	Sitagliptin/Metformin (Janumet, Janumet XR)
Namenda XR (Memantine HCL)	Memantine, Rivastigmine, or Donepezil
Onglyza (Saxagliptin HCL)	Sitagliptin (Januvia)
Tradjenta (Linagliptin)	Sitagliptin (Januvia)



Important Reminders

I am healthySM Rewards Program

Members who complete a post-partum exam, a well-child visit (ages 12 – 21), hemoglobin A1C and nephropathy (for members with diabetes), or a retinal eye exam (for members with diabetes) can receive a \$25 gift card. To learn more about this program, visit our website.

Care coaches at the Member Wellness Center

Care Management is a voluntary program where members receive a personal “care coach” (formally called a care manager) 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 Mondays, Wednesdays, and Fridays 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 Care Management program, refer them by using the Let Us Know form on our website.

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 (RROT) at **1-877-759-6224** from 8 a.m. – 5:30 p.m. to let us know about members’ needs.

Telepsych services

Telepsych behavioral health care services are still available to AmeriHealth Caritas DC Medicaid members. As part of a partnership with Breakthrough, AmeriHealth Caritas DC Medicaid members have timely, private, and remote access to behavioral health providers via web-based video counseling technology. Members may visit www.breakthrough.com/amerihealthcaritasdc or call **202-408-4720** (toll-free: **1-800-408-7511**) to learn more about this service.

HIV/AIDS medications

Effective April 30, 2016, all DC Medicaid members, including those who are enrolled in any of the District’s managed care plans, may obtain their HIV antiretroviral medications from any DC Medicaid fee-for-service (FFS) pharmacy provider. This change will greatly expand access to HIV antiretroviral medications by making them available through all DC Medicaid FFS pharmacy providers.

Alliance pharmacy update

Effective July 1, 2016, Alliance beneficiaries will obtain their prescribed medications from any pharmacy within their MCO pharmacy network. Each MCO will be responsible for all therapeutic classes included on the Alliance Formulary.

Obstetrical authorization reminder

As an AmeriHealth Caritas DC provider, you are required to submit a complete and accurate Obstetrical Authorization and Initial Assessment form to the health plan within two business days of the initial office visit with a pregnant member. Submission of the form is required for the global authorization of obstetrical services. The information provided on the form also enables your practice and the health plan to identify medical and psychosocial risks so interventions may occur as early as possible. The form is available on our website at www.amerhealthcaritasdc.com > **Providers** > **Forms**.

Transportation is available for Medicaid members

Medical Transportation Management Inc. (MTM) provides non-emergency medical transportation (NEMT) services to eligible AmeriHealth DC Medicaid members. For 24/7 transportation scheduling, members and providers may call **1-800-315-3485**.

Important Reminders (continued)

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 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 our 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 responsibility to ensure an interpreter is present or on the phone. 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**.

Utilization management (UM) criteria

Physicians and nurses at AmeriHealth Caritas DC use clinical criteria to make coverage decisions based on medical necessity. The criteria utilized for UM determinations is available upon request to all AmeriHealth Caritas DC providers. To request this information, call the Medical Management department at **202-408-4823** and follow these steps:

- Press “1” for Medicaid
- Press “2” for Alliance
- Press “2” for authorization
- Then press “6” to speak with a member of the UM staff

Sign up for electronic funds transfer (EFT)

Providers can sign up for EFT by visiting

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

Appointment Standards

AmeriHealth Caritas DC providers must meet standard guidelines as outlined below to ensure that our members have timely access to care. If a provider is unable to meet these standards, he or she must immediately advise his or her provider network account executive or the Provider Services department at **202-408-2237** (toll-free: **1-888-656-2383**).

Access to Medical Care	
Emergency medical care (life-threatening)	Immediately at the nearest facility
Urgent medical care	Within 24 hours of the request
Routine primary or specialist care (including appointments for HealthCheck services that are due, IDEA service, or physical exams)	Within 30 days of the request
Initial appointment for new members under age 21	Within 60 days
Initial appointments for new members ages 21 and older	Within 30 days of request or within 45 days of becoming a member, whichever is sooner
Initial appointment for pregnant women or family planning services	Within 10 days of request
Waiting time in a provider office	Not to exceed 45 minutes for members arriving at the scheduled appointment time
Use of free interpreter services	As needed upon member request during all appointments

Appointment Standards (continued)

Access to Behavioral Health Care	
Emergency psychiatric or mental health care (an active crisis where the member or others are at risk, or where there is an expected risk in the next 24 hours)	Within one hour of the need being presented to the provider
Urgent psychiatric or mental health care	Within the same day of the need being presented to the plan or provider
Behavioral health telephone crisis triage	Within 15 minutes over the telephone (must be available 24/7)
Psychiatric intervention or face-to-face assessment	Within 90 minutes of completion of telephone assessment, when needed (must be available 24/7)
Discharge follow-up care with an outpatient provider (care following discharge from a psychiatric inpatient facility or psychiatric residential treatment facility)	Initial assessment within seven days of discharge to the community (must include assessment and provision of prescriptions, if needed) Plus subsequent appointment within 30 days of discharge from an acute care facility
Community-based interventions screening for children/youth admitted to an acute care facility	Within 48 hours of admission by contacting the Department of Behavioral Health child/youth care manager
Routine behavioral health appointments	Within seven days of request
Initial service in the follow-up care based on results of an assessment	Within 10 business days of completion of the assessment
Waiting time in practitioner's office	Not to exceed 45 minutes



Dental Fast Facts

Primary care and dental care providers can prevent the No. 1 childhood disease — dental disease.

- The combination of dental sealants and fluoride varnish has the potential to eliminate tooth decay in school-aged children¹
- Ninety percent of all cavities happen in the pits and fissures of first and second molars. This is the area that sealants protect.²
- The best age for children to have the dental sealant procedure is between second and fifth grade — once the permanent molars appear

Did you know?

AmeriHealth Caritas DC reimburses primary care providers for providing oral health assessments and fluoride varnish for children under age 3.

To find out more information about how you can provide this service to our members during well-child visits, please visit www.dchealthcheck.net/trainings/flvarnish/index.html.

¹ Journal of Public Health Dentistry, Volume 63, Issue 3, Version of Record online: May 1, 2007

² www.cdc/oralhealth/factsheet

Preventing Fraud, Waste, and Abuse

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

It is everyone's responsibility to be aware 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 be able to recognize member fraud and abuse, including member ID card sharing. Member ID card sharing can be stopped by checking the identification of the member who comes to the appointment versus the Medicaid ID card the member is provided with by the plan. If a member's Medicaid ID card does not match the name, birth date, and other relevant information on a type of identification card, please report this to the necessary source. It is important to remember, members may also be the victim of identity theft.

Providers can report fraud, waste, or abuse by:

- 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



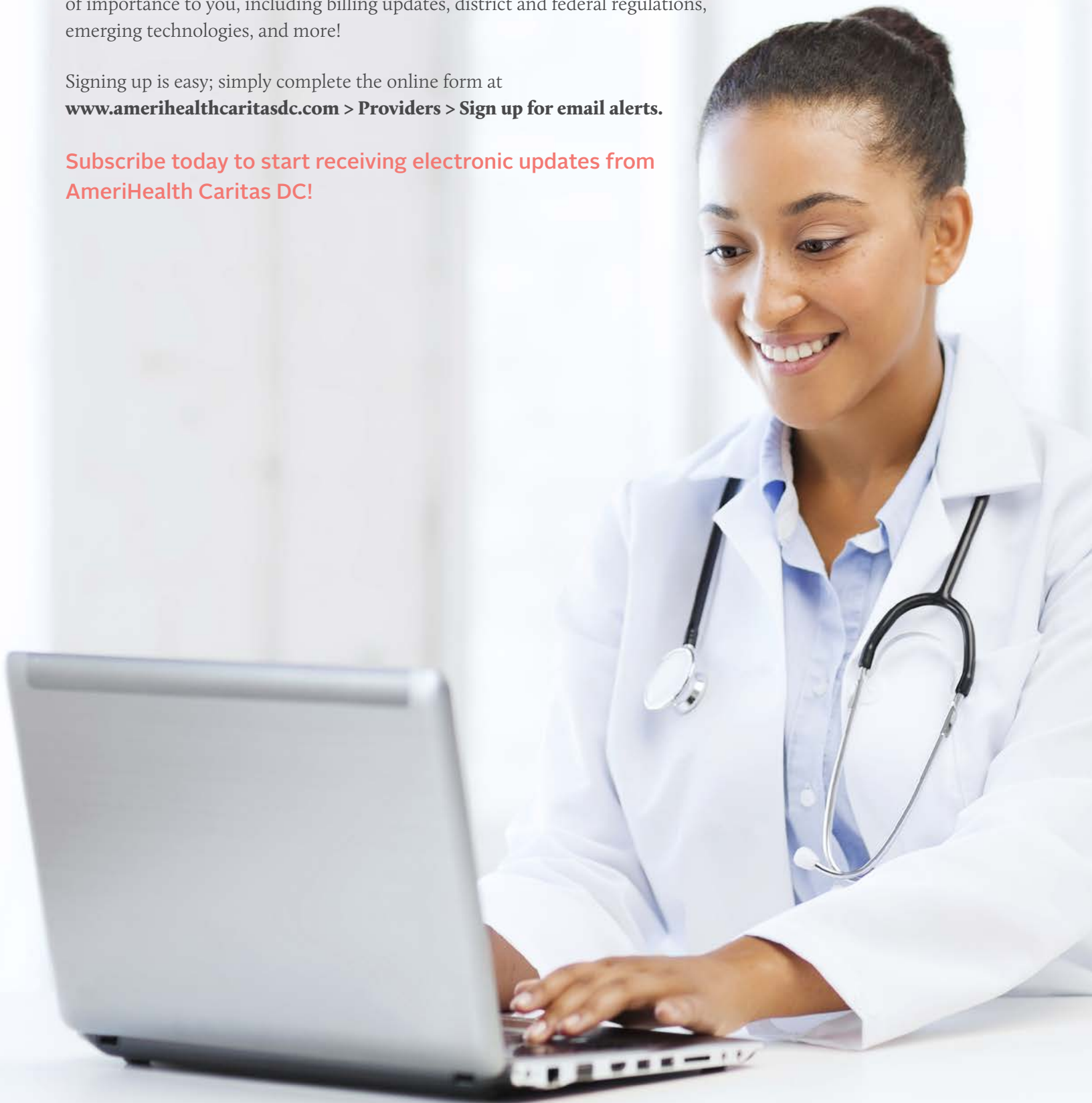
* Centers for Medicare & Medicaid Services. (2015, September) Fraud, Waste, and Abuse Toolkit,. Retrieved November 13, 2015, from www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-overview-booklet.pdf

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.amerihhealthcaritasdc.com > **Providers** > **Sign up for email alerts.**

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District of Columbia

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 **GOVERNMENT OF THE
DISTRICT OF COLUMBIA**
MURIEL BOWSER, MAYOR

