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## Message from the Market President

Welcome to the March 2016 edition of *Connections* — our provider newsletter for AmeriHealth Caritas District of Columbia (DC) providers. We believe you will find the resources enclosed helpful as you provide quality care and services to our members.

This year we are strengthening our efforts to ensure all members have access to quality health care services on **their** terms. One of the ways we will assist our members in getting the care that is important to them is by encouraging members to enroll in our Care Management program. The program supports members by examining what their personal health goals are, and with the help of a “care coach,” guiding them to achieve health and wellness.

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

In continuation of our efforts to improve the health of our members, we are redoubling our efforts around reducing non-emergent emergency department use, preventable admissions and readmissions. We are addressing each of these measures with a multipronged approach, through initiatives such as member education and outreach, improved discharge planning support, and the continuation of established successful programs (including the Let Us Know program, the Care Management program and the 4 Your Kids Care program). These measures also include new and innovative programs that utilize data analytics to proactively identify at-risk members who would benefit from intensive support in both clinical and psychosocial domains.

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

We encourage you to share this issue with your staff and colleagues. For more information and other resources, please visit [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com).

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



Karen Dale  
Market President  
AmeriHealth Caritas DC

# Spotlight: Care Management Program

## What is Care Management?

Care Management is a voluntary program where members receive a personal “care coach” (formally called a care manager) to help them manage their health. The program is focused on prevention, education, lifestyle choices and adherence to a treatment plan. It is designed to support the plan of care for members with behavioral health needs or chronic conditions, such as asthma, diabetes or coronary artery disease.

## What does a care coach do?

- Builds a trusting relationship with the member and his or her family
- Helps the member and his or her family understand the member’s health condition and medicines
- Listens, supports and coaches the member (and his or her family) one on one to help meet health goals
- Works with the member, his or her family and his or her doctors to create a treatment plan and solve problems
- “Connects the dots” between all the providers who care for the member
- Checks in with the member and his or her family from time to time — even when everything is going well

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, you may refer them to us using the Let Us Know Form on our website.

Visit [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com) > **Providers** > **Resources** > **Let Us Know** to download the Let Us Know Member Intervention Request Form. Members may also self-refer into care management if they think they can benefit from one-on-one support from a care coach.

## Did you know?

We also have nurses available 24/7 to answer members’ questions about medical conditions when their doctors are not available. Members may call the Nurse Call Line at **1-877-759-6279**.



## Primary Dental Providers Serve as “Dental Home” for Members

AmeriHealth Caritas DC is committed to providing a dental program that supports an integrated approach to a member’s medical needs. To foster a closer relationship between members and dental providers, we assign each member to a primary dental provider (PDP) that will serve as the member’s “dental home.” Similar to the primary care provider (PCP), the PDP will be responsible for delivering services to meet the member’s dental care needs. To promote continuity of care, the PDP is also responsible for:

- Directly referring members to specialists
- Recalling members for periodic care
- Referring members to their PCP for medical issues

Each member will receive a letter informing them of their PDP. They are also able to change PDP assignment by calling Member Services. Supporting an ongoing relationship with both a PDP and a PCP can encourage member engagement in all aspects of their own health.

Additionally, we believe this approach will encourage trust, improve quality and lead to fewer dental emergencies. Fostering collaboration between the PDP and the PCP can enhance opportunities to address a member’s overall health concerns comprehensively.

We will keep you informed about developments to our comprehensive dental program. Look for future information on how to identify members assigned to your dental practice and reach out to them about effective dental care and recommended check-ups. If you have any questions in the meantime, you may contact Dental Provider Services at **1-855-609-5170**.

## MedTox Lead Screening

MedTox Laboratories, a LabCorp specialty testing group, provides lead testing for AmeriHealth Caritas DC.

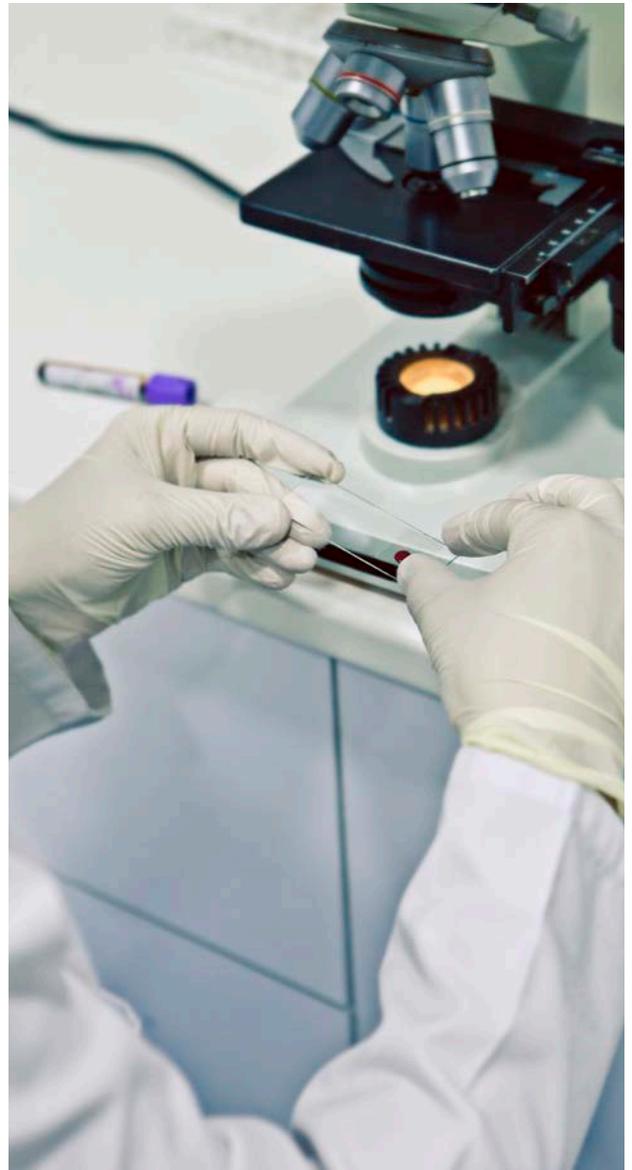
As an AmeriHealth Caritas DC provider, you will be reimbursed \$10 for utilizing the MedTox filter paper test kits when providing lead screening services to AmeriHealth Caritas DC members.

The filter paper lead screening may be performed with two drops of blood during a routine office visit. Offices will be supplied with collection kits to conduct in-office blood lead level screenings, removing the need for a secondary lab visit. The kits include all the supplies needed to collect the blood sample and return them to MedTox for processing. This process may be less invasive and traumatic for a child than a venous collection. No spinning, refrigeration or phlebotomist is required. Reports are available via fax or secure website.

Claims for lead testing performed via the filter paper process are to be billed using CPT code **36416**.

For more information or to order supplies for filter paper lead testing, please contact your local LabCorp representative, or contact MedTox directly at **1-800-832-3244** or **lead@medtox.com**.

If you have any other questions, please contact your AmeriHealth Caritas DC provider account executive or Provider Services at **202-408-2237** or **1-888-656-2383**.



# AmeriHealth Caritas District of Columbia's I am healthy<sup>SM</sup> Rewards Program



\$20  
Gift Card

## I am healthy<sup>SM</sup> Rewards Program

### How does it work?

This program includes targeted outreach to members who are due for the following services or screenings:

- Adolescent well-care visit (for ages 12 – 21)
- Post-partum visit (within 21 – 56 days) after delivery
- HbA1C and nephropathy tests
- Retinal eye exam

Members receive an outreach letter from the health plan asking them to make an appointment with you for the needed services. Members who schedule an appointment and receive the needed services will receive a **\$20 gift card**.

### What do I need to do?

Once a member presents for his or her appointment and receives the needed services, you — the provider — can issue the member's reward gift card by:

- E-scribing via electronic medical records to Stellar Rx, 302 Industrial Drive, Avondale, PA 19311 (**1-800-910-2959**)
- or**
- Completing and faxing the member's letter to the Stellar Rx Pharmacy Care Rewards program at **1-888-700-7150**

Please remember, you must submit a claim to the health plan to be reimbursed for services rendered.

### How quickly will members receive their reward gift cards?

Members who earn the reward will receive their gift card in one to two weeks.

### Questions

If you have questions about this program, please contact AmeriHealth Caritas DC Provider Services at **1-888-656-2383** or the Stellar Rx Pharmacy Care Rewards program at **1-800-910-2959**.

# A Provider's Guide to CAHPS

## What is CAHPS?

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual patient satisfaction survey that select patients are invited to complete. CAHPS measures patient satisfaction regarding their health plan, health care services, PCP and/or specialists. Additionally, this survey assesses members' accessibility to care, provider communication skills and coordination of care.

## What questions relate to you as a provider?

Approximately 1,600 members will be randomly surveyed about their health care experience. The following are some of the questions your patients may be asked to assess how they perceived the quality of your health care services:

- How often did your personal doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?
- How often did you get an appointment to see a specialist as soon as you needed?

## What can you do to improve patient satisfaction?

You can improve patient satisfaction by doing the following:

- Improve communication with your patients: Listen carefully to the patient, explain using simple and easy-to-understand terminology, ask for feedback and always treat them with respect
- Increase accessibility by creating availability for urgent care issues
- Make use of our translator services for patients with limited English proficiency
- Encourage patients to bring a list of health-related questions
- Use online resources found on the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality websites to find new methods to better serve patients on your panel
- Engage all staff members to work as a team to provide quality primary and specialty care to your patients
- Provide timely results for all tests or procedures to your patients
- Remind patients to keep and bring a list of all medicines they take to all of their doctor appointments
- Make sure your patients understand what will happen prior to, during and after surgery
- Encourage members to make all necessary follow-up appointments from your prescribed treatment plan while they are in the office
- Encourage our members to contact Medicaid Member Services at **202-408-4720** or Alliance Member Services at **202-842-2810** for health plan-related questions and resources

For more information on this topic, visit

[www.ahrq.gov/patients-consumers/care-planning/errors/5steps/index.html](http://www.ahrq.gov/patients-consumers/care-planning/errors/5steps/index.html).

## Will You Let Us Know?

AmeriHealth Caritas DC wants to partner with you, our provider community, in the management of our members with chronic illnesses or behavioral health needs. We're here to help you engage members in their health care through the Let Us Know program.

### Here's how it works

We have many support teams and tools available to assist in the identification, outreach and education of our members, as well as clinical resources for you in their care management. We just need you to let us know about members' needs in one of the following ways:

- Contact our Rapid Response and Outreach Team (RROT). Call **1-877-759-6224** from 8:00 a.m. to 5:30 p.m.
- Use the Member Intervention Request Form

This request form is available at [www.amerihhealthcaritasdc.com](http://www.amerihhealthcaritasdc.com) > **Provider** > **Resources** > **Let Us Know**. Completed forms may be returned to request RROT outreach to a specific member. Simply complete and fax to **1-888-607-6405**.



# Important Reminders

## HIV/AIDS pharmacies

HIV/AIDS medications are available through the District of Columbia AIDS Drug Assistance Program (ADAP). AmeriHealth Caritas DC members must get their HIV/AIDS medicines from a participating ADAP pharmacy. For a current directory of ADAP pharmacies, please visit [www.doh.dc.gov](http://www.doh.dc.gov) and enter “DC ADAP Pharmacy Directory” into the search tool.

## Obstetrical (OB) authorization reminder

As an AmeriHealth Caritas DC provider, you are required to submit a complete and accurate OB 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.amerihhealthcaritasdc.com](http://www.amerihhealthcaritasdc.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**.

## Balance billing is prohibited

As a reminder, under the requirements of both district and federal Medicaid law, all payments from AmeriHealth DC to participating providers must be accepted as payment-in-full for services rendered. This means participating AmeriHealth DC providers are prohibited from directly billing members for medically necessary covered services under any circumstances.

## Member copayments and out-of-pocket expenses

Our members do not have any copayments or out-of-pocket expenses unless they choose to go out-of-network without approval, or to obtain services that are not a covered benefit or are found to be not medically necessary.

## 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**.

## Appeals process

In the event that health care services rendered to a member by a network provider represent a serious deviation from, or repeated noncompliance with, AmeriHealth Caritas DC’s quality standards, and/or recognized treatment patterns of the organized medical community, the network provider may be subject to AmeriHealth Caritas DC’s formal sanctioning process, which includes a process for appeal. Refer to the Provider Manual for details.

## Sign up for electronic funds transfer (EFT)

As a reminder, providers can sign up for electronic funds transfer by visiting [www.amerihhealthcaritasdc.com](http://www.amerihhealthcaritasdc.com) > **Providers > Forms > EFT enrollment form.**

## 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 are available at [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > **Providers** > **Resources** > **Clinical policies**.

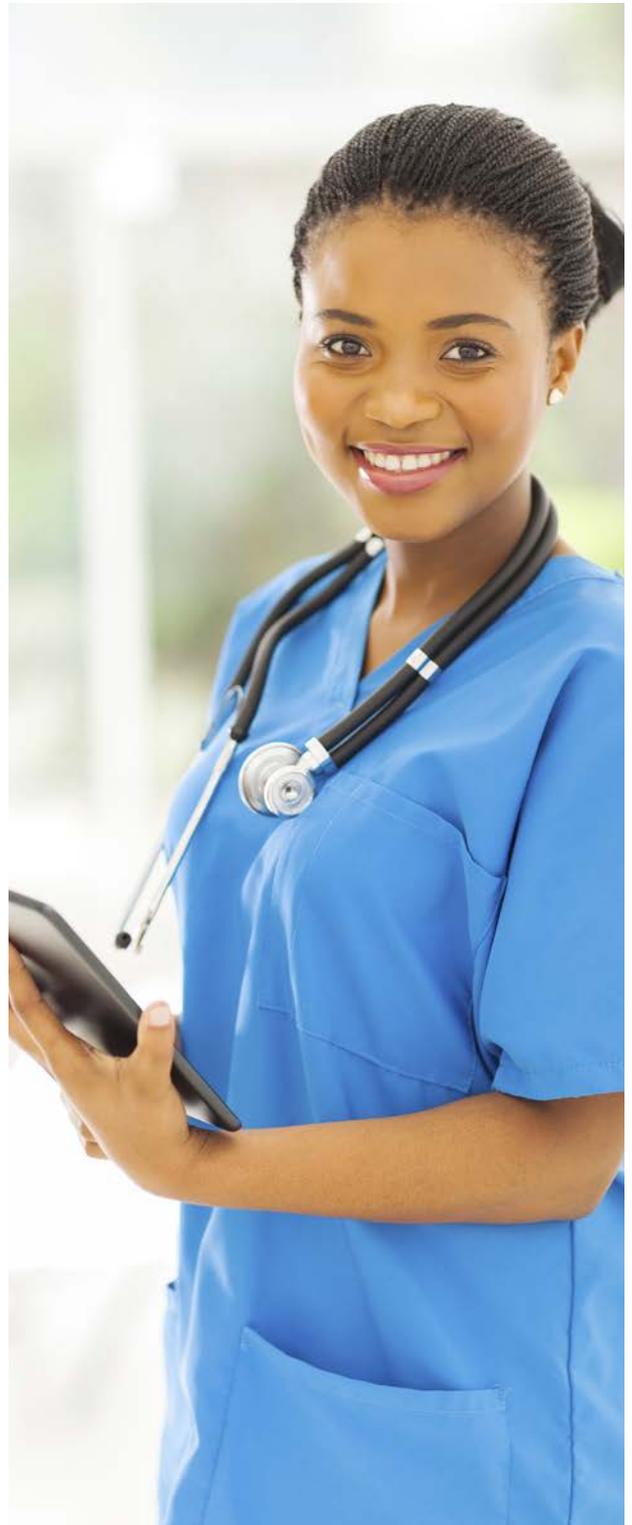
In addition, the Quality Management department adopts and implements preventive and clinical practice guidelines to improve patient outcomes, deliver cost-effective care, and promote consistency and delivery of evidence-based care. Guidelines are based on recommendations from professional organizations, peer-reviewed literature and input on local practice patterns from participating practitioners.

A comprehensive list of clinical practice guidelines is available at [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > **Providers** > **Resources** > **Clinical practice guidelines**.

### CME webinar — “Closing the Gap: Providing Culturally Competent Cardiovascular Care”

AmeriHealth Caritas DC is offering an on-demand medical education webinar as part of our Healthy Lifestyles/ Cardiovascular Disease (CVD) initiative, presented by Donald Lloyd-Jones, M.D. The goal of the program is to assist your practice in meeting the challenges of providing appropriate care based on the individual patient’s cultural, linguistic, educational and socio-economic needs. AmeriHealth Caritas DC is offering participating primary care physicians who attend the webinar and complete the post-session assessment the opportunity to earn one CME credit.

Visit [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) > **Providers** > **Education and training** for more information on this webinar.



# Pharmacy Corner

## 90-Day program

As of October 1, 2015, AmeriHealth Caritas DC required that certain generic medications be filled in a 90-day supply for members who have received the medication on a continual basis. Please visit this link to see the full medication [list](#).

In order to qualify for a 90-day supply, members must have been on the medication for at least 90 days within the last 180 days. Pharmacies will not be able to process a supply for less than 90 days for qualified members. If the member does not have at least a 90-day supply in the last 180 days, the medication will not fill for greater than a 34-day supply. In the event that a member would benefit from continuing to receive a 30-day supply, please instruct the pharmacy to use the appropriate override code to bypass the 90-day requirements.

We have also asked pharmacies to work with you in order to obtain a 90-day prescription for those members who qualify for the program.

## Formulary update

The following are the changes to the formulary. The most current formulary information for AmeriHealth Caritas DC members can always be found via our online searchable formulary at:

[www.amerihhealthcaritasdc.com/apps/formulary-medicaid/index.aspx](http://www.amerihhealthcaritasdc.com/apps/formulary-medicaid/index.aspx)

Removals:

- Starlix 120 mg tablet
- Starlix 60 mg tablet
- Brand Name — Adderall XR
- Naratriptan 2.5 mg tablet
- Almotriptan 6.25 mg and 12.5 mg tablets
- Zolmitriptan 2.5 mg and 5 mg tablets and ODT
- Fexofenadine 60 mg tablet
- Clarinex D 12 hour tablet
- Loratadine 5 mg ODT
- Lidocaine 5% ointment
- Clindamycin 1%-benzoyl peroxide 5% gel
- Omeprazole+SyrSpend SF ALKA KT
- First-Omeprazole 2 mg/mL SUSP
- First-Lansoprazole 3 mg/mL SUSP
- First-Mouthwash BLM SUSP



## Fraud, Waste and Abuse Fast Facts

- Medicaid fraud, waste and abuse amounted to \$17 billion dollars in 2014. This is 5 percent of the total cost of the program.

**Source:** Center for Medicare & Medicaid Services. 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](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-overview-booklet.pdf).

- The difference between fraud and abuse is that fraud is committed with the intent of deception or misrepresentation that could result in an unauthorized benefit.
- Providers should self-report any form of fraud, waste or abuse found within their organization. If an employee is providing a service at a higher level than necessary, or a billing specialist is incorrectly coding claims, it is far better to self-report to AmeriHealth Caritas DC than to have the fraud, waste or abuse discovered in another way.
- Conducting regular claims and documentation reviews can help providers prevent fraud, waste and abuse in their practices.
- Combating fraud is important to maintain an affordable health care system. Money spent for fraudulently provided services takes money and services away from our members.
- The Fraud Tip Line at AmeriHealth Caritas DC can be reached by phone **1-866-833-9718**, or by email at **FraudTip@amerihealthcaritasdc.com**. The Fraud Tip Line is confidential and anonymous.

# Member Rights and Responsibilities

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

## Members have the right to:

- Be treated with respect and dignity
- Know that when they talk with their doctors and other providers, it's private
- Have an illness or treatment explained to them in a language they can understand
- Participate in decisions about their care
- Receive a full, clear and understandable explanation of treatment options and risks of each option so they can make an informed decision, regardless of cost or benefit coverage
- Female members only: Have direct access to a women's health specialist within the network for the covered care necessary to provide women's routine and preventive health care services. Also, female members have the right to designate their PCP as a participating provider or an advanced-practicing registered nurse who specializes in obstetrics (OB) and gynecology (GYN).
- Refuse treatment or care
- Be able to see their medical records and to request that the records be fixed if they are wrong
- Choose an eligible PCP from within AmeriHealth Caritas DC's network and to change their PCP
- Make a complaint ("grievance") about AmeriHealth Caritas DC or the care provided to the member and receive an answer
- Request an appeal or a fair hearing if they believe AmeriHealth Caritas DC was wrong in denying, reducing or stopping a service or item
- Receive family planning services and supplies from the provider of their choice
- Obtain medical care without unnecessary delay
- Ask for a chaperone to be present when they receive health care
- Receive information on advance directives and choose not to have or continue any life-sustaining treatment
- Receive a copy of the Member Handbook
- Continue treatment they are currently receiving until they have a new treatment plan
- Receive interpretation and translation services free of charge if the members need them, and refuse oral interpretation services
- Get an explanation of prior authorization procedures
- Receive information about AmeriHealth Caritas DC's financial condition and any special ways we pay our doctors
- Obtain summaries of customer satisfaction surveys
- Receive AmeriHealth Caritas DC's "Dispense as Written" policy for prescription drugs

## **Members have the right to: (continued)**

- Receive information about AmeriHealth Caritas DC, our services, our providers and other health care workers, our facilities, and the member's rights and responsibilities as a member
- Make recommendations about AmeriHealth Caritas DC's member rights and responsibilities policy
- Be free from any form of restraint or seclusion used as coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion
- Receive a second opinion from a qualified health care professional within the network, or arrange for the enrollee to 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
- Be informed about how and where to access any benefits available under the District of Columbia plan but not covered under the contract, including any cost sharing and how transportation is provided upon enrollment, annually and at least 30 days prior to any change
- Be informed that the member may be required to pay the cost of services furnished while an appeal is pending, if the final decision is adverse to the member
- Not be held liable for AmeriHealth Caritas DC's debts in the event of AmeriHealth Caritas DC's insolvency
- Use any hospital or other setting for emergency care
- Be treated no differently by providers or by AmeriHealth Caritas DC for exercising the member's rights
- Try to understand the member's health problems and participate in developing treatment goals
- Help the member's doctor obtain medical records from providers who treated him or her in the past
- Tell AmeriHealth Caritas DC if they were injured as the result of an accident or at work

## **Members have the responsibility to:**

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

# Telepsych Behavioral Health Care Services — Still Available!

AmeriHealth Caritas District of Columbia (DC) would like to remind you that 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. See below how you can share this care option or participate as a provider.

## About telepsych services:

Breakthrough offers telepsych, a new option for members to receive behavioral health care services. It is an online video counseling service that makes it easy for members to access a behavioral health care provider. Telepsych services may include counseling and prescribing appropriate treatment.

## Share with members:

Please partner with us to promote this new care option! If you feel a member would benefit from receiving telepsych services via Breakthrough, please inform him or her of this care option. For more information, members may visit [www.breakthrough.com/amerihealthcaritasdc](http://www.breakthrough.com/amerihealthcaritasdc) or call 202-408-4720 or toll-free at 1-800-408-7511.

## Want to participate as a behavioral health provider?

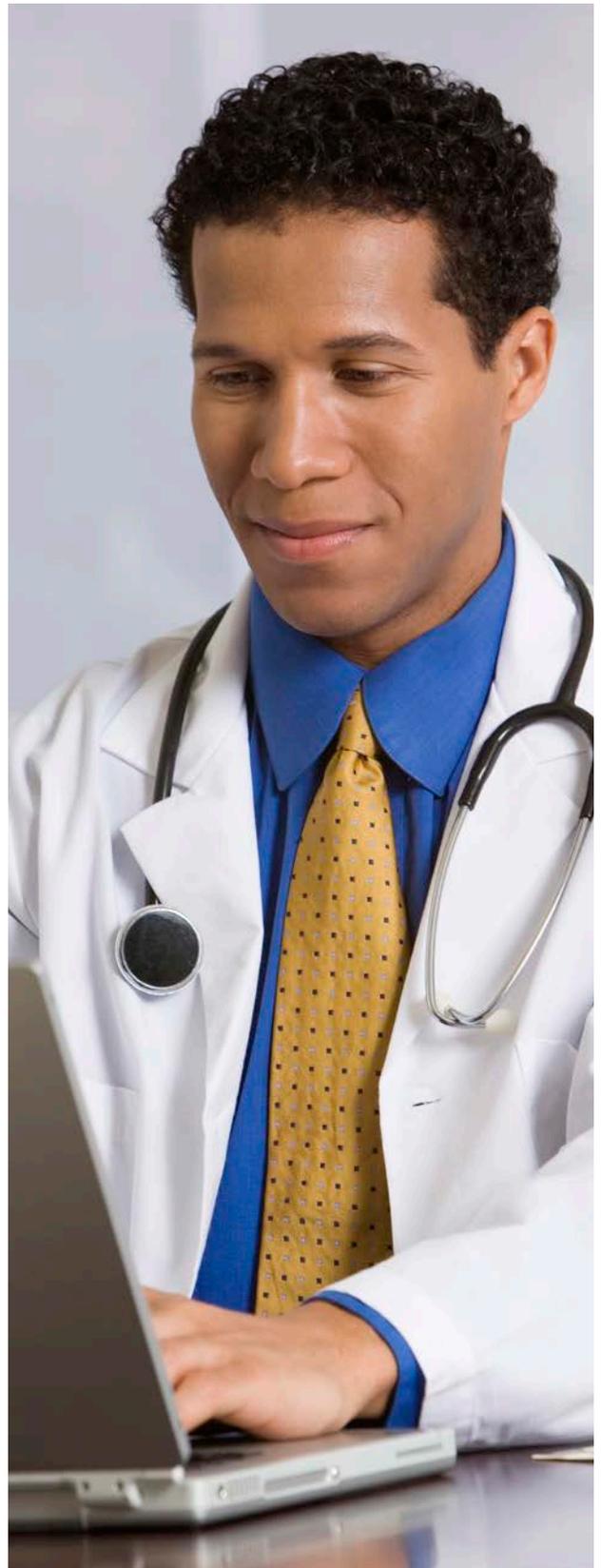
If you are a behavioral health provider interested in registering as a telepsych provider, please visit [www.breakthrough.com](http://www.breakthrough.com) to sign up.

## Want to participate as a host site?

AmeriHealth Caritas DC can bring this technology to provider offices so members may attend a telepsych appointment right from your practice space. If you are interested in partnering with us to bring this technology to your practice, please visit [www.breakthrough.com/amerihealthcaritasdc](http://www.breakthrough.com/amerihealthcaritasdc) to sign up.

## Questions:

If you have questions about this communication, please contact your AmeriHealth Caritas DC account executive or Provider Services at 202-408-2237 or 1-888-656-2383.



# Know Your Credentialing and Recredentialing Rights

During the credentialing and recredentialing process, all practitioners have the right to:

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

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## 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](http://www.amerihhealthcaritasdc.com) > **Providers** > **Sign up for email alerts.**

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





**AmeriHealth Caritas**<sup>™</sup>  

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**District of Columbia**

[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)

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GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR

