



PROVIDER ADVISORY COMMITTEE

REPORT

QUARTER 1

MARCH 6, 2025, THURSDAY

5:30 P.M. - 7:00 P.M.

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*Meeting Minutes
*Presentation Slides



COMMITTEE EXECUTIVE SUMMARY

AmeriHealth Caritas DC (AmeriHealth) designed and developed the Provider Advisory Committee (PAC) to support local providers and increase access to care for those they serve. The PAC is an opportunity for DC area providers to collaborate and engage with AmeriHealth Caritas DC leadership. Through this collaboration we want our providers to work together to find new and better ways for enrollees to be healthier and improve and reduce the cost of care.

The mission of the AmeriHealth Caritas DC (AmeriHealth) Provider Advisory Committee is to create a partnership with provider organizations and community-based organizations who share the same goals and values. Our main focus is helping DC residents obtain access to care, staying well, and building healthy communities. The committee provides critical input on innovative and collaborative strategies focusing on effective integration of care coordination and care management programs, and other programs to achieve desired outcomes. We find it vital to our mission to work with our providers and community-based organizations to proactively improve the health status of those we serve. Increased emphasis on medical outcomes, preventive care, and other social determinants of health will reward all stakeholders.

Membership

The Provider Advisory Committee meeting is open to all AmeriHealth Caritas DC network Providers to attend. The core Provider Advisory Committee members consist of Providers who represent the full range of health services, including primary care, mental health and substance use services, dental, vision, and urgent care. Provider Advisory Committee meetings are held virtually on a quarterly basis.

2025 Schedule

Provider Advisory Committee meetings are held virtually on a quarterly basis.

- **Q1:** March 6, 2025
- **Q2:** May 15, 2025
- **Q3:** September 18, 2025
- **Q4:** December 4, 2025

Committed to quality health care and outstanding enrollee services

OVERVIEW

AmeriHealth Caritas DC held its **Provider Advisory Committee** meeting on **Thursday, March 6, 2025**, to a virtual audience of **15 Providers**, and **11 ACDC representatives** and speakers. This event took place from **5:30 pm to 7:00 pm** Eastern Standard Time (EST) virtually on Zoom. This meeting was recorded, and all participants were notified before the start of the discussion. The Provider Advisory Committee meeting was facilitated by Tamu Tucker of MMI Consulting Group, LLC.

The ACDC Quarter 1 Provider Advisory Committee Meeting focused on 2025 strategic initiatives, including enhanced provider engagement, streamlined operations, value-based care integration, and improved claims. Tonya Hutson outlined plans for partnership-driven models and increased transparency. Bobbie Monagan discussed expediting credentialing and implementing performance reviews.

Emily Quick introduced the Encounter Coding Support initiative, offering free coding assistance to Medicaid providers, aiming to improve accuracy and reduce administrative burdens while addressing data security concerns. Angelita Coleman presented NaviNet as a tool to streamline operations, emphasizing training resources and security. Nijia Williams highlighted the importance of demographic data collection.

Bobbie Monagan and Jennell Alexander discussed accurate Provider information and website tools. The meeting concluded with updates on patient surveys and committee meeting changes.



SPEAKERS

- Bobbie Monagan, Director, Provider Network Management
- Emily Quick, Manager, Risk Adjustment Programs
- Angelita Coleman, Account Executive II
- Nijia Williams, Account Executive II
- Jennell Alexander, Account Executive II

SUMMARY

GOALS FOR 2025

- **ACDC's four main strategies for 2025 are:**
 - **Enhancing Provider Engagement:** Focus on building stronger relationships with Providers.
 - **Streamlining Network Operations:** Improve efficiency and reduce administrative burden.
 - **Value-Based Care Integration:** Promote models that reward quality and outcomes.
 - **Payment Integrity:** Ensure accurate and timely claims processing.

ENCOUNTER CODING SUPPORT

- **The objective of this initiative is to reduce administrative burden and improve coding completeness and accuracy on claims.**
 - The initiative offers free coding support from certified coders and certified risk adjustment coders (CPC and/or CRC certification).
 - Focuses on Medicaid members not seen in 2024 or without well-documented chronic conditions in 2025.
 - Coders will review the EMR pre- and post-appointment (read-only access) to identify and verify chronic conditions.

THE POWER OF NAVINET

- **NaviNet is a user-friendly platform that allows Providers to access essential information and complete workflows. Key Functionalities Include:**
 - Eligibility and benefit inquiries
 - Claims status inquiries
 - Medical authorizations (submissions, inquiries, logs, amendments)
 - Claim submission (link to Change Healthcare/ECHO)
 - Report inquiries (administrative, clinical, financial - detailed breakdowns provided)
 - Provider directory
 - Notification of pregnancy submission
 - Forms and dashboards (including single sign-on to 3M)
 - Training videos and tutorials
 - Care Gap Response Form
 - ADT alerts
 - Condition Optimization Program information
 - Document Exchange and Workflows
 - UM Authorization Determination Letters

SUMMARY

CREDENTIALING

- **Key Forms and Documents for Credentialing:**
 - ACDC Provider Data Intake Form (required information like service type, demographics, practice details, billing information, CAQH profile, additional locations, etc)
 - Current malpractice insurance
 - Current state license
 - Ownership disclosure form
 - Current organization accreditation or CMS state survey (if applicable)
 - Updated CAQH profile

PROVIDER UPDATES

- **Highlights of recent updates:**
 - Provider updates included guidelines for EOB submissions, electronic claim attachments, and a new Inclusive Dental Program. The SkyGen Dental Hub will replace the current dental portal. HEDIS reporting requires Provider cooperation, and authorization errors should be avoided. There has been a vendor change that affects long-term care assessments, but the EPOF process remains the same. Email alerts and newsletter updates are available, and email delivery is offered for missed fax blasts.



HIGHLIGHTS

Provider Change Form Importance:

- Notifies ACDC of any changes in your practice (adding/removing providers, new locations, etc.)

Importance of Collecting Race, Ethnicity, and Language (REL) Data:

- Helps tackle health disparities and promote equitable care.
- This information helps connect Enrollees with Providers who may share language and cultural preferences.

Introduction of New Chief Medical Officer:

Dr. Kevin Wheeler, the new Chief Medical Officer, started in August 2024 and is integrating with the Provider Network team.

Encounter Coding Workflow:

1. ACDC identifies targeted members.
2. Coders review the EMR pre-visit, potentially leaving "sticky notes" or sending Excel spreadsheets with conditions to review.
3. Clinician evaluates and addresses the conditions during the visit.
4. Coders review the EMR post-visit to ensure accurate coding.
5. Submission of a claim by the provider that supports the EMR documentation results in a \$150 incentive payment.

Key Action Items/Points of Contact:

- **Credentialing Documents:** Submit to credentialingdc@amerihealthcaritasdc.com.
- **Encounter Coding Support Initiative:** Reach out to your Account Executive to participate.
- **NaviNet Training:** Contact your Account Executive for assistance.
- **Provider Change Form:** Notify ACDC via the demographic change form on the website.
- **Updates:** Access on AmeriHealthCaritasDC.com (Providers section) and sign up for email alerts ([CLICK HERE](#)).
- **To Request Past Provider Updates:** Email Jennell Alexander (jalexander2@amerihealthcaritasdc.com).





CONTACT US

PROGRAM CHAIRPERSON: BOBBIE MONAGAN

Director, Provider Network Management
bmonagan@amerihealthcaritasdc.com
(202) 821-8083

www.amerihealthcaritasdc.com



ADDENDUM

MEETING MINUTES
PRESENTATION SLIDES

www.amerihealthcaritasdc.com



MEETING MINUTES

PROVIDER ADVISORY COMMITTEE

MEETING MINUTES

Thursday, March 6, 2025

5:30pm – 7:00pm

FACILITATOR:

- Tamu Tucker, Facilitator, Provider Advisory Committee

SPEAKERS:

- Bobbie Monagan, Director Provider Network Management
- Tonya Hudson, Manager of Provider Network Management
- Emily Quick, Manager, Risk Adjustment Programs
- Angelita Coleman, Account Executive II
- Nijia Williams, Account Executive II
- Jennell Alexander, Account Executive II

AGENDA:

- Welcome and Agenda Review
- ACDC's Goals for 2025
- Stars, Quality, and Risk Adjustment (SQRA) – Encounter Coding Support
- The Power of NaviNet
- Credentialing
- Provider Updates
- Questions & Answers

DISCUSSION:

- Welcome and Agenda – Tamu Tucker, Facilitator:

Meeting instructions and the agenda were discussed.

- ACDC's Goals for 2025 – Tonya Hutson, Manager of Provider Network Management:

Tonya Hutson detailed the strategic initiatives for 2025, outlining a comprehensive plan designed to enhance access to quality care, improve patient outcomes, and optimize operational efficiencies. The



four key strategies presented were: Enhancing Provider Engagement, Streamlining Network Operations, Integrating Value-Based Care, and Ensuring Payment Integrity.

To enhance Provider engagement, efforts will focus on transitioning to partnership-driven models centered on value-based care, developing collaborative care models to improve care coordination, and facilitating real-time data access and information sharing through webinars, workshops, and town hall meetings. Additionally, regular surveys and feedback sessions will be conducted to increase transparency in payment processes and network operations. Streamlining network operations will involve implementing modern solutions to reduce administrative burdens, leveraging technologies like interoperability tools and telehealth, ensuring data integrity through regular audits, and enhancing the credentialing process. The integration of value-based care will be achieved by fostering partnerships that empower Providers, focusing on Patient outcomes as key metrics, and developing flexible contract models. Finally, payment integrity will be addressed by minimizing claims processing delays through clear guidelines and stakeholder collaboration and ensuring timely and accurate payments through efficient claims processing.

The overarching objective of these strategies is to cultivate a sustainable, efficient, and Enrollee-centered Provider Network that promotes strong Provider relationships, seamless operations, and high satisfaction levels for both Providers and Enrollees.

- Encounter Coding Support – Emily Quick, Manager, Risk Adjustment Programs:

Emily Quick introduced the Encounter Coding Support initiative; a program designed to alleviate administrative burdens and enhance the precision of claims coding. This initiative will target Medicaid members who did not receive care in 2024 or whose chronic conditions are insufficiently documented thus far in 2025. Starting in March 2025 AmeriHealth Caritas DC will offer complimentary coding support, leveraging its team of Certified Professional Coders (CPC) and Certified Risk Adjustment Coders (CRC) to review Electronic Medical Records (EMR) both before and after Patient appointments, thereby identifying and validating existing chronic conditions.

The workflow entails a pre-encounter review, during which coders may communicate potential chronic conditions to Providers via EMR "sticky notes" (for edit access) or Excel spreadsheets (for read-only access), and a post-encounter review to confirm addressed conditions and extract relevant diagnosis codes. Providers are required to submit claims that accurately reflect the EMR documentation. Participating Providers will receive a \$150 incentive payment for each completed qualified encounter.

The primary objective is to facilitate proactive Provider awareness of potential chronic conditions during Patient visits, ensure appropriate evaluation and documentation, and minimize the necessity for retrospective coding adjustments. Ms. Quick emphasized the necessity of read-only access to Provider EMRs and appointment schedules, clarifying that edit access is not required. In response to data security concerns raised by Bobbie Monagan, Ms. Quick reassured Committee attendees that data access is secure, with Providers maintaining control over access levels within their EMR systems. The program's flexibility allows for adaptation to various EMR configurations and individual Provider preferences. Regular weekly meetings will be scheduled to discuss coding trends, address questions,



and provide feedback. Providers interested in participating in the Encounter Coding Support initiative need to contact their account executive for additional information.

- The Power of NaviNet – Angelita Coleman, Account Executive II

Angelita Coleman presented on the capabilities of NaviNet, emphasizing its role as a user-friendly and comprehensive platform for accessing essential Provider information. She began by highlighting the key workflows available on the NaviNet landing page, which include eligibility and benefit inquiries, claims status inquiries, medical authorizations and logs, claim submissions, various report inquiries, the Provider directory, notification of pregnancy submissions, and access to forms and dashboards. She noted the transition from EviCore to NaviNet for authorizations and pointed out the availability of training videos and filters on the landing page for user assistance.

Expanding on the workflow functionalities, Ms. Coleman detailed the specific information accessible within each. Eligibility inquiries provide access to care gap alerts, Enrollee clinical summaries, ADT alerts, medication reconciliation alerts, TPL details, Primary Care Physician (PCP) history, member ID cards, and redetermination links. Claim status inquiries facilitate claim tracking and offer single sign-on to the ERA, while claim submissions are linked to Change Healthcare which is ECHO. Authorization submissions will eventually be exclusively through NaviNet, replacing fax submissions. Providers can also submit authorization inquiries, amend existing authorizations, and access a comprehensive authorization log. NaviNet provides a direct link to the Provider directory and single sign-on to the Provider's dashboard (via forms and dashboards), which integrates tools like 3M for quality improvement initiatives. The platform also supports document exchange and workflows, including Care Gap Responses (single sign-on to Appian Workflow), Condition Optimization Alerts (single sign-on to Appian), and Utilization Management (UM) Authorization Determination Letters.

Report inquiries, categorized into administrative, clinical, and financial reports were discussed by Ms. Coleman. Administrative reports include claims status summary roll-ups, panel roster roll-ups, PCP performance roll-ups, authorization status summary reports, and redetermination reports. Clinical reports offer access to admin roll-ups of Enrollees with admissions, care gap query roll-ups, discharge report roll-ups, Quality Evaluation Program (QEP) perinatal reports, QEP report cards, admit reports, care gap queries, care manager reports, discharge reports, and the HEDIS improvement campaign query. Financial reports include the HEDIS QEP report, adjusted claims report queries, and prospective outreach reports. Ms. Coleman noted that capitation reports are not currently available on NaviNet.

Lastly, Ms. Coleman discussed the crucial role of the Provider's Security Officer (PSO), who is responsible for creating new NaviNet users, determining access levels, enabling permissions, managing security privileges, and conducting regular user access reviews. Ms. Monagan emphasized the strategic importance of NaviNet in aligning with the 2025 initiative to promote electronic information access. Ms. Coleman concluded by encouraging Providers to fully utilize NaviNet to enhance practice efficiency, improve quality scores, and access vital information, and she recommended contacting their Account Executive for training and support.



- Credentialing – Nijia Williams, Account Executive II:

Nijia Williams presented an overview of ACDC's credentialing processes and essential Provider information. Ms. Williams began by detailing the required documents for credentialing, including current malpractice insurance, state license, ownership disclosure form, organization accreditation or CMS state survey (if applicable), and an updated CAQH profile, alongside the ACDC Provider Data Intake Form. She displayed the intake form, emphasizing the need for Providers to specify their service to Medicaid or Alliance Enrollees, their Provider type (PCP, Specialist, Ancillary, or Facility), demographic details, language, race, ethnicity, affiliation details, practice information (including office hours and billing details), CAQH details, and any additional practice locations. Ms. Williams highlighted the importance of the Provider change form for notifying ACDC of any practice changes, such as Provider additions or removals, or alterations in practice locations, to maintain accurate records.

Ms. Williams emphasized the importance of the collection of race, ethnicity, and language (REL) data, and defined these terms for clarity: race as genetic and lineage-based classification, ethnicity as historical and cultural connection, and spoken/written language as preferred communication for healthcare. She explained that collecting REL data is crucial for addressing health disparities, ensuring equitable care, empowering Patients, promoting cultural understanding, and advancing linguistic competency. AmeriHealth Caritas DC requests voluntary REL data from Providers and their staff, via the Provider Intake Form, to facilitate matching Enrollees with Providers who meet their preferred language and cultural needs.

In response to a question about Patient registration forms in various languages, Bobbie Monagan clarified that AmeriHealth Caritas DC does not produce these forms but offered to connect the inquiring Provider with relevant resources. Ms. Monagan also stressed the importance of promptly reporting demographic changes, such as address or fax number updates, to ensure the accuracy of the Provider Directory and facilitate Enrollee access to Providers. She reiterated the significance of REL data in enabling Enrollees to select Providers based on their preferences.

- Provider Updates – Jennell Alexander, Account Executive II:

Jennell Alexander provided a detailed overview of the Provider Updates Tool, accessible through the AmeriHealth Caritas DC website. She instructed attendees to navigate to the "Providers" section on the main landing page and select the "Latest Provider Updates" link, which serves as a central repository for newsletters and timely Provider updates. Ms. Alexander emphasized the convenience of subscribing to email alerts for immediate notifications, while also noting that there is an archive of all updates available on the website for later review.

She then proceeded to discuss several key updates. Firstly, she addressed the submission process for the Explanation of Benefits (EOB) when a patient has dual insurance coverage, providing specific instructions for accurate documentation. Secondly, she outlined the 275 Claim Attachment Transaction Update, detailing the electronic submission of supporting claim documentation through the web portal, with options for individual or batch submissions via Change Healthcare.



Ms. Alexander introduced the new Inclusive Dental Program in the District of Columbia, designed to address the oral health needs of Enrollees with physical or developmental disabilities, and provided contact information for inquiries. She announced the upcoming transition to the SkyGen Dental Hub, a new Dental Provider web portal replacing the current system on May 1st, 2025.

As the HEDIS reporting period approaches, Ms. Alexander emphasized the importance of Provider cooperation with the annual medical records review, conducted by a contracted vendor, and provided guidance for information retrieval. She highlighted a resource (fax blast, dated February 3, 2025) detailing common errors in electronic prior authorization submissions, aimed at improving efficiency and timeliness.

A vendor transition to Telligen for independent assessment services related to long-term care and support services, effective February 1st, was also discussed. However, Rosalyn Carr Stephens clarified that the current Electronic Prescriber Order Form (ePOF) request process to Liberty remains unchanged for Providers and Enrollees. Ms. Alexander also directed attendees to view the winter provider newsletter, accessible on the AmeriHealth Caritas DC website.

Ms. Alexander concluded by reiterating the importance of utilizing these website resources and encouraged Providers to contact their account executives for assistance, including email alert sign-ups. In response to Janelle Shumaker's inquiry, she confirmed that Providers who did not receive faxed updates could email her directly for copies.

- Questions & Answers
 - Discussions occurred during each topic.

POINTS OF CONTACT:

- Bobbie Monagan, Director, Provider Network Management
 - Email: bmonagan@amerihealthcaritasdc.com
- Emily Quick, Manager, Risk Adjustment Programs
 - Email: equick@amerihealthcaritas.com
- Angelita Coleman, Account Executive II
 - Email: acoleman1@amerihealthcaritasdc.com
- Nijia Williams, Account Executive II
 - Email: nwilliams1@amerihealthcaritasdc.com
- Jennell Alexander, Account Executive II
 - Email: jalexander2@amerihealthcaritasdc.com



PRESENTATION SLIDES



Delivering the Next
Generation
of Health Care



**CARE IS THE HEART
OF OUR WORKSM**

Q1 - Provider Advisory Committee Meeting

March 6, 2025

1. **Welcome & Agenda Review**
2. **ACDC's Goals for 2025 – Bobbie Monagan**
(redacted)
3. **Price Waterhouse Cooper – Emily Quick**
(redacted)
4. **NaviNet - Angelita Coleman**
5. **Credentialing – Nijia Williams**
6. **Provider Updates– Jennell Alexander**
7. **Question & Answers**

Our Agenda

The Power of NaviNet - Provider Portal -

Angelita Coleman

Account Executive



NaviNet Provider Portal

Workflows for this Plan

[Eligibility and Benefits Inquiry](#)
[Claim Status Inquiry](#)
[Medical Authorizations](#)
[Medical Authorizations Log](#)
[eviCore Authorizations](#)
[Claim Submission](#)
[Report Inquiry](#)
[Provider Directory](#)
[Notification of Pregnancy Submission](#)
[Forms & Dashboards](#)

Training Videos

[Providers Filter](#)
[Claims Adjustment Inquiries](#)
[Care Gap Response Forms](#)
[ADT alerts](#)
[The Condition Optimization Program](#)
[Tutorial - Authorization Inquiry Process](#)
[Tutorial - Authorization Submission Process](#)



Important: Member redetermination date will now display on the **Eligibility and Benefits** screen. You can also access a full member redetermination report under the **Administrative Report Inquiry** section.



Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on **Thursday evenings between 6 p.m. and 10 p.m. ET**. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.



Authorizations are here!
Submit online today
[Learn more](#)

Welcome to AmeriHealth Caritas District of Columbia NaviNet Plan Central

Effective June 1st, 2023, prior authorization from eviCore is required for the covered services listed below.

- DME
- Diagnostic Sleep Testing
- Genetic Testing
- Joint & Spine Surgery
- Occupational Therapy
- Pain Management
- Medical oncology
- Physical Therapy
- Radiation Oncology

[Request prior authorization from eviCore.](#)

[See our announcement for more information.](#)



Resources

[NaviNet Medical Authorizations Participant Guide](#)
[NaviNet Medical Authorizations Frequently Asked Questions](#)
[Prior Authorization Lookup Tool](#)
[AmeriHealth Caritas COMPASS Referral Guides](#)
[Billing information](#)
[Electronic pharmacy prior authorization](#)
[HEDIS documentation and coding guidelines \(PDF\)](#)

[More »](#)

Contact Us

AmeriHealth Caritas District of Columbia

 **Provider Services**
202-408-2237 or 1-888-656-2383
Utilization Management
1-888-605-4807
Credentialing
1-877-759-6186
 **Provider Services fax**
202-408-1277
Utilization Management fax
1-877-759-6216

NaviNet Capabilities

Eligibility Inquiry & Response (ANSI X12 5010 270/271)

Care Gap Alerts on E&B

Member Clinical summary link on E&B

ADT Alerts on E&B

Medication Reconciliation Alert on E&B

TPL data on E&B

PCP History on E&B

Member ID Card

Redetermination link on E&B

COP Alerts on E&B

Prior Year History on E&B

Additional Member Benefits on E&B

Claim Status Inquiry & Response (ANSI X12 5010 276/277)

Claims Investigation

SSO to ERA

Claims Submission (link to Change HealthCare)

Authorizations Submission

Authorization Inquiry

Authorization Amend

Authorization Log

SSO to eviCore

Link to Provider Directory

SSO to Provider Dashboards (3M TREO)

Member Care Plan

Member Health Risk Assessment (SSO to Population Health Portal)

Document Exchange / Workflows

Care Gap Response (SSO to Appian workflow)

COP Alerts (SSO to Appian workflow)

UM Authorization determination letters

Security Officer role

NaviNet Report Inquiry

ADMINISTRATIVE

<u>Report Name</u>
Claims Status Summary RollUp
Panel Roster Report RollUp
PCP Performance RollUp Report
Redetermination Report
Authorization Status Summary Report
Claim Status Summary Report
Panel Roster Report

CLINICAL

<u>Report Name</u>
Admit Report RollUp
Care Gap Query RollUp
Discharge Report RollUp
QEP Perinatal Report
QEP Report Card
Admit Report
Care Gap Query
Care Manager Report
Discharge Report
HEDIS Improvement Campaign Query

FINANCIAL

<u>Report Name</u>
HEDIS QEP Report
Adjusted Claims Report Query
Prospective Outreach Report
Cap Roster Report

NaviNet Security Officer Tasks

- **Compliance rules**
Follow these rules to avoid any compliance violations.
- **Create new users in NaviNet**
Only the NaviNet security officer in your office can add a new user to NaviNet.
- **Manage user permissions**
Before a user can use some NaviNet transactions or view documents, a NaviNet security officer in your office must enable the appropriate permissions for that user.
- **Change or add a security officer**
To add or remove security officer privileges for an existing user, you must create a new user with the correct privileges and terminate the previous user account.
- **Review the NaviNet users in your office**
To avoid compliance violations, review the NaviNet users in your office monthly.
- **Reactivate a user's account**
NaviNet security officers can reactivate accounts for users whose accounts are disabled.
- **Terminate user accounts**
To ensure compliance, if a member of your staff no longer works in your office, you must terminate their access to NaviNet.

Angelita Coleman

Account Executive II

acoleman1@amerihealthcaritasdc.com



Credentialing

Nijia Williams

Account Executive II



Credentialing

Application materials to be submitted:

- ACDC Provider Data Intake Form (1 per practitioner)
- Current Malpractice insurance
- Current State License
- Ownership Disclosure Form
- Current Organization Accreditation or CMS State Survey (if applicable)
- CAQH Profile updated

Please send materials to credentialingdc@amerihealthcaritasdc.com

Provider Data Intake Form



Provider Data Intake Form

Note to all providers:

To finalize the credentialing process, you must complete four online provider orientation modules located on our website at www.amerhealthcaritasdc.com/provider/resources/training.aspx. At the end of each module, there is a form you must complete attesting to the fact that you finished the module. Provider credentials from this form must match the information used to complete the attestation form.

Primary care providers (PCPs) treating members under age 21 must also complete the District's HealthCheck Training Module before the credentialing process can be completed. The HealthCheck training module can be found at www.dchealthcheck.net.

Internal use only Network need: ☐ Yes ☐ No ☐ Medicaid ☐ Alliance

Please type or print.

Today's date:	Provider type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Facility
Include in directory: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open panel <input type="checkbox"/> Closed panel Maximum panel size:

Practitioner/clinician information		
Last name:	First:	Middle:
Board certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	License:	Birthdate:
Board specialty (services you have a license to perform):		
Provider's languages:		
Race*:		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Middle Eastern or North African	
<input type="checkbox"/> White	<input type="checkbox"/> Some other race	
<input type="checkbox"/> Asian	Please specify:	
Ethnicity*:		
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Are you affiliated with one of the following:		
<input type="checkbox"/> Indian tribe (I) <input type="checkbox"/> Urban Indian Organization (U) <input type="checkbox"/> Tribal organization (T) <input type="checkbox"/> Not applicable		
Type of services:	Taxonomy code:	

*This information will be used upon request by our members to select a culturally and linguistically appropriate provider. It will only be provided to members upon request. It will not be printed to our online or paper directories.

Provider Data Intake Form

Practice information

Group or facility name: (as it will appear in provider directory)

Website:

Seeing new patients: ☐ Yes ☐ No

Ages seen:

Office manager:

Languages spoken by clinical staff at facility:

Address:

Suite number:

City:

State:

ZIP:

Phone:

(The office phone number listed is the primary method for patients to use when scheduling an appointment.)

Fax:

Email:

Cell:

Office hours:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Billing information

Billing address:

Suite number:

City:

State:

ZIP:

Phone:

Fax:

Legal business name:

Tax ID:

Group NPI:

Individual NPI:

Medicaid number:

Medicare number:

Council for Affordable Quality Healthcare (CAQH) data

Do you have a CAQH number: ☐ Yes ☐ No

CAQH number:

Additional location

Street address:

Suite number:

City:

State:

ZIP:

Languages spoken by clinical staff at facility:

Phone:

Fax:

Office hours:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Provider Change Form



Provider Change Form

Current practice information

Group practice or individual name:		
Please check one: <input type="checkbox"/> Group practice <input type="checkbox"/> Individual		
Please check one: <input type="checkbox"/> Group practice ID number <input type="checkbox"/> Individual ID number		
AmeriHealth Caritas DC ID number:	NPI number:	PPID number:
Contact person name:		
Phone number:	Fax number:	
Email:		
Authorizing signature (provider or office manager):	Today's date:	Effective date of change:

Change will not be completed without signature.

Provider change information

Provide complete information. This request will be processed for AmeriHealth Caritas District of Columbia (DC). If any of these changes result in a change to your W-9, you must submit a copy of your W-9 with this change form.

Please note: Providers must complete AmeriHealth Caritas DC credentialing before they will be added to your practice as participating providers. Refer to the AmeriHealth Caritas DC website for credentialing requirements at www.amerhealthcaritasdc.com.

Type of change (Please check all that apply.):

<input type="checkbox"/> Adding a practice	<input type="checkbox"/> Adding an office location	<input type="checkbox"/> Name change
<input type="checkbox"/> Joining a practice	<input type="checkbox"/> Changing an office location	<input type="checkbox"/> New or changing federal tax ID number
<input type="checkbox"/> Phone number change	<input type="checkbox"/> Fax number change	<input type="checkbox"/> Other (attach documentation)

If the effective date of the change is different than above, please note the date next to change.

Previous office information

AmeriHealth Caritas DC group provider ID number:		NPI number:
Name:		
Street:		
City:	State:	ZIP:
Phone number:	Fax number:	

Page 1 of 2

Provider Change Information (continued)



New office information

AmeriHealth Caritas DC group provider ID number:		NPI number:
Name:		
Street:		
City:	State:	ZIP:
Phone number:	Fax number:	

Add providers

New providers must complete AmeriHealth Caritas DC credentialing before they are added as participating providers. Forms are available at www.amerhealthcaritasdc.com/provider.

Last name:	First name:	M.I.
Degree:	NPI number:	PPID number:

Last name:	First name:	M.I.
Degree:	NPI number:	PPID number:

Terminate providers

Please give AmeriHealth Caritas DC 60 days of advance notice when a provider is leaving the group.

Last name:	First name:	M.I.
Degree:	NPI number:	PPID number:

Last name:	First name:	M.I.
Degree:	NPI number:	PPID number:

Billing location change

Address 1:	
Address 2:	
Address 3:	
Phone number:	Fax number:
Email address:	Federal tax ID number: (Note: A change in federal ID requires a new W-9 and a copy of the SS4 approval letter from the IRS.)
Change of ownership:	Effective date of ownership:

Legal business name of new owner and federal tax ID number (requires new W-9)
Note: Terms of acquisition or purchase must be attached for processing.

Race, Ethnicity and Language (REL) Data

Importance of Provider Race, Ethnicity and Language (REL) Data

Race

- is a classification of humans based on genetic characteristics, such as lineage, which is when a group is connected by common descent.

Ethnicity

- is a classification of humans based on historical connection by a common national origin or language. Ethnicity could also be defined as a person's roots, ancestry, heritage, country of origin, or cultural background.

Spoken Language

- refers to the language in which a member/enrollee prefers to speak about their health care.

Written Language

- refers to the language in which a member/enrollee prefers to read or write about their health care.

Why is Collecting REL Data Important?



To tackle health disparities

To promote equitable care

To empower patients

To encourage a sense of accordance

To promote values of cultural and linguistic competency

How do we collect this information?

AmeriHealth Caritas District of Columbia requests its contracted provider network voluntarily share their REL data, as well as their office support staff's languages

You can input this information on our Provider Intake Form or Change Form

Nijia Williams

Account Executive II

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Provider Updates

Jennell Alexander

Account Executive II



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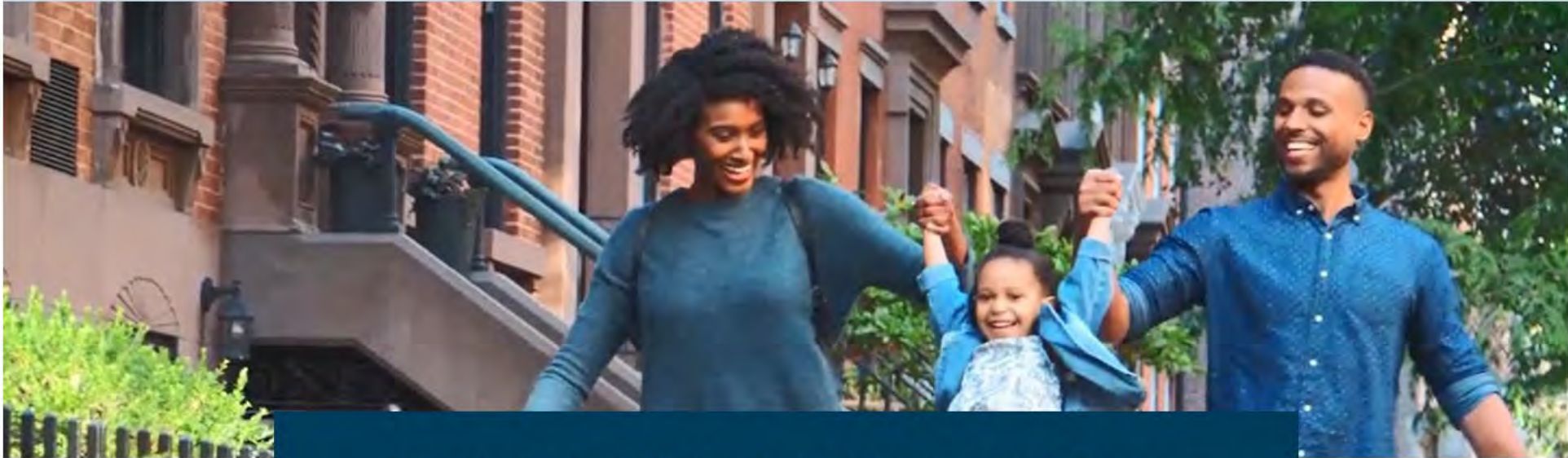
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AmeriHealth Caritas DC wants you to keep your health coverage!


To make sure that you don't miss any important information, please be sure that the Department of Health Care Finance (DHCF) has your current address, phone number, and email address so that DHCF knows where to send your renewal letter. Update your information at districtdirect.dc.gov.

Vaccination is the best protection for yourself and the people around you.


Stay up to date on all [seasonal vaccinations](#) and ensure your children have received all necessary [pediatric vaccinations](#).




Committed to quality health care and outstanding enrollee services



3 YEARS



3 YEARS



3 YEARS

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Newsletters and Updates

Sign up for email alerts to get important health plan news and information.

Provider alerts

- February 24, 2025
[Winter provider newsletter available online \(PDF\)](#)
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[Transition to new vendor for long-term care services and supports \(LTCSS\) assessments \(PDF\)](#)
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[SKYGEN Dental Hub replacing dental web portal \(PDF\)](#)
- February 3, 2025
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- January 10, 2025
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[275 claim attachment transactions update \(PDF\)](#)
- January 2, 2025
[Submitting explanation of benefits from other coverage \(PDF\)](#)

Recent Fax Blast



To: AmeriHealth Caritas DC Dental Providers
Date: January 2, 2025
Subject: How to Submit Explanation of Benefits (EOB) from Other Insurance Coverage

Dear Provider,

When submitting/resubmitting a claim, if other sources of insurance payment are applicable (primary carrier), the other sources of insurance must be applied first and properly reported. SKYGEN does not assume that primary insurance coverage has already been provided, including an Explanation of Benefits (EOB) that details codes and payment.

When there is a secondary insurance carrier, a copy of the primary insurance carrier's EOB must be submitted with the claim.

When a primary insurance carrier's payment meets or exceeds a provider's contracted rate or fee schedule, the claim will be considered paid in full, and no further payment will be made on the claim.

Provider Portal

For portal claim submissions, the payment made by the other carrier must be indicated in the appropriate Other Coverage fields.

A screenshot of the 'Other Coverage' section in the AmeriHealth Caritas DC Provider Portal. The form includes fields for 'Other Coverage 1?' (Yes/No), 'First Name', 'Last Name', 'Date Paid', 'Subscriber ID', 'Relationship' (Self, Spouse, Dependent, Other), and 'Grouping Indicator'. Below these is a table with columns: 'Code', 'Tooth Cavity', 'Amount', 'Collected', 'Allowed', 'Amount', 'Amount', 'Amount'. Callouts with arrows point to specific areas: 'Make sure the "Other Coverage" button is selected to YES.' points to the 'Other Coverage 1?' field; 'If the patient has other insurance coverage that may affect claim processing for services, enter that information in the Other Coverage.' points to the 'First Name' and 'Last Name' fields; 'Include an EOB for other insurance that may be used to cover the patient's services, select the EOB Present check box.' points to the 'EOB Present?' field; 'In addition to attaching the EOB, primary payer detail/COB must be reported at the service line level for each procedure where other insurance is applied.' points to the table.

To: AmeriHealth Caritas DC Providers
Date: January 7, 2025
Subject: 275 Claim Attachment Transactions Update

Dear Provider,

AmeriHealth Caritas District of Columbia (DC) is now accepting ANSI 5010 ASC X12 275 unsolicited claim attachment transactions via Optum/Change Healthcare and Availity. Providers may submit the electronic 275 claim attachment transaction via AmeriHealth Caritas DC payer ID (77002) according to the following guidelines:

Availity: There are two ways 275 claim attachments can be submitted:

- **Batch** — You may either connect to Availity directly or submit via your EDI clearing house.
- **Portal** — Individual providers may also register at: [www.availity.com/documents/learning/LP_AP_GetStarted_Atypical/index.html#/.](http://www.availity.com/documents/learning/LP_AP_GetStarted_Atypical/index.html#/)

Optum/Change Healthcare: There are two ways 275 claim attachments can be submitted:

- **Batch** — You may either connect to Optum/Change Healthcare directly or submit via your EDI clearing house.
- **API (via JSON)** — You may submit an attachment for a single claim.

General guidelines:

- A maximum of 10 claim attachments are allowed per submission. Each attachment cannot exceed 10 megabytes (MB), and total file size cannot exceed 100MB.
- The acceptable supported formats are pdf, tif, tiff, jpeg, jpg, png, docx, rtf, doc, and txt.
- The 275 claim attachments must be submitted prior to the 837. After successfully submitting a 275 claim attachment, an Attachment Control Number will generate. The Attachment Control Number must be submitted in the 837 transactions as follows:
 - **CMS 1500**
 - Field Number 19
 - Loop 2300
 - PWK segment
 - **UB-04**

Recent Fax Blast



To: AmeriHealth Caritas DC Dental Providers
Date: January 10, 2025
Subject: Inclusive Dental Program

Dear Dental Provider,

AmeriHealth Caritas District of Columbia (DC) has launched a new program in DC to address the oral health concerns of some of our enrollees with physical or developmental disabilities called Inclusive Dental. We believe that you may be treating some of the enrollees identified in this population already. As a dentist who currently treats our enrollees living with disabilities, we are asking you to become part of the solution by becoming a part of a select group of dental providers with enhanced benefits for serving this population.

Daily dental hygiene tasks and routine dental services can be a major challenge for enrollees living with a disability. Neglecting these important oral health practices can pose serious health risks that directly affect the health of their mouth, teeth, and gums as well as medical conditions. With this in mind, we are focusing on understanding the needs of this population and the barriers impacting their access to care. This initiative will commit to improving access to dental care in the community with an added focus of managing care with general anesthesia as a last resort. Solutions that we are working on include:

- Engaging with industry experts to create learning and training opportunities for dental staff, family members and caregivers.
- Developing an enhanced fee schedule that addresses reimbursement for behavioral management needs and desensitization sessions.
- Creating a Dental Network that can address the unique and individual needs of this population.
- Give a voice to community advocates, agencies, and members of the disabled and special needs communities to help fine-tune our dental programs to ensure the whole person needs of our enrollees are being met.

A brochure on supporting the oral health of enrollees with special needs can be found here:
<https://www.amerhealthcaritasdc.com/pdf/provider/resources/provider-oral-health-special-needs-brochure.pdf>



To: AmeriHealth Caritas DC Dental Providers
Date: February 11, 2025
Subject: SKYGEN Dental Hub Replacing AmeriHealth Caritas DC Provider Web Portal

Dear Provider,

Beginning May 1, 2025, AmeriHealth Caritas District of Columbia (DC) providers will no longer have access to the provider web portal. Please register on the SKYGEN Dental Hub (Dental Hub) today to continue having access to all the same functions, information, and more. The Dental Hub will become the exclusive dental provider portal tool for AmeriHealth Caritas DC dental practices. SKYGEN encourages providers to register for the Dental Hub as soon as possible to ensure a seamless transition before the May 1 cutoff.

SKYGEN Dental Hub Webinars and Quick Start Guide

Your SKYGEN team is ready to support you and your practice to help ensure the transition to the Dental Hub goes smoothly. SKYGEN conducts weekly webinars that cover basic functionalities of the Dental Hub and information regarding the registration process at <https://www.dentalhub.com/webinars>.

We also encourage users to download the SKYGEN Dental Hub Quick Start Guide at <https://www.dentalhub.com/sites/default/files/2024-12/DH%20Quick%20Guidev1.7.pdf>. This guide is designed to help users get their business/practice registered and understand some of the Dental Hub's basic functionality. For additional support, please contact the SKYGEN Dental Hub Support Team at **1-855-609-5156** with any questions not answered in the webinar, Quick Start Guide, or imbedded help.

Getting Started on the SKYGEN Dental Hub

- Go to <https://app.dentalhub.com/app/login> and click "Log in."
- Click "Sign up now."
- Use **your** email address to create **your** own account.

Recent Fax Blast



To: AmeriHealth Caritas DC Primary Care, Pediatric, OB/GYN, Cardiology, Endocrinology, Optometry & Ophthalmology Providers

Date: January 15, 2025

Subject: Medical Record Retrieval for HEDIS® Reporting

Dear Provider,

The annual Healthcare Effectiveness Data and Information Set (HEDIS®) reporting period is just around the corner, and I am writing to request your cooperation with our efforts to collect medical record data for our enrollees whom you have treated.

AmeriHealth Caritas DC has contracted with Reveleer to assist with the annual medical record review process. Reveleer is required to comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements throughout the retrieval process and are trained in medical record retrieval for HEDIS, Centers for Medicare & Medicaid Services (CMS), and state quality reporting programs. Disclosure and use of the medical records, and the collection of medical records for this purpose, is considered to be treatment, payment, or health care operations under HIPAA regulations (45 C.F.R. 164.502(a)(1)(ii)).

We appreciate your cooperation in working with Reveleer to schedule retrieval of any requested enrollee records. Records requested should be provided at no charge to the health plan.

If you have any questions, please reach out to Wendy Alcantara, Manager of Quality Management at 202-408-2013 or Jennifer Baker, Lead HEDIS Data Reviewer, MRR Ops at jbaker@amerihealthcaritas.com. We greatly appreciate your cooperation and timely assistance with this medical record request.

Sincerely,

A handwritten signature in black ink that reads "Leginia Driscoll".

Leginia (Jigi) Driscoll, MSOD, BSN, RN
Director, Quality Management
AmeriHealth Caritas District of Columbia



To: AmeriHealth Caritas DC Providers

Date: February 3, 2025

Subject: Ways to Avoid Common Errors in Electronic Prior Authorization Submissions

Dear Provider,

Submitting your electronic prior authorization requests thoroughly and accurately in NaviNet will help your requests to process more quickly, help minimize claim errors, and help you get paid on time. Outlined below are ways to avoid common errors when submitting your prior authorization requests.

- Do not create duplicate authorizations; use the amend functionality on existing authorizations.
- Initiate amendments if more services/days are requested. Do not attach documents as a "request".
- Reference the prior authorization lookup tool on the plan website to see if a service requires prior authorization before submitting authorization requests.
- Enter all codes and units requested during an initial submission or amendment.
- Do not add newborns who are not yet in the system under the mother's record.
- Understand the difference between urgent and emergent.
- Ensure HIPAA 3 points of verification are located on all pages of clinical documentation submitted.
- Submit delivery notifications correctly.
- Understand provider type differences between inpatient and outpatient requests.
- Include a phone and fax number under the contact information so the Utilization Management department can reach the provider.
- Ensure the admission date for an inpatient request is the date the enrollee was admitted.
- Do not use NaviNet to request a reconsideration or a peer-to-peer review (P2P).

For further information and instructions on these topics, please visit our **Ways to Avoid Common Errors in Electronic Prior Authorization Submissions webpage** at <https://www.amerihealthcaritasdc.com/provider/resources/common-errors-prior-authorization-submissions.aspx> or by scanning the QR code below. If you have any questions, please contact your Provider Network Account Executive.

Recent Fax Blast



To: AmeriHealth Caritas DC Providers
Date: February 19, 2025
Subject: Transition to New Vendor for Long-Term Care Services and Supports (LTCSS) Assessments

Dear Provider,

Effective February 1, 2025, Telligen officially assumed responsibility for conducting Independent Assessment (IA) services for the Long-Term Care Support Services (LTCSS) programs managed by the Department of Health Care Finance (DHCF). This transition, applicable to functions performed after an Independent Assessment (IA) has been requested and completed, will not change the established process for requesting assessments. The scope of work under the Independent Assessment contract remains unchanged, with Telligen continuing to oversee core LTCSS functions on behalf of DHCF.

Key Points to Note

- The scope of work under the Independent Assessment contract with AmeriHealth Caritas District of Columbia (DC) remains unchanged. Liberty Healthcare is still the primary point of contact to request LTSS assessments for AmeriHealth Caritas DC enrollees.
- Requests for Independent Assessments (IA) of AmeriHealth Caritas DC enrollees which are routed to Telligen will be re-routed to Liberty for completion.
- The transition of vendors by DHCF is designed to ensure a seamless implementation process, with no disruption to beneficiaries or providers.

What is Changing?

- Telligen will manage non-Managed Medicaid Managed beneficiary requests for assessments starting on February 1, 2025. Liberty Healthcare will continue to receive and conduct assessments for Medicaid beneficiaries enrolled with AmeriHealth Caritas DC.
- For beneficiaries transitioning from a DC Healthy Families Program Managed Care Plan to LTC services (e.g., Nursing Facility or Home and Community-Based Services), DHCF has refined the internal referral process in collaboration with Liberty and Telligen to ensure seamless coordination and service continuity.



To: AmeriHealth Caritas DC Providers
Date: February 24, 2025
Subject: Winter Provider Newsletter Available Online

Dear Provider:

The winter 2025 AmeriHealth Caritas District of Columbia (DC) Provider Newsletter is now available online. You may find the newsletter by visiting:
<https://www.amerihealthcaritasdc.com/pdf/provider/comm/newsletter/2025/2025-winter-connections-provider-newsletter..pdf>.

You can access past editions at: www.amerihealthcaritasdc.com/provider/newsletters-and-updates/index.aspx.

If you have questions about this communication, please contact your Provider Account Executive or call Provider Services at 202-408-2237.

Sincerely,
AmeriHealth Caritas DC



To: AmeriHealth Caritas DC Providers
Date: February 26, 2025
Subject: Provider Manual Updates

Dear Provider:

AmeriHealth Caritas District of Columbia (DC) has updated the Provider Manual available at www.amerihealthcaritasdc.com. The following language has been updated on page 75 of the Provider Manual to clarify specific exclusions from the AmeriHealth Caritas DC hospital readmission policy:

Specific Policy Exclusions

- *Transfers from one acute IP facility to another acute IP facility.*
- *Readmissions that are planned for repetitive or staged treatments, such as cancer chemotherapy or staged surgical procedures or burns.*
- *Readmissions associated with cancer, transplants, and sickle cell anemia.*
- *Admissions to Skilled Nursing Facilities, Long Term Acute Care facilities, Inpatient Rehabilitation Facilities and Critical Access Hospitals (SNF, LTAC, IRF, and CAH).*
- *Readmissions where the first admission had a discharge status of "left against medical advice".*
- *Obstetrical readmissions, prior to and up to delivery.*
- *Newborn to 1 year of age.*
- *Admissions for psychiatric disease and substance abuse.*

Thank you for your continued support and commitment to the care of our enrollees. If you have questions about this communication, please contact your Provider Account Executive or call Provider Services at 202-408-2237.

Sincerely,
AmeriHealth Caritas DC

Jennell Alexander

Account Executive II

jalexander2@amerihealthcaritasdc.com

(202) 666-8199



Questions & Answers



More than
35 YEARS
of making
care the heart
of our **work.**

