

PROVIDER ADVISORY COMMITTEE

Report

Quarter 3

**September 19, 2024, Thursday
5:30 p.m. - 7:00 p.m**

www.amerihealthcaritasdc.com

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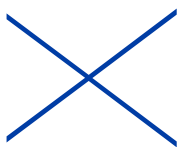
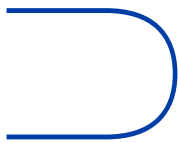
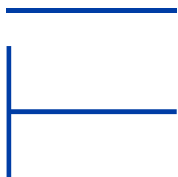
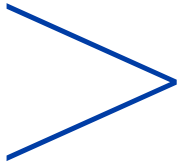
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Addendum

- 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.

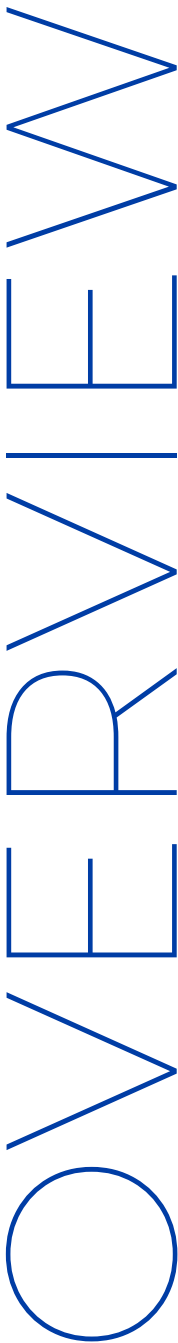
2024 Schedule

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

- March 7, 2024, 5:30 PM
- May 16, 2024, 5:30 PM
- September 19, 2024, 5:30 PM
- December 5, 2024, 5:30 PM

Committed to quality health care and outstanding enrollee services

OVERVIEW



AmeriHealth Caritas DC held its **Provider Advisory Committee** meeting on **Thursday, September 19, 2024**, to a virtual audience of 23 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 Jeff Welch of MMI Consulting Group, LLC.

The Quarter 3 Provider Advisory Committee Meeting centered on initiatives to improve healthcare delivery for Enrollees. Topics included the Condition Optimization Program (COP), which incentivizes accurate diagnosis coding; comprehensive dental benefits and associated programs; strategies to boost Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program participation; credentialing procedures and the importance of up to date Provider data; and the array of online tools and resources available to Providers.

This meeting served as a platform for AmeriHealth Caritas DC to:

- Introduce Account Executives and their respective territories
 - Provide updates on key programs impacting providers
 - Offer training options on utilizing online tools and resources
 - Solicit feedback from Providers to enhance program effectiveness and address challenges
-

SPEAKERS

- Emily Quick, Manager, Risk Adjustment Programs
- Donna Fisher, Corporate Dental Liaison/Account Executive
- Amena Hamilton, EPSDT Program Manager
- Sunasia Bledsoe, Account Executive II
- Nijja Williams, Account Executive I

SUMMARY

MEET YOUR ACCOUNT EXECUTIVES

- **Account Executive Introductions:** Each Account Executive presented their contact information and the specific Provider groups and geographical areas they cover. This aimed to establish clear points of contact for Provider support.
- **Emphasis on Open Communication:** ACDC Representatives encouraged Providers to reach out to their assigned Account Executives with any questions, concerns, or feedback.
- **Feedback Request:** The importance of Provider feedback was highlighted. Attendees were asked to share topics they wish to see covered in future meetings, demonstrating a commitment to tailoring content to provider needs.

CONDITION OPTIMIZATION PROGRAM (COP)

- **Overview:** The goals and mechanics of the COP aim to improve the accuracy of diagnosis coding for Enrollees with chronic and complex medical conditions.
- **Two-Pronged Approach:** The program is comprised of Retrospective and Prospective Outreach Programs. The former focuses on confirming existing diagnoses through chart reviews, while the latter incentivizes PCPs to schedule appointments for members who haven't received recent care.
- **Financial Incentives:** Both parts of the program offer financial incentives to Providers for completing chart reviews, confirming diagnoses, and facilitating member appointments.
- **Call for Provider Participation:** Quick emphasized the significant potential financial benefits for providers who actively engage with the COP.

DENTAL SERVICES OVERVIEW

- **Comprehensive Benefits:** Comprehensive dental benefits are offered to both Medicaid and Alliance members, including orthodontic services for Medicaid recipients up to age 21.
- **Value-Added Programs:** A range of value-added programs are in place, such as the CARES Risk Assessment Program, Value-Based Comprehensive Program, and Inclusive Dental Program.
- **Addressing Provider Concerns:** Provider concerns regarding low reimbursement rates, missed appointments, and Enrollee misconduct was acknowledged. The "Let Us Know" form is a mechanism that Providers can utilize to report such issues and receive support.

SUMMARY

EARLY & PERIODIC SCREENING, DIAGNOSTICS, & TREATMENT

- **Current Performance:** Amena Hamilton, EPSDT Program Manager, presented the current participation ratio for children's health screenings, noting the 54% ratio and the target of reaching 80%. She emphasizes the focus on age groups six to 18 and the incentive program for children aged 9 to 20 who complete their well-child visit within the fiscal year.
- **Multifaceted Outreach Efforts:** The comprehensive outreach strategies employed by AmeriHealth Caritas DC to engage Enrollees and facilitate EPSDT completion include home visits, text messages, and Enrollee letters.
- **Focus on Provider Collaboration:** The importance of collaboration with Providers to improve EPSDT participation was stressed. This included strategies like Provider training, medical record reconciliation, and targeted outreach for specific Provider groups.

CREDENTIALING

- **Application Process:** Sunasia Bledsoe, Account Executive II, outlined the credentialing process for new Providers, including the required documentation and the importance of maintaining updated CAQH profiles.
- **Emphasis on REL Data:** The significance of Providers submitting Race, Ethnicity, and Language (REL) data for themselves and their staff to promote equitable care and address health disparities was highlighted.

ONLINE TOOLS & RESOURCES

- **Comprehensive Website Overview:** Nijia Williams, Account Executive I, provided a comprehensive overview of the various online tools and resources available to Providers, highlighting the landing page for Providers, latest updates, and fax blasts. She also covered tools for claims and billing, including NaviNet for electronic claims, and emphasized the importance of exploring the education and training resources available on the website. Ms. Williams encouraged Providers to utilize the website as a valuable source of information and to sign up for email alerts for updates.
- **Key Features:** Ms. Williams highlighted various features, including the prior authorization lookup tool, claims and billing resources, provider manuals, forms, and email alert signup.

HIGHLIGHTS

Provider Incentive Programs

Retrospective Outreach

This program incentivizes Providers to review Enrollee records and confirm or correct diagnoses based on previous claims. **Incentive:**

- **\$25** for the first date of service
- **\$7** for each subsequent date of service

Prospective Outreach

Encourages Providers to reach out to Enrollees who haven't had recent PCP visits and schedule appointments to assess for chronic conditions. **Incentive:**

- **\$150** for a completed visit

Credentialing

Application Materials

- 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 (make sure it is updated)

Please send materials to:

credentialingdc@amerihealthcaritasdc.com

EPSDT Outreach Efforts

Home Visits: For Enrollees who are difficult to reach by phone, AmeriHealth Caritas DC conducts home visits to establish contact and help families schedule appointments. This is particularly focused on large families (5+ Enrollees under one family link).

Mailings: Various types of mailings are used to remind enrollees about the importance of well-child visits and address potential contact issues. These include:

- Postcards to Enrollees with invalid or disconnected phone numbers
- Birthday card reminders
- "Unable to Reach" letters sent to Enrollees who could not be contacted after multiple attempts.

Text Message (SMS) Outreach: Monthly text message reminders are sent to guardians of Enrollees due or overdue for screenings, offering assistance with scheduling appointments.

Telephonic Outreach: The outreach team uses a combination of automated and manual calls to connect with Enrollees and schedule appointments. These calls encompass:

- Birthday calls to discuss well-child visit and immunization needs.
- Well-child exam auto-dialer campaigns with live connect options.
- Manual call outreach to new members not reachable through the auto-dialer.

Fiscal Year 2024

1,221 — Home visits have been conducted resulting in **332** successful contacts.

2,643 — Client letters have been mailed.

79,836 — Text messages have been sent.

CONTACT US

**PROGRAM CHAIRPERSON:
BOBBIE MONAGAN**

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ADDENDUM

- MEETING MINUTES
- PRESENTATION SLIDES

MEETING MINUTES

PROVIDER ADVISORY COMMITTEE

MEETING MINUTES

Thursday, September 19, 2024

5:30pm – 7:00pm

FACILITATOR:

- Jeff Welch, Facilitator, Provider Advisory Committee

SPEAKERS:

- Emily Quick, Manager, Risk Adjustment Programs
- Donna Fisher, Corporate Dental Liaison/Account Executive
- Amena Hamilton, EPSDT Program Manager
- Sunasia Bledsoe, Account Executive II
- Nijia Williams, Account Executive I

AGENDA:

- Meet your Account Executives
- PCP Condition Optimization Program
- Dental Services Overview
- Early & Periodic Screening, Diagnostic, & Treatment (EPSDT)
- Credentialing
- Online Resources
- Questions & Answers

DISCUSSION:

- Welcome and Agenda – Jeff Welch, Facilitator
 - Meeting instructions and the agenda were discussed.
- Meet Your Account Executives
 - The Account Executives and team members introduced themselves and their roles.
- PCP Condition Optimization Program (COP) – Emily Quick, Manager, Risk Adjustment Programs
 - This program aims to ensure accurate diagnosis code information is on file and to encourage Enrollees to visit their Primary Care Physicians (PCP) for chronic or complex medical needs. The program identifies Enrollees with a history of chronic or complex conditions who lack a



corresponding diagnosis code in their current claims or lack PCP claims altogether. Enrollees are then separated into two groups: those who have visited their PCP during the current data service period and those who have not.

- Retrospective Outreach Program:
 - Focuses on Enrollees who have visited their PCP during the current data service period. Providers are asked to review claims in NaviNet and confirm if a member still has a specific chronic or complex condition. Providers receive a \$25 incentive payment for the first confirmed date of service and \$7 for each subsequent date of service.
- Prospective Outreach Program
 - This targets members who have not visited their PCP during the current data service period and is more complex than the Retrospective Outreach Program. Providers are asked to outreach to these Enrollees and schedule appointments. During the appointment, the Provider assesses whether the member still has the condition(s) identified by the program. After the appointment, the Provider uses NaviNet to confirm the presence or absence of the condition(s) and submits a claim that supports their findings. Providers receive a \$150 incentive payment for each confirmed visit, which is paid twice a year: in January and July.
- Ms. Quick highlighted the significant financial incentives available to Providers who participate in the COP, noting that approximately \$108,000 is available for completed retrospective self-reviews and \$474,000 for completed prospective action items. She encouraged Providers to reach out to their Account Executive for further training on the program or to contact her directly with any questions.
- Discussion:
 - Bobbie Monagan asked Emily Quick for advice on implementing the COP program, specifically for Providers facing staffing shortages. Ms. Monagan suggested that non-clinical staff might handle chart reviews and NaviNet adjustments.
 - Emily Quick clarified that completing the COP adjustments in NaviNet doesn't necessarily require a clinical background. Any staff member capable of reviewing a chart could handle this task. She emphasized that the program focuses on readily identifiable chronic conditions, such as entries in the problem list or the history and physical.
 - Christy Respress inquired about potentially involving Community Providers, such as ACT teams and case managers, in the COP outreach efforts, given their direct engagement with Enrollees. She suggested considering shared incentives for these Community Providers and PCPs.
 - Emily Quick acknowledged the valuable role of Community Providers. However, she stated that the current COP program exclusively focuses on PCPs to confirm chronic conditions, not specialists or community-based organizations. Quick expressed interest in the suggestion and stated she would discuss it with her team.



- Marie Black echoed Ms. Respress's point, suggesting partnering with psychiatric practices for COP outreach, given their frequent contact with Enrollees who might benefit from primary care. She also advocated for a shared incentive structure between PCPs and psychiatric practices.
 - Emily Quick agreed that it was a valuable suggestion and reiterated her commitment to exploring ideas for enhancing provider participation and gathering patient information.
- Dental Services Overview – Donna Fisher, Corporate Dental Liaison/Account Executive
 - Donna Fisher highlighted the comprehensive nature of the dental benefit in the District of Columbia, which covers both children and adults enrolled in Medicaid and Alliance products. Key features include a \$1,000 annual benefit limit for Alliance enrollees, orthodontic services coverage up to age 21 for Medicaid enrollees, and a wide range of services including preventive and restorative care, dentures, gum treatment, oral surgery, root canals, fillings, and implants and their restoration. The benefit plan boasts a broad provider network comprising approximately 370 providers across more than 170 sites, including specialists in orthodontics, endodontics, periodontics, and oral surgery. Additionally, a significant number of general practitioners are capable of performing services typically offered by specialists. Fisher emphasized the uniqueness of the benefit plan, noting that its comprehensive nature is distinctive on a national basis.
 - In addition to the core benefits, Ms. Fisher outlined eight value-added programs. The CARES Risk Assessment Program reimburses Providers for conducting caries risk assessments. The Value-Based Comprehensive Program compensates Providers for promoting enrollee adherence to medical care plans that enhance oral health. The Beyond Your Smiles Program is a collaborative approach allowing Enrollees to receive blood pressure, BMI, and Hemoglobin A1C screenings during dental visits. The Silver Diamine Fluoride Benefit covers a procedure, shown to reduce costs and assist with emergency services for young children, that is not widely covered by Medicaid nationwide. The CBE Provider Program supports Dental Providers in becoming Certified Business Enterprise, providing access to an enhanced fee schedule. The Inclusive Dental Program addresses oral health barriers for the special needs community by connecting Enrollees, caregivers, advocates, and agencies with Dental Providers. The Continuing Education Program provides free continuing education credits, focusing on the needs of disabled enrollees, to the entire dental provider network. The Alliance Crown Benefit covers crowns for Alliance enrollees, recognizing that providing root canals without crowns is not the community standard of care and can lead to additional costs.
 - Ms. Fisher also addressed challenges and issues related to dental services, noting that the primary challenge is ensuring enrollees can access their benefit. While geographic access requirements are met, transportation is available, and there are no restrictions on Provider choice, recruiting specialists can be difficult. To mitigate this, AmeriHealth Caritas DC has partnered with Howard University College of Dentistry to expand access to specialty and general dentistry services.
 - It was also highlighted that low reimbursement rates is a major concern for Providers. She explained that the Department of Health Care Finance (DHCF) recently requested the methodology for fee determination, which was provided, along with explanations for exceptions



to the standard process. Missed appointments and Enrollee misconduct are also concerns. Providers can report these issues using a "Let Us Know" form, and they will be referred to the Member Engagement team for assistance. Claims concerns are handled by Skygen, while appeals for denied authorizations are managed by AmeriHealth Caritas DC and include consultation with Dr. Nathan Fletcher. This process aims to reduce the need for Fair Hearings by addressing each situation logically.

- Several additional Provider concerns were raised during a discussion, including low reimbursement rates that make it difficult for Providers to maintain their practices, the bundling of services which can result in delayed payments and potential loss of revenue if Enrollees do not return for subsequent steps in a procedure, difficulty connecting Enrollees with ACT services to dental care, and challenges receiving direct deposit payments. In response, Bobbie Monagan, Director of Provider Network Management, and Ms. Fisher encouraged Providers to contact Dr. Nathan Fletcher, the dental point of contact, to discuss concerns related to reimbursement rates, coding edits, and connecting enrollees with ACT services. Additionally, they reiterated the availability of EFT payments and offered to provide the necessary forms and assistance to Providers.
- Discussion:
 - Dr. Tanya Wilson raised concerns about the low reimbursement rates for dental services, inquiring about potential fee increases. She also described challenges with the bundling of payments for multi-step procedures.
 - Donna Fisher deferred the question regarding fee increases, suggesting that Dr. Wilson contact Dr. Nathan Fletcher directly. Bobbie Monagan also encouraged Dr. Wilson to contact Dr. Fletcher, particularly regarding coding edits and processing issues.
 - Jorge Cabrera Mercedes expressed concerns about connecting individuals receiving ACT services to dental care. He shared his staff's challenges in navigating the system and securing reimbursement for connecting clients to services not explicitly included in treatment plans but potentially covered by ACDC.
 - Donna Fisher suggested that Mr. Mercedes reach out to Dr. Nathan Fletcher directly. Bobbie Monagan acknowledged the confusion regarding ACT services and encouraged Mr. Mercedes to share his contact information for a follow-up discussion to better understand his challenges and explore potential solutions.
 - Dr. Tanya Wilson asked about the availability of direct deposit for Provider payments and described her practice's past difficulties in setting up this payment method.
 - Donna Fisher confirmed that direct deposit (EFT) is available and suggested contacting provider services.
- Early & Periodic Screening, Diagnostic, & Treatment – Amena Hamilton, EPSDT Program Manager
 - Amena Hamilton discussed participation trends, strategies for Enrollee outreach, and collaborations with Providers to enhance program utilization and effectiveness. She began by reviewing the EPSDT participation ratio trends from Fiscal Year (FY) 2020 to FY 2024 (note: the



fiscal year runs from October 1st to September 30th). As of the third quarter of FY 2024, the participation ratio was 54%; a full participation ratio of 80% is the goal. Ms. Hamilton then presented a breakdown of participation by age group for FY 2024, as of August. This data highlighted age groups with participation rates below 80%. She explained that AmeriHealth Caritas DC is focusing efforts on increasing participation among children aged 6 to 18, by partnering with both Providers and schools to host events and promote well-child visits. As part of these efforts, the incentive program for children aged 12 to 20 who complete their well-child visits has been expanded to include children as young as 9 years old.

- Various outreach strategies employed by AmeriHealth Caritas DC to connect with families and promote the utilization of EPSDT services were outlined. These strategies include face-to-face home visits for Enrollees who are difficult to reach by phone, with a current focus on large families. In FY 2024, 1,221 home visits were conducted, resulting in 332 successful contacts. Additionally, monthly text message reminders are sent to guardians of Enrollees offering assistance in scheduling appointments for those that are due and overdue. Postcard mailings are sent to Enrollees with invalid or disconnected phone numbers, while birthday card reminders and "Unable to Reach" letters are also utilized. Telephonic outreach includes monthly birthday calls to discuss well-child visits and immunizations, automated well-child exam campaigns with a live connect option targeting new enrollees and families with due or overdue children, and manual call outreach to new members, non-compliant enrollees, and those with upcoming birthdays.
- Ms. Hamilton emphasized the importance of collaboration with providers to enhance EPSDT participation. She discussed efforts to engage Providers in discussions regarding their specific performance metrics, challenges they face, and strategies to improve outcomes. These efforts include:
 - Provider Outreach and Coordination Meetings (Bi-Monthly): These meetings facilitate the sharing of Provider-specific EPSDT performance data, exchange of information to optimize outreach efforts, and re-establishment of community health workers at Provider sites.
 - Family Wellness Days and Block-Scheduling Opportunities: Opportunities for family wellness days and block scheduling are offered to Providers with large Enrollee panels or capacity for special scheduling.
 - Medical Record Reconciliation: Processes for accessing Electronic Medical Records (EMR) have been established with key Providers to streamline record retrieval and ensure that all completed visits are accounted for.
 - Training, Resources, and Job Aids for Providers: Individualized training sessions are offered to Provider practices.
- Credentialing – Sunasia Bledsoe, Account Executive II
 - Sunasia Bledsoe presented information regarding the credentialing process for Providers seeking to join the AmeriHealth Caritas DC network. She outlined the required application materials, including one (1) ACDC Provider Data Intake Form per Practitioner, proof of current malpractice insurance, a copy of the Practitioner's state license, an Ownership Disclosure Form, and any



applicable documentation of organizational accreditation or a CMS state survey. Ms. Bledsoe also emphasized the importance of maintaining an updated CAQH profile, particularly ensuring the group's address is included to avoid delays in processing. All application materials can be submitted to credentialingdc@amerihealthcaritasdc.com.

- Ms. Bledsoe emphasized the importance of collecting REL data for several reasons. REL data helps to address health disparities, promote equitable care, empower patients, encourage a sense of accordance, and promote cultural and linguistic competency. While AmeriHealth Caritas DC requests this information from its contracted Providers, participation is voluntary. Providers can input this data on the Provider Intake Form or submit updates using the Change Request Form.
- Ms. Bobbie Monagan, Director of Provider Network Management, emphasized the importance of Providers notifying AmeriHealth Caritas DC of any changes to their practice information, including suite numbers, phone numbers, and addresses. This information drives the provider directory, which Enrollees use to schedule appointments. Failure to update this information can lead to inaccuracies in the directory, making it difficult for enrollees to reach Providers, potentially impacting access to care and causing payment delays. Ms. Monagan urged Providers to notify their Account Executives of any changes as soon as possible.
- Online Resources – Nijia Williams, Account Executive I
 - Nijia Williams presented an overview of the online tools and resources available to Providers on the AmeriHealth Caritas DC website. Ms. Williams began by showcasing the Provider homepage, highlighting its user-friendly design and intuitive navigation. The homepage features a menu on the left-hand side allowing Providers to easily locate specific information.
 - The Latest Provider Updates section houses important announcements and updates, including fax blasts and information about upcoming meetings such as the Provider Advisory Committee meeting. The Prior Authorization Lookup Tool is a valuable resource for Providers. This tool allows users to enter a CPT or HCPCS code to determine whether a service requires prior authorization; streamlining the pre-authorization process. The Claims and Billing section provides comprehensive information on submitting claims, billing guidelines, and other related resources. This section also includes information on electronic claim submission via Navinet, Change Healthcare, and paper claim submissions.
 - Ms. Williams emphasized the importance of NaviNet, encouraging Providers to utilize this platform for enhanced communication and collaboration. NaviNet offers a streamlined approach to information sharing and communication, making processes faster and more efficient. She recommended reaching out to Account Executives for training and support in using NaviNet.
 - The Education and Training landing page provides information on upcoming training opportunities and resources offered by AmeriHealth Caritas DC. Ms. Williams encouraged Providers to explore this section to stay informed about available training and identify opportunities for professional development.



- Ms. Williams also briefly touched upon the availability of forms, Provider manuals and guides, and Provider directories and drug formularies on the website. The forms section provides access to various forms, including the 3M Dashboard User Form, Pharmacy Prior Authorization Forms, and Medical Authorization forms. The Manuals and Guides section offers easy access to the AmeriHealth Caritas DC Provider Manual. The Provider Directories and Drug Formularies section allows Providers to search for in-network Providers and access the drug formulary. Ms. Williams concluded by encouraging Providers to sign up for email alerts to stay informed about important updates and announcements.
- Questions & Answers
 - Discussions occurred during each topic.

POINTS OF CONTACT:

- Emily Quick, Manager, Risk Adjustment Programs
 - Email: equick@amerihealthcaritas.com
- Donna Fisher, Corporate Dental Liaison/Account Executive
 - Email: dfisher@amerihealthcaritas.com
- Nathan Fletcher, DDS
 - Email: nfletcher@amerihealthcaritasdc.com
 - Phone: (410) 365-4265
- Amena Hamilton, EPSDT Program Manager
 - Email: ahamilton2@amerihealthcaritasdc.com
 - Phone: (202) 770-9681
- Sunasia Bledsoe, Account Executive II
 - Email: sbledsoe@amerihealthcaritasdc.com
 - Phone: (202) 302-4701
- Nijia Williams, Account Executive I
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 - Phone: (202) 617-6966

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PRESENTATION SLIDES



Delivering the Next
Generation
of Health Care



**CARE IS THE HEART
OF OUR WORKSM**

Q3 - Provider Advisory Committee Meeting

September 19, 2024

- 1. Welcome & Agenda Review**
- 2. Meet Your Account Executives**
- 3. PCP Condition Optimization Program (COP)**
- 4. Dental Services – Overview**
- 5. Early & Periodic Screening, Diagnostic, & Treatment - Overview**
- 6. Credentialing**
- 7. Online Resources**
- 8. Question & Answers**

Our Agenda

Meet Your Account Executives



Director of Provider Network Management

Bobbie J. Monagan

Director of Provider Network Management

Responsibilities include:

- Value Based Contracting
- Create new and support existing company initiatives
- Collaborate with internal and external stakeholders to ensure enrollees have access to the best quality of care via a robust provider network!

Contact Information

Phone: 202-821-8083

bmonagan@amerihealthcaritasdc.com



Manager of Provider Network Management



Tonya Hutson

Cell: 202-302-5055

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thutson@amerihealthcaritasdc.com

Responsibilities:

- Oversee Account Executives' day-to-day activities.
- Keep staff informed of policy and procedural changes.
- Oversee training and communication for Network Providers and act as a liaison with the Provider community.



Brenda D. Peterson

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Territories:

- All core service agencies
 - Free-standing mental health clinics
- Northern Virginia
- Maryland
- Non-Participating Providers: All Specialties
- Psychiatric Institute of Washington (PIW)
- Washington, D.C.
 - All Wards



Angelita Coleman

Cell: 202-993-3978

Fax: 202-408-1277

acoleman1@amerihealthcaritasdc.com

Territories:

- George Washington University Hospital
- George Washington Medical Faculty Associates
- Federally Qualified Health Centers (FQHCs) and Look A-like Clinics (Interim Account Executive)
- Children's National Health System (hospital and providers)
- Children's Pediatric Associates
- All Home Health Agencies
- All Ambulatory Surgery Centers (ASCs)
- Maryland (Montgomery County)
- Dialysis
- Dispatched Health
- Washington, D.C.:
 - Ward 3
 - Ward 4



Jaculin Jones

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jjones18@amerihealthcaritasdc.com

Territories:

- All Early Intervention Providers
- MedStar Health (hospitals and providers)
- Urgent Care Centers
- Doula Providers
- Private physician practices on MedStar campus at 106 Irving Street NW
- Howard University Hospital
- Howard University Faculty Practice Plan
- Adventist HealthCare System (all hospitals)
- Maryland (Prince George's County)
- Washington, D.C.:
 - Ward 1
 - Ward 2
 - Ward 5



Sunasia Bledsoe

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Territories:

- All Vision Providers
- All hospices and skilled nursing facilities
- Ambulance Providers
- LabCorp
- United Medical Center (hospital and providers)
- Sibley Memorial Hospital
- Johns Hopkins Community Physicians and Johns Hopkins School of Medicine
- Bridgepoint Hospital
- DME
- Evolent (*formerly National Imaging Associates, Inc. (NIA)*)
- Northern Virginia
- Minute Clinic
- Washington, D.C.:
 - Ward 6
 - Ward 7
 - Ward 8



Nijia M. Williams, MSW

Cell: 202-617-6966

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nwilliams1@amerihealthcaritasdc.com

Responsibilities:

- Single Case Agreements
- Provider Network Management Coordinator

PCP Condition Optimization Program (COP)

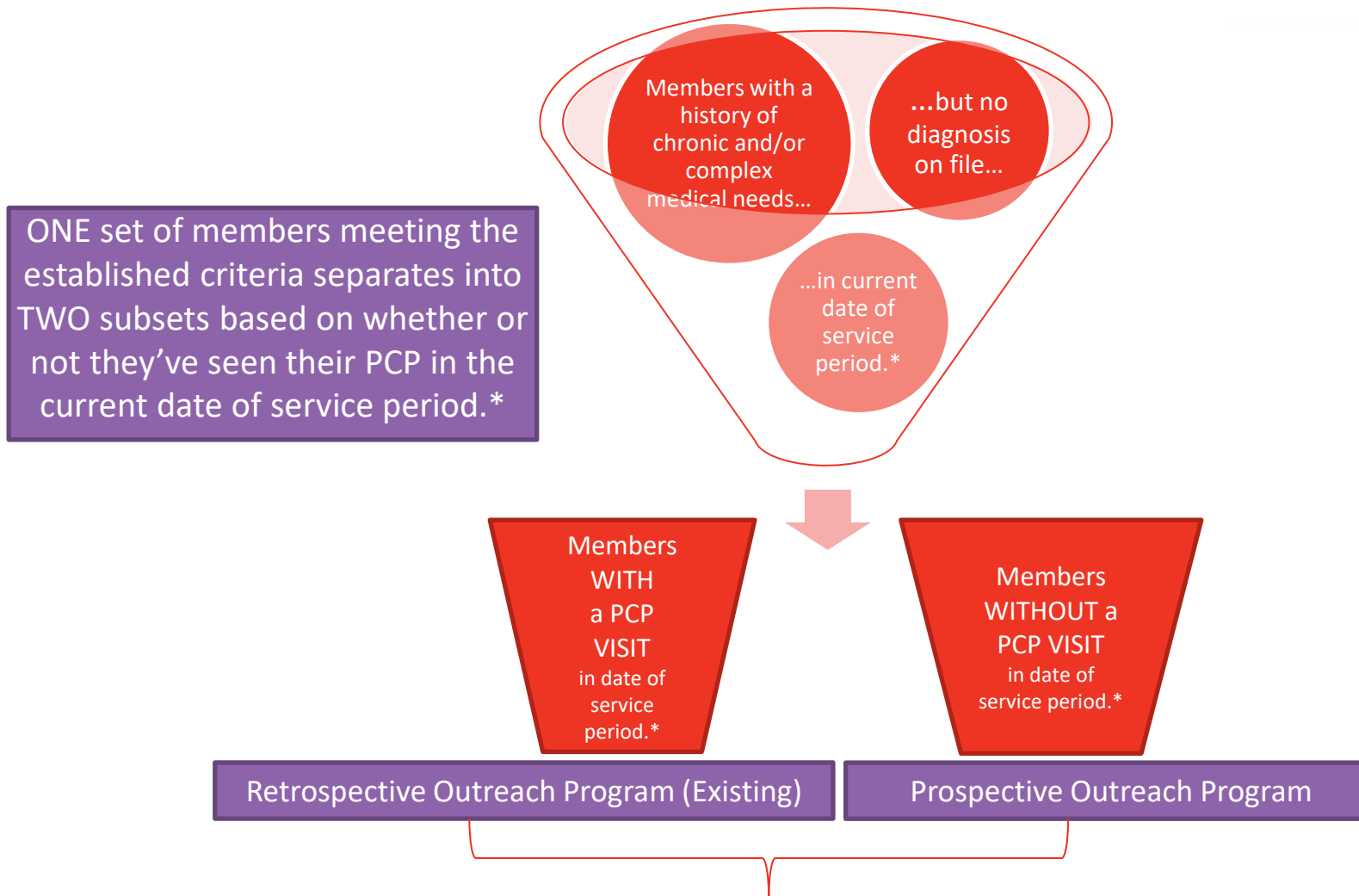
Emily Quick
Manager, Risk Adjustment Programs



Goals of the Condition Optimization Program

- Allow the health plan to gather info about members with chronic and/or complex medical needs.
- Help Primary Care Providers (PCPs) identify assigned members with chronic and/or complex medical needs.
- Promote routine access to primary care for members with chronic and/or complex medical needs
- Increase member appointment compliance through outreach.
- Improve accuracy and completeness of member diagnosis/diagnoses information.

Identifying Members for COP



**There are two dates of service periods per year; exact period dates vary and are determined by the Medicaid agency in each state.*

Retrospective Outreach Program

Health Plan:

- Identifies target members with the most chronic and/or complex medical needs and with a visit to their assigned PCP in the date of service period.*
- Medical record(s) will be requested from provider.
- Diagnosis codes will be abstracted from the medical record and any diagnosis missing on the originally billed claim will be shared in NaviNet.

Provider opting to participate in ROP:

- Provider Self Review - Open patient medical record and determine if diagnosis suspected can be confirmed. Check off confirm or can't confirm and go to next step.
- Plan Medical Record Review - Review the results of the medical record abstraction in NaviNet and if in agreement with diagnosis/condition(s) identified, confirm the diagnosis code(s).
- Submit the transaction within NaviNet to complete the claim adjustment that adds procedure code 99499 to the originally submitted claim (to make administrative payment) and corrects the diagnosis code(s) by adding any confirmed codes to the previously submitted claim.
- Administrative payment will be issued on next remittance advice.

**There are two date of service periods per year; exact period dates vary and are determined by the Medicaid agency in each state.*

Retrospective Outreach Provider Incentive

- Incentive payment is issued through Facets on a per claim basis.
- Payment will be on normal claim remittance advice.
- Claims adjusted are subject to random audit to confirm completeness and accuracy of diagnosis codes reported on the claim.

Prospective Outreach Program

Health plan:

- Identifies target members with the most chronic and/or complex medical needs and with no visit to their assigned PCP in the date of service period.*

Provider opting to participate in POP:

• Pre-Appointment

- You are notified of target members via NaviNet.
- Your office outreaches to member and schedules a visit or marks member as unavailable/unscheduled in NaviNet if no contact and/or no member interest in scheduling appointment.

• During Appointment

- For the purpose of the program, review suspected chronic and/or complex medical needs listed for the member during the visit.
- Document diagnosed chronic and/or complex medical needs in the member's medical record.

• Post Appointment

- **Submit a Scheduled Appointment Worksheet for the target member** in NaviNet – confirmed or unconfirmed chronic and/or complex condition (represented by diagnosis codes.)
- **Submit a Claim** with confirmed and/or newly identified diagnosis along with the appropriate E&M codes.
- Diagnosis codes must be reported via the Scheduled Appointment Worksheet and Claim.
- These components are audited to confirm accuracy and completeness; errors identified in coding of claim must be corrected before claim will be approved for incentive payment.

Prospective Outreach Provider Incentive

- Participants receive incentive payments in January and July of each year.
- Payment is sent in one check with explanation code **POPP – Prospective Outreach Program Payment**.
- Incentive is limited to one completed visit per target member, per risk period.
 - Target member list is in NaviNet, and incentive may only be earned for the identified members.
 - Identified members may be removed from list if diagnosis gap is closed or member loses eligibility (the identified member list is updated on the 1st of each month; consult NaviNet for updates).
- Each qualifying visit will be audited to confirm completeness and accuracy of diagnosis codes reported on claim.

REMEMBER for each qualifying visit you must complete all steps in the process in order to receive the incentive payment.

Emily Quick

Manager, Risk Adjustment Programs
equick@amerihealthcaritas.com



QUESTIONS?

Dental Services Overview

Donna Fisher

Corporate Dental Liaison/Account Executive



PLAN DENTAL BENEFIT

- The dental benefit in the District of Columbia is comprehensive for children and adults for Medicaid and Alliance products.
- The Alliance benefit limit is \$1000 Annually with the enrollee being responsible for fees over the limit.
- The benefit includes orthodontic services for Medicaid up to age 21.
- The benefit is preventive in nature and restorative as well.
- Dentures, gum treatment, oral surgery, root canals, and fillings are included.
- The benefit includes implants and their restoration.
- This benefit is unique on the national basis for its comprehensive nature.
- The dental provider network includes approximately 370 providers at over 170 sites
- The dental provider network includes specialists in Orthodontics, Endodontics, Periodontics, and Oral Surgery
- The greatest number of providers are General Practitioners (most capable of providing services also performed by specialists)

VALUE-ADDED BENEFITS

- **Caries Risk Assessment Program** - AmeriHealth Caritas District of Columbia reimburses dental providers for submitting a CDT Code for Caries Risk Assessment (CRA). CDT Codes D0601 for Low Risk, D0602 for Moderate Risk, and D0603 for High Risk will be used for reimbursement and to assess the oral health disease prevalence in the District of Columbia for AmeriHealth Caritas DC enrollees. The Codes are covered benefits with no reimbursement fee from the District
- **Value Based Compensation Program** - This program compensates dental providers for emphasizing adherence to enrollees to manage their medical conditions through education and reinforcement. The program reviews medical measures in conjunction with dental procedures that can enhance the overall health benefits related to oral health.
- **Beyond Your Smiles** - This program is a collaborative and comprehensive approach to health care that provides the opportunity for enrollees to receive certain critical health screenings during a visit to a participating dentist. The screenings include Blood Pressure (for members over 12 years of age), BMI (for members over 12 years of age), Hemoglobin A1c (for members over 18 years of age who have not seen their primary care physician in six months)
- **Silver Diamine Fluoride Benefit** - Several years ago ACDC conducted a pilot with Children's National Hospital to add the procedure to reduce costs in the OR and to assist with emergency services for young children. This was not a covered benefit. ACDC decided to add the benefit after the pilot demonstrated significant savings and reimburses for the procedure. ACDC is one of a few nation wide providing this benefit for Medicaid recipients.

VALUE-ADDED BENEFITS

- **CBE Providers** - We have assisted dental providers to become Certified Business Entities (CBEs) by contracting a consulting firm to assist in the process and provide an enhanced fee schedule for the purpose of fulfilling the contractual obligation in the District.
- **Inclusive Dental** - This program is designed to address oral health barriers articulated by the special needs community. The program will aid in addressing gaps in access to dental care and will work to connect with the individuals, caregivers, advocates, and agencies that represent our enrollees who have the specific disabilities and conditions identified by ICD-10 Codes fitting certain conditions.
- **Continuing Education Program** - Free Continuing Education credit is provided as a part of the Inclusive Dental program as an obligation in the contract with the associated providers enrolled in that program. The CE courses are offered to the entire dental provider network as well to educate providers on the needs of the disabled and to aid in recruiting additional providers in the network.
- **Alliance Crown Benefit** - Several years ago we added Crowns to the Alliance benefit because there is a Root Canal benefit but no Crown benefit. The Root Canal without the crown would add costs and is the community standard of care for restoring the treated tooth to avoid the added cost without it.

The greatest challenge to ACCESS is for Enrollees to ACCESS their benefit.

- **All Enrollees are assigned to a Primary Dental Provider (PDP)**
- All Geo Access requirements are met for the enrollees in DC.
- Transportation is available for all Enrollees.
- There are no restrictions on which Provider they visit regardless of PDP Assignment.
- There are challenges in recruiting some specialists. This has been mitigated by engaging the Howard University College of Dentistry for specialty care and general dentistry services.

The primary issue for Providers is **low reimbursement rates**

- DHCF recently requested the methodology for fee determinations which covered the circumstances for the process. This included the general fee determination process and some exceptions.
- **Missed appointments are another concern.** We provide a “Let Us Know” form where Providers can submit enrollee issues for our attention, and they are referred to Member Engagement for assistance.
- **Enrollee misconduct is also another concern;** also addressed with the “Let Us Know” form.
- Claims concerns are managed by Skygen.
- Appeals for denied authorizations are managed by ACDC including consultation with Dr. Fletcher. This reduces Fair Hearings using logic to address each unique situation.
- Credentialing concerns are managed by the Account Executive for ACDC and the ACDC credentialing team.

IMPORTANT CONTACT INFORMATION

The ACDC Plan Point of Contact

Nathan Fletcher, DDS

nfletcher@amerihealthcaritasdc.com
410-365-4265

PROVIDER SERVICES Telephone:	1-855-609-5170
E-MAIL:	providerportal@AmeriHealthCaritasDCdental.com
AUTHORIZATIONS:	Authorizations P.O. Box 654 Milwaukee, WI 53201
CONTINUATION OF CARE:	AmeriHealth Caritas DC - Continuation of Care PO Box 654 Milwaukee, WI 53201
ELECTRONIC FUNDS TRANSFER (EFT):	Send Applications to: providerservices@skygenusa.com or Fax: 262-721-0722
PAPER CLAIMS:	AmeriHealth Caritas DC - Claims P.O. Box 651 Milwaukee, WI 53201
ELECTRONIC CLAIMS:	Clearinghouse Payer ID: SCION Provider Web Portal link = pwp.sciondental.com
PROVIDER APPEALS OR COMPLAINTS:	AmeriHealth Caritas DC - Provider Appeals P.O. Box 1243 Milwaukee, WI 53201
CORRECTED CLAIMS:	AmeriHealth Caritas DC P.O. Box 541 Milwaukee, WI 53201

Donna Fisher

Corporate Dental Liaison/Account Executive
dfisher@amerihealthcaritas.com



Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

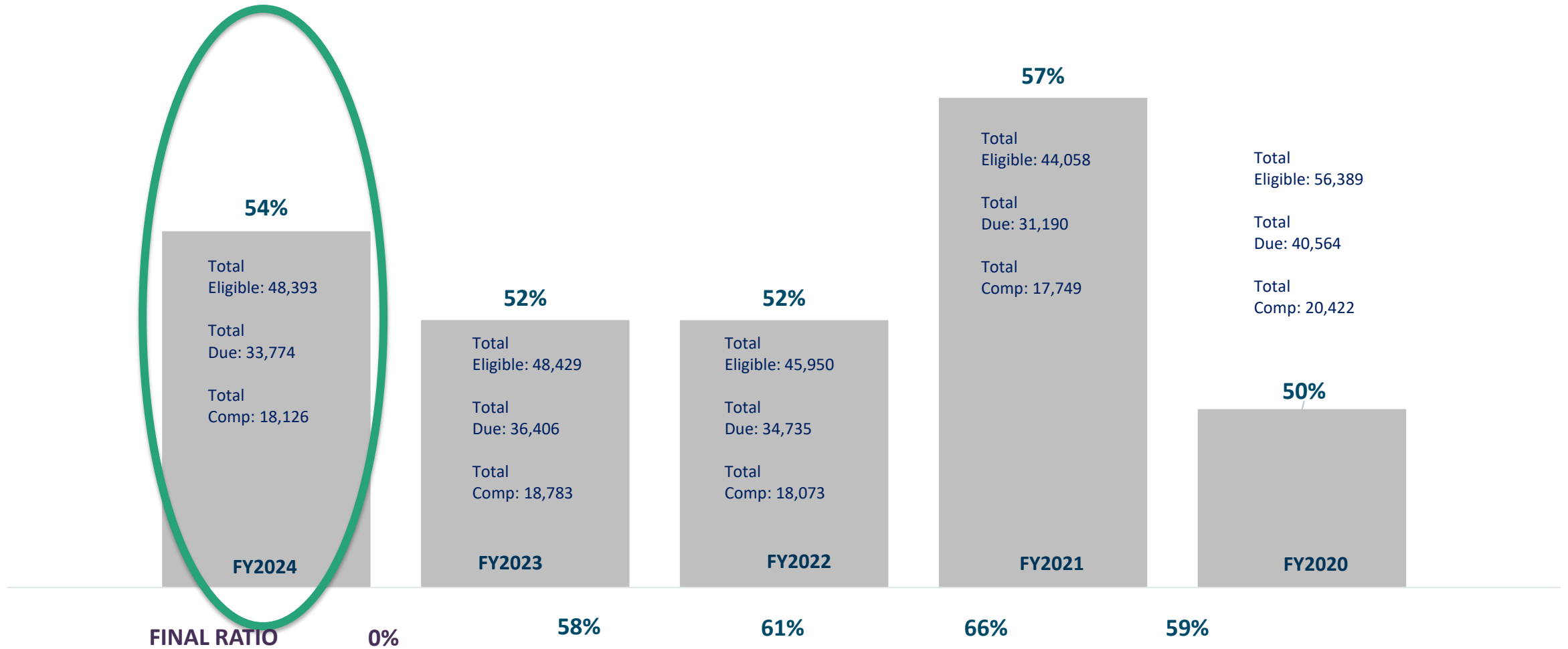
Amena Hamilton

EPSDT Program Manager



ESPDT Participation Ratio Trend – (as of August)

Q3 Results

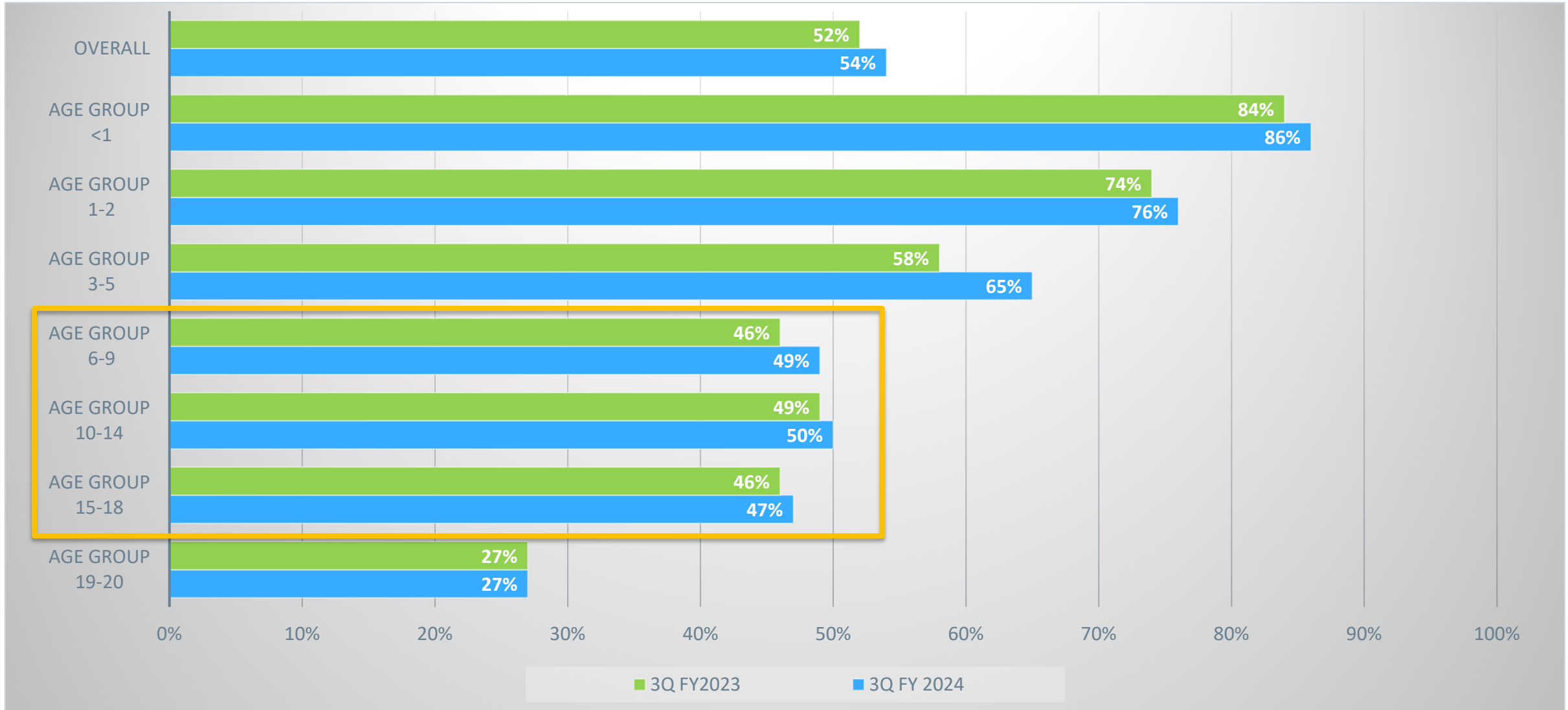


EPSDT Participation Ratio – FY2024 (As of August)

	2024	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total:	33,774	722	4,118	4,831	6,823	8,486	6,341	2,453
9. Total Eligibles Receiving at least One Initial or Periodic Screen	Total:	18,126	618	3,120	3,156	3,347	4,228	2,996	661
10. PARTICIPANT RATIO	Total:	54%	86%	76%	65%	49%	50%	47%	27%
# Additional needed for 75%		7,205	-77	-32	467	1,770	2,137	1,760	1,179
# Additional needed for 80%		8,893	-40	174	709	2,111	2,561	2,077	1,301

EPSDT Participation Ratio Trends

Q3 FY2023 and FY2024



ENROLLEE OUTREACH

Mailings and Home Visit Outreach

Home Visit Outreach

- ACDC has restarted our face-to-face outreach to enrollees who we are unable to connect with telephonically after multiple attempts.
- Our focus is currently on Large Families (5+ enrollees under one family link) to help facilitate appointment schedules.
 - For FY2024, we have conducted 1,221 Home visits with 332 of those visits leading to successful contact.

Text Message (SMS) Outreach

- Monthly text messaging reminders are sent to the guardians of all due and overdue enrollees to let them connect with an outreach representative who will assist with scheduling their EPSDT Health-check appointments.
 - For FY2024, total text messages sent are 79,836.

Mailings

- Postcard mailings to enrollees with invalid, disconnected, wrong and no numbers (monthly).
- Birthday card reminders (monthly).
- Send “Unable to Reach” Client letters to those enrollees we have not had success contact with after multiple live call attempts.
 - For FY2024, we have mailed 2,643 client letters.

EPSDT Telephonic Outreach

Telephonic Outreach

• **Birthday Calls (Monthly)**

- Discussions around due or overdue for WCV and Immunizations.
 - Follow-up 2nd calls (evenings) and 3rd calls (weekends).
- Lead screening reminder calls (as appropriate).
- Covid-19 vaccination discussion is also integrated into all our outbound and inbound calls for review of gaps in care, care management and customer service.

• **Well-child Exam Auto-dialer Campaigns with Live Connect Option (Monthly)**

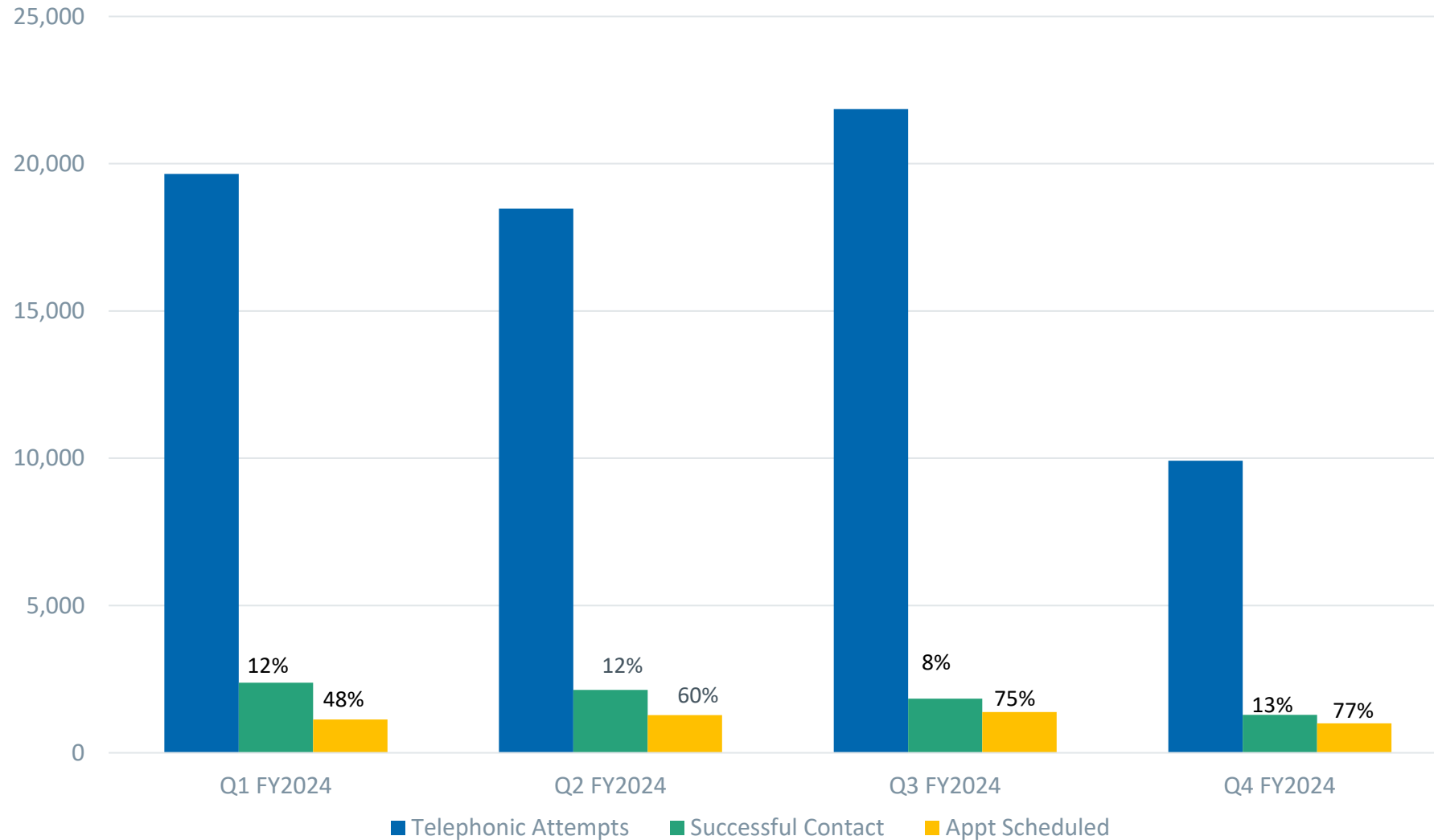
- New enrollees to the plan.
- Families with children due and overdue for well-child exams.
- Dental gaps in care continue to be discussed as part of all outbound EPSDT calls (as appropriate).

• **Manual Call Outreach**

- New Member Outreach to those we were not able to contact via the Auto Dialer.
- Non-Compliant Enrollees with Large FQHCs as their PCP.
- Proactive outreach to those with care gaps who have upcoming birthdays.

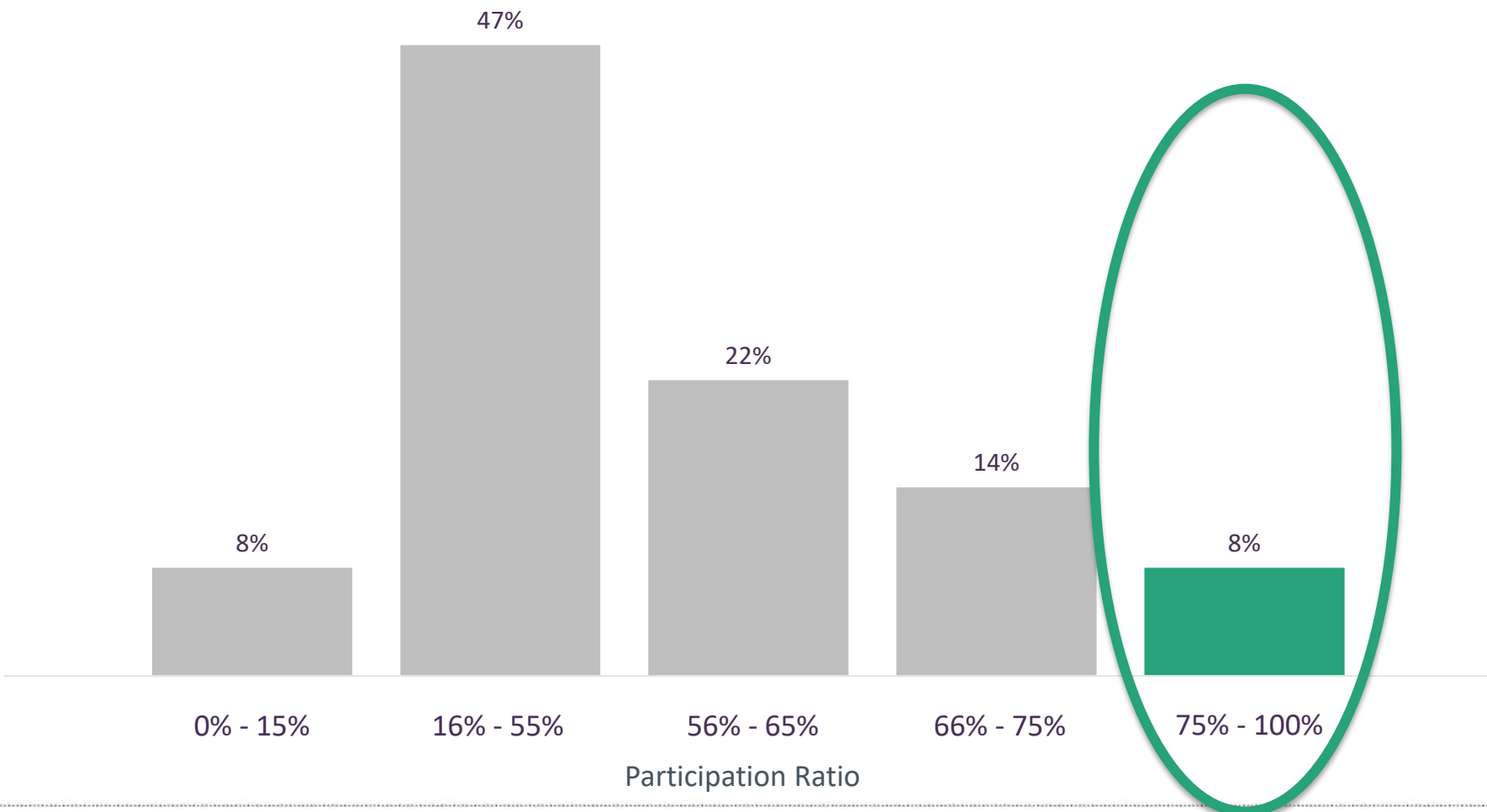
Telephonic Outreach Results – Ages 0 to 20

(Automated/Manual Calls – as of August)

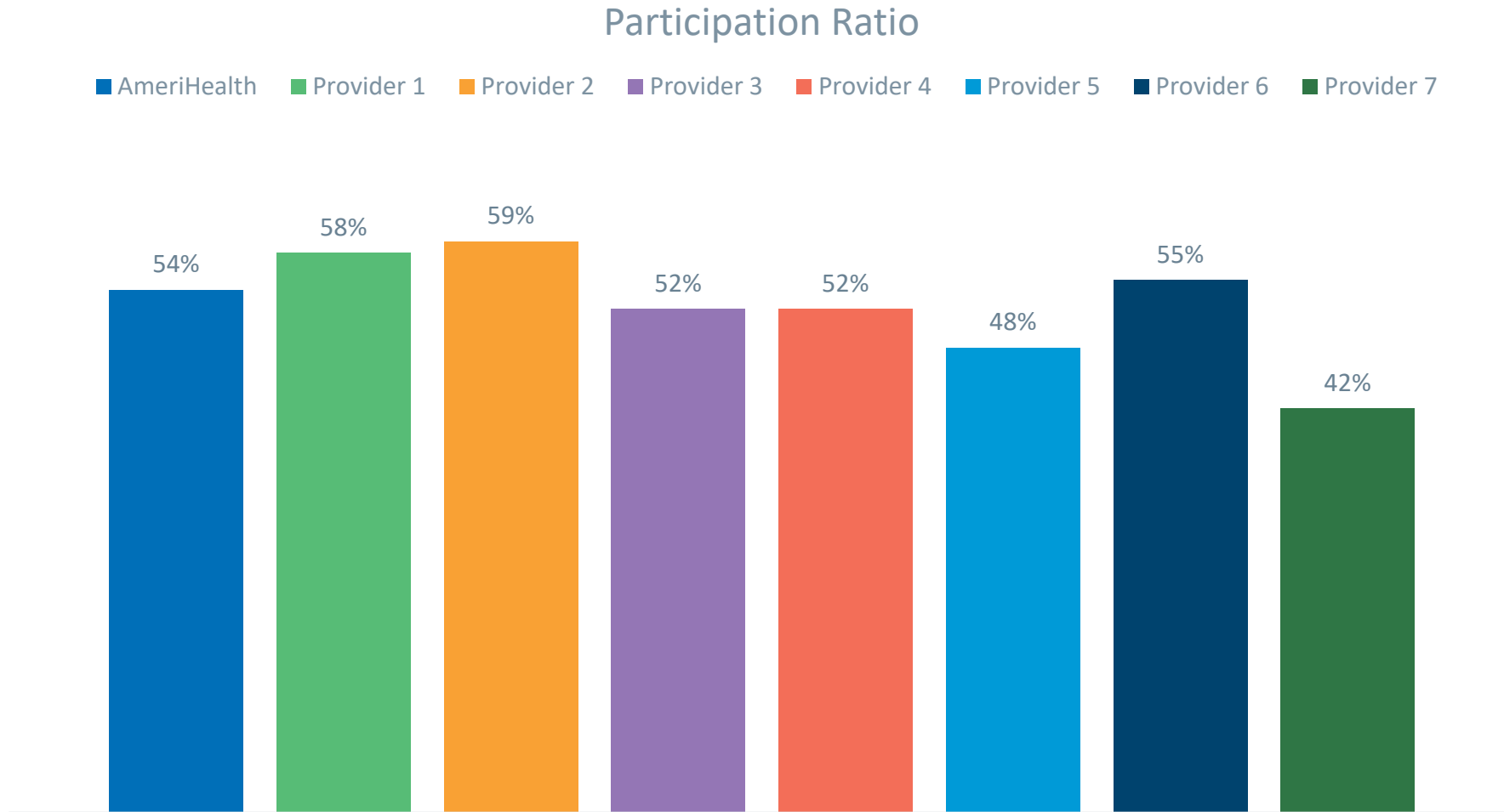


PROVIDER DISCUSSIONS

Provider Group Percentiles



Provider Participation Ratio Comparison –



PROVIDER DISCUSSIONS

- **Provider Outreach and Coordination Meetings (Bi-Monthly)**

- Sharing of provider-specific EPSDT CMS 416 participant ratio performance
- Exchanging data to optimize outreach efforts
- Reestablish Community Health Workers being embedded at provider sites

- **Family Wellness Days and Block-Scheduling Opportunities**

- Focused on those providers with larger enrollee panels or capacity for special scheduling
- Establishing Wellness Clinic days or Blocked Scheduling

- **Medical Record Reconciliation**

- EMR access has been established at some top providers as opposed to submission request
- For FY2024, we have conducted membership retrieval of records at these facilities to bump against claims in our systems.

- **Provide Training, Resources and Job-Aid to Providers**

- Focus individualized training sessions, as appropriate, for provider practices
- Utilizing Provider Advisory Committee Meeting as a platform to introduce training

Amena Hamilton

EPSDT Program Manager
ahamilton2@amerihealthcaritasdc.com
(202) 770-9681



QUESTIONS?

Credentialing

Sunasia Bledsoe

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 in 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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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: <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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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

Sunasia Bledsoe

Account Executive II

sbledsoe@amerihealthcaritasdc.com

(202) 302-4701



Online Tools & Resources

Nijia Williams

Account Executive I



Online Tools and Resources | Providers Homepage

AmeriHealth Caritas
District of Columbia

Report Fraud | About | Login | Language

Search website

Renew | Enrollees | **Providers** | Healthy Living | Community Resources

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

ACCREDITED NCQA HEALTH EQUITY | ACCREDITED NCQA CASE MANAGEMENT | ACCREDITED NCQA HEALTH PLAN

3 YEARS

Online Tools and Resources | Providers Homepage



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Renew Enrollees Providers Healthy Living Community Resources

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Providers

- Latest provider updates
- Prior authorization lookup tool
- New to the plan
- Behavioral health
- Claims and billing
- Dental
- Education and training
- Forms
 - Pharmacy prior authorization forms
 - Medical authorization and other forms
- Manuals and guides
- Pharmacy
- Provider directories and drug formularies
- Resources
 - NaviNet provider portal
 - Prior authorizations
 - Cultural responsiveness
- Sign up for email alerts

Providers

Attention Providers

Change Healthcare System Interruption

We thank you for your partnership and patience, as we continue to work to resolve the downstream impacts of Change Healthcare's service interruption.

Below is a summary of the current status of our systems and processes:

Eligibility verification, claim status inquiry, prior authorization submission/processing and authorization inquiry:
These functionalities continue to operate normally and are available via the NaviNet provider portal. If you do not have access to NaviNet, please visit: <https://register.navinet.net/> to sign up.

Claims Submission Options:

Electronic claims:

- Availity:** Providers may submit claims to **AmeriHealth Caritas District of Columbia** through Availity. Providers or clearinghouses not currently using Availity to submit claims, must register at: <https://www.availity.com/intelligent-gateway/>
 - Providers who are currently registered with Availity for another payer, or using another clearinghouse, **must request to have their electronic claims for AmeriHealth Caritas District of Columbia routed to Availity.**
 - For registration process assistance, submit the Provider Inquiry form at the bottom of the Availity webpage or contact Availity Client Services at **1-800-AVAILITY (282-4548)**. Assistance is available Monday through Friday from 8 AM to 8 PM ET.
 - 275 Claim Attachment Transactions:** **AmeriHealth Caritas District of Columbia** is accepting ANSI 5010 ASC X12 275 claim attachment transactions (unsolicited) via Availity. Please contact your Practice Management System Vendor or EDI clearinghouse to inform them that you wish to initiate electronic 275 claim attachment transaction submissions via **payer ID: 77002**.
- A maximum of 10 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.
- There are two ways 275 claim attachment transactions 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: <https://www.availity.com/Essentials-Portal-Registration> to submit attachments

LATEST PROVIDER UPDATES

ONLINE TOOLS AND RESOURCES

Online Tools and Resources | Latest Provider Updates



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[Resources](#)

[NaviNet provider portal](#)

[Prior authorizations](#)

[Cultural responsiveness](#)

[Sign up for email alerts](#)

Newsletters and Updates

[Sign up for email alerts to get important health plan news and information.](#)

Provider alerts

- September 6, 2024
[Provider Advisory Committee meeting \(PDF\)](#)
- September 5, 2024
[Enhanced Reimbursement for Primary Care Services program FAQ \(PDF\)](#)
- September 3, 2024
[Dental provider satisfaction survey \(PDF\)](#)
- September 3, 2024
[275 claim attachment transaction is now available via Availity \(PDF\)](#)
- August 19, 2024
[Dental provider satisfaction survey \(PDF\)](#)
- August 12, 2024
[Prior authorization changes for select CPT/HCPCS codes \(PDF\)](#)
- July 30, 2024
[Change Healthcare ConnectCenter update \(PDF\)](#)
- July 11, 2024
[Updated claims requirement — CDT code D7473 mandibular torus removal \(PDF\)](#)
- July 8, 2024
[Updated prior authorization requirements \(PDF\)](#)
- June 10, 2024
[Introduction to Optum, LLC's prospective review process \(PDF\)](#)
- June 4, 2024
[Value-based care learning collaborative: Improve quality, outcomes, and value in health care \(PDF\)](#)
- May 31, 2024
[Spring provider newsletter available online \(PDF\)](#)
- May 21, 2024
[Optum pre-payment deny edit for anatomical modifiers \(PDF\)](#)
- May 20, 2024
[...](#)



To: AmeriHealth Caritas DC Providers
Date: September 5, 2024
Subject: Enhanced Reimbursement for Primary Care Services Program FAQ

Dear Provider:

Please see the attached Frequently Asked Questions (FAQ) document for the Enhanced Reimbursement for Primary Care Services Program.

Please contact the Provider Enrollment and Outreach Branch at the Department of Health Car Finance (DHCF) with any questions at DHCF.ProviderEnrollment@DC.gov or 202-698-2000.

Sincerely,
AmeriHealth Caritas DC



To: AmeriHealth Caritas DC Providers
Date: August 12, 2024
Subject: Prior Authorization Changes for Select CPT/HCPCS Codes

Dear Provider:

Effective September 15, 2024, AmeriHealth Caritas District of Columbia (DC) is removing prior authorization requirements for a select list of codes.

Changes to prior authorization requirements and medical necessity review for these services are part of AmeriHealth Caritas DC's continued dedication to supporting providers in our shared commitment to high quality health care for our enrollees.

To verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool on the provider website at: www.amerihalthcaritasdc.com/provider/resources/prior-authorization-lookup.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

Recent Fax Blast



To: AmeriHealth Caritas DC Dental Providers
Date: September 3, 2024
Subject: Dental Provider Satisfaction Survey

Dear Dental Provider:

AmeriHealth Caritas District of Columbia (DC) values your partnership and feedback. We kindly request you complete our Dental Provider Satisfaction Survey, available at the following link:

<https://www.surveymonkey.com/r/RHP7TYG>

Your honest opinion is critical in helping us understand how we are doing and where we need to improve. To show our appreciation, we will offer a \$100 gift card to the dental practice of one randomly selected survey respondent. Please note that entry for the gift card is optional. If you would like to enter for the gift card, please input the contact information for the business owner of your dental practice when prompted in the survey. If you prefer, you can choose to stay anonymous and not enter for the gift card.

The survey will close on Friday, September 27. Following this date, we will contact the business owner of the selected respondent's dental practice with details about receiving the gift card.

Thank you in advance for taking the time to participate and complete the survey.

Sincerely,

AmeriHealth Caritas DC



To: AmeriHealth Caritas DC Providers
Date: September 3, 2024
Subject: 275 Claim Attachment Transaction Is Now Available via Availity

Dear Provider,

AmeriHealth Caritas District of Columbia (DC) is accepting ANSI 5010 ASC X12 275 claim attachment transactions (unsolicited) via Availity. Please contact your Practice Management System Vendor or EDI clearinghouse to inform them that you wish to initiate electronic 275 claim attachment transaction submissions for payer ID: 77002.

A maximum of ten 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.

There are two ways 275 claim attachment transactions 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: <https://www.availity.com/Essentials-Portal-Registration> to submit attachments.

Specific 275 claim attachment transaction report codes must be used when submitting an attachment. Visit <https://www.amerhealthcaritasdc.com/provider/claims/index.aspx> for the list of applicable codes.

After logging in, providers registered with Availity may access the **Attachments - Training Demo** for detailed instructions on the submission process. For the best results, providers should take the following steps:

1. Sign in to Availity Essentials: [Revenue Cycle Management | Healthcare | Availity \[availity.com\]](#)
2. Click the training link: [Training Link \[apps.availity.com\]](#)
3. In the – Attachments – Training Demo page, click **Enroll**.
4. In the Confirm window, click **Yes**.
5. The training demo will be added to the provider's learning dashboard. To view the training demo, click **Start**.
6. The training demo opens. Select **Explore Options**.
 - a) To send unsolicited documentation, providers should select the Play button on the second tab titled Submit Supporting Documentation (Unsolicited).

If you have questions, please contact Availity Client Services at **1-800-AVAILITY (282-4548)**. Assistance is available Monday through Friday from 8:00 AM to 8:00 PM ET.

Sincerely,

AmeriHealth Caritas DC

PRIOR AUTHORIZATION LOOKUP TOOL

ONLINE TOOLS AND RESOURCES

Online Tools and Resources | Prior Authorization Lookup Tool

The screenshot displays the AmeriHealth Caritas District of Columbia website. At the top, there is a navigation bar with links for "Report Fraud", "About", "Login", and "Language". A search bar is located in the top right corner. Below the navigation bar, there are menu items for "Renew", "Enrollees", "Providers", "Healthy Living", and "Community Resources". The breadcrumb trail reads "Home > Providers > Provider resources > Prior Authorization Lookup Tool".

The main content area is titled "Prior Authorization Lookup Tool". It includes a description: "Find out if a service needs [prior authorization](#). Type a Current Procedural Terminology (CPT) code or a Healthcare Common Procedure Coding System (HCPCS) code in the space below to get started." Below this is an "Important notice" section stating that the tool provides general information for outpatient services and lists services that always require prior authorization: elective inpatient services, urgent inpatient services, and services from a non-participating provider. A disclaimer notes that results are not a guarantee of coverage and are subject to change. Contact information is provided: call 1-202-408-4823 or 1-800-408-7510, or fax at 1-202-408-1031 or 1-877-759-6216.

Directions for using the tool are listed: 1. Enter a CPT code in the space below. 2. Click "Submit". 3. The tool will tell you if that service needs prior authorization. Below the directions is a form with a text input field labeled "Enter CPT/HCPCS code" and a "Submit" button. A vertical scrollbar is visible on the right side of the form area.


A left-hand navigation menu is titled "Providers" and includes links for "Latest provider updates", "Prior authorization lookup tool" (highlighted with a red box), "New to the plan", "Behavioral health", "Claims and billing", "Dental", "Education and training", "Forms", "Pharmacy prior authorization forms", "Medical authorization and other forms", "Manuals and guides", "Pharmacy", "Provider directories and drug formularies", "Resources", "NaviNet provider portal", "Prior authorizations", "Cultural responsiveness", and "Sign up for email alerts".

At the bottom of the page, there is a "Disclaimer" section.

CLAIMS AND BILLING

ONLINE TOOLS AND RESOURCES

Online Tools and Resources | Claims and Billing



Report Fraud About Login Language

Search website Search

Renew Enrollees Providers Healthy Living Community Resources

Home > Providers > Claims

Providers

- Latest provider updates
- Prior authorization lookup tool
- New to the plan
- Behavioral health
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Claims

- [Provider claims and billing manual](#) (PDF)
- [Submitting a claim](#)
- [Billing information](#)
- [District of Columbia Medicaid Fee Schedule](#)
- [Explanation of Benefit \(EOB\) codes](#) (PDF)

Submit a 275 claim attachment transaction

AmeriHealth Caritas District of Columbia (DC) is accepting ANSI 5010 ASC X12 275 unsolicited attachments via Change Healthcare. Please contact your practice management system vendor or EDI clearinghouse to inform them that you wish to initiate electronic 275 attachment submissions via payer ID: 77002.

There are three ways that 275 attachments can be submitted.

- Batch — You may either connect to Change Healthcare directly or submit via your EDI clearinghouse.
- API via JSON — You may submit an attachment for a single claim.
- Portal — Individual providers can register at Change Healthcare to submit attachments.

The acceptable supported formats are pdf, tif, tiff, jpeg, jpg, png, docx, rtf, xml, doc, and txt. View the [Change Healthcare 275 claims attachment transaction video](#) for detailed instructions on this new process.

In addition, the following 275 claims attachment report codes have been added effective 8/1/23. When submitting an attachment, use the applicable code in field number 19 of the CMS 1500 or field number 80 of the UB04, as documented in the [claims filing instructions](#) (PDF).

Attachment type	Claim assignment attachment report code
Itemized bill	03
Medical records for HAC review	M1
Single case agreement (SCA)/LOA	04
Advanced beneficiary notice (ABN)	05
Consent form	CK
Manufacturer suggested retail price/Invoice	06
Electric breast pump request form	07
CME checklist consent forms (child medical eval)	08
EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter	EB
Certification of the decision to terminate pregnancy	CT
Ambulance trip notes/Run sheet	AM

Online Tools and Resources | Submitting a Claim

AmeriHealth Caritas
District of Columbia

Report Fraud | About | Login | Language

Search website Search

Renew | Enrollees | Providers | Healthy Living | Community Resources

Home > Providers > Claims > Claims submissions

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Claims submissions

Claims with dates of service on or after May 1, 2013 may be submitted to AmeriHealth Caritas DC as follows:

NaviNet

Requests can be submitted through [NaviNet](#)

Electronic claims

AmeriHealth Caritas DC participates with Change Healthcare. As long as you have the capability to send EDI claims to Change Healthcare, whether through direct submission or through another clearinghouse/vendor, you may submit claims electronically. Electronic claim submissions to AmeriHealth Caritas DC should follow the same process as other electronic commercial submissions.

To initiate electronic claims:

- Contact your practice management software vendor or EDI software vendor.
- Inform your vendor of AmeriHealth Caritas DC's EDI Payer ID# 77002.
- You may also contact Change Healthcare at 1-877-363-3666 or visit www.changehealthcare.com for information on contracting for direct submission to Change Healthcare. AmeriHealth Caritas DC does not require Change Healthcare payer enrollment to submit EDI claims.

Change Healthcare ConnectCenter electronic claims user guides

- [Enrollment Central - Getting Started \(PDF\)](#)
- [Claims - Getting Started \(PDF\)](#)
- [Claim Status - Getting Started \(PDF\)](#)
- [Uploading an 837 Batch Claim File \(PDF\)](#)
- [Create a Claim \(Video\)](#)
- [Eligibility - Getting Started \(PDF\)](#)
- [Keying an Institutional Claim UB-04 \(PDF\)](#)
- [Keying a Professional Claim \(PDF\)](#)
- [Provider Management - Getting Started \(PDF\)](#)
- [Provider Sign-up and User Management \(PDF\)](#)
- [Remits - Getting Started \(PDF\)](#)

Paper claims

Medicaid AmeriHealth Caritas District of Columbia/ Medicaid Attn: Claims Processing Department	Alliance AmeriHealth Caritas District of Columbia/ Alliance Attn: Claims Processing Department
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Online Tools and Resources | NaviNet

The screenshot shows the NaviNet website interface. At the top left is the AmeriHealth Caritas District of Columbia logo. To the right is a search bar with a 'Search' button. Below the search bar is a navigation menu with links for Renew, Enrollees, Providers, Healthy Living, and Community Resources. The main content area is titled 'NaviNet' and includes a 'What is NaviNet?' section, a 'Using NaviNet' section, an 'Already a registered user?' section, a 'Need to register for NaviNet?' section, and a 'NaviNet resources' section. A left sidebar contains a 'Providers' menu with various sub-links.

AmeriHealth Caritas
District of Columbia

Search website: **Search**

Renew Enrollees Providers Healthy Living Community Resources

Home Providers Provider resources NaviNet

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NaviNet

What is NaviNet?

NaviNet is an easy-to-use, free, web-based platform that links providers to AmeriHealth Caritas District of Columbia. Through NaviNet, you can access and submit:

- Real-time clinical Healthcare Effectiveness Data and Information Set (HEDIS) alerts
- Digibility information
- Claims information and updates
- Benefits information
- Drug authorizations
- [Prior authorizations](#)

NaviNet helps speed up the provider-health plan connection and can often replace paper transactions. If you're not a NaviNet user, [learn more about NaviNet](#).

Using NaviNet

The following resources will help you use or get started with NaviNet:

- [Sign up for NaviNet](#)
- [NaviNet Enrollment Guide \(PDF\)](#)
- [Log in to NaviNet](#)
- [NaviNet Intensive Case Management Provider Guide \(PDF\)](#)
- [Identify and improve HEDIS gaps](#)
- [NaviNet Medical Authorizations Training Guide \(PDF\)](#)
- [NaviNet Medical Authorizations Frequently Asked Questions \(FAQ\) \(PDF\)](#)
- [Tutorial Video – Prior Authorization Inquiry Process](#)
- [Tutorial Video – Prior Authorization Submission Process](#)

Already a registered user?

- [Log in to NaviNet](#)

Need to register for NaviNet?

- [Sign up for NaviNet](#)

NaviNet resources

- [NaviNet basics](#)
- [NaviNet Enhancements Training Guide \(PDF\)](#)
- [NaviNet Care Gaps Response Form Provider Guide \(PDF\)](#)
- [NaviNet Claims Investigation Provider Guide \(PDF\)](#)
- [NaviNet Condition Optimization Program Guide \(PDF\)](#)
- [Provider Portal Participation Guide \(PDF\)](#)

AmeriHealth Caritas District of Columbia

EDUCATION AND TRAINING

ONLINE TOOLS AND RESOURCES

Online Tools and Resources | Education and Training

AmeriHealth Caritas
District of Columbia

Report Fraud About Login Language

Search website Search

Renew Enrollees Providers Healthy Living Community Resources

Home > Providers > Provider resources

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Provider resources

AmeriHealth District of Columbia is your true partner in care. We know it is important for providers to get information quickly and easily. Our user-friendly tools and helpful clinical resources are designed to support you and your staff every day.

In this part of the site, you will find these resources:

Working with AmeriHealth Caritas District of Columbia

- [Become a patient-centered medical home](#)
- [Behavioral health](#)
- [Dental](#)
- [Pharmacy](#)
- [Prior authorization](#)
- [Reimbursement policies](#)

Self-service tools

- [NaviNet](#)
- [Jiva](#)

Clinical

- [Clinical Resources](#)
- [Clinical practice guidelines \(PDF\)](#)
- [Clinical policies](#)
- [Children with special needs](#)
- [EPSDT/HealthCheck](#)
- [Flu protection](#)
- [Guidelines and policies](#)
- [Opioid overdose prevention](#)
- [Smoking cessation resources](#)

Programs

- [Healthy Homes](#)

Online Tools and Resources | Education and Training

The screenshot shows the AmeriHealth Caritas District of Columbia website. At the top, there is a navigation bar with links for 'Report Fraud', 'About', 'Login', and 'Language'. A search bar is also present. Below the navigation bar, there are menu items: 'Renew', 'Enrollees', 'Providers', 'Healthy Living', and 'Community Resources'. The main content area is titled 'Provider manuals and guides' and features a list of links on the left and a list of PDF guides on the right. The 'Manuals and guides' link is highlighted with a red box. Below the list of PDF guides, there is a paragraph about HEDIS availability and a section titled 'Value-Based Program' with a list of PDF documents.

AmeriHealth Caritas
District of Columbia

Report Fraud About Login Language

Search website Search

Renew Enrollees Providers Healthy Living Community Resources

Home > Providers > Provider manuals and guides

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Provider manuals and guides

- [Quick reference guide \(PDF\)](#)
- [Provider manual \(PDF\)](#)
 - [Dental provider supplement \(PDF\)](#)
 - [Discharge planning guide \(PDF\)](#)
 - [Minor rights addendum \(PDF\)](#)
- Access to care standards
 - [Medical \(PDF\)](#)
 - [Behavioral health \(PDF\)](#)
- [COMPASS Program Guide \(PDF\)](#)
- [Collecting Social Determinants of Health Data to Address Enrollees' Unmet Needs \(PDF\)](#)
- [Using Z Codes: The Social Determinants of Health \(SDOH\) \(PDF\)](#)
- [Improving the Collection of Social Determinants of Health \(SDOH\) Data with Z Codes \(PDF\)](#)
- [Programs at a glance \(PDF\)](#)

The Healthcare Effectiveness Data and Information Set (HEDIS) is now available on NaviNet. [Learn more.](#)

Value-Based Program

We are committed to helping you deliver the best care to your patients. In the effort to meet our providers' needs and priorities for care delivery, we created the [PerformPlus® Total Cost of Care program \(PDF\)](#) for participating providers. We also developed a document to help you [understand your scorecard \(PDF\)](#).

- [PerformPlus® True Care Behavioral Health Program \(PDF\)](#)
- [PerformPlus® True Care — Maternity Care Providers \(PDF\)](#)
- [Dental Value-Based Compensation Program \(PDF\)](#)

FORMS

ONLINE TOOLS AND RESOURCES

Online Tools and Resources | Forms

AmeriHealth Caritas
District of Columbia

Report Fraud About Login Language

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Renew Enrollees Providers Healthy Living Community Resources

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Forms

- [3M dashboard user form \(PDF\)](#)
- [Pharmacy prior authorization forms](#)
- [Medical authorization and other forms](#)

Online Tools and Resources | Medical Authorization and Other Forms

AmeriHealth Caritas
District of Columbia

Report Fraud About Login Language

Search website Search

Renew Enrollees Providers Healthy Living Community Resources

Home > Providers > Provider resources > Medical Authorizations and Other Forms

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Medical authorization and other forms

Medical authorization forms

- [Behavioral health prior authorization request form](#) (PDF)
- [Behavioral health substance use disorder \(SUD\) prior authorization form](#) (PDF)
- [Medical prior authorization form](#) (PDF)
Use this form for all medical-related prior authorization requests.
- [OB authorization/notification form](#) (PDF)

Other forms

- [Behavioral health discharge note](#) (PDF)
- [Behavioral health fax form](#) (PDF)
- [Code of ethics and conduct certification and conflicts of interest disclosure](#) (PDF)
- [Discharge planning form](#) (PDF)
- [Discharge planning quick reference sheet](#) (PDF)
- [Electronic funds transfer authorization agreement - Dental](#) (PDF)
- [Level of \(transportation\) need assessment form](#) (PDF)
- [Enrollee PCP designation form](#) (PDF)
- [Enrollee reward fax request form](#) (PDF)
- [Non-participating provider form](#) (PDF)
- [PCP maximum capacity notice form](#) (PDF)
- [Prescriber/practitioner addition to formulary request form](#) (PDF)
- [Provider change form](#) (PDF)
- [Provider data intake form](#) (PDF)
- [Psychiatric residential treatment facility referral form](#) (PDF)
- [School-based dental sealant program referral form](#) (PDF)
- [Substance use discharge note](#) (PDF)
- [Transportation request form](#) (PDF)

Online Tools and Resources | Medical Prior Authorization Form



AmeriHealth Caritas Prior Authorization Request Form District of Columbia

Please type this document to ensure accuracy and to expedite processing.
All fields must be completed for the request to be processed.
Please make a selection where applicable throughout the document.

DATE	
TYPE OF REQUEST	<input type="checkbox"/> URGENT <input type="checkbox"/> STANDARD <input type="checkbox"/> RETROSPECTIVE
TREATMENT SETTING	<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT
REQUEST TYPE	<input type="checkbox"/> EXTENSION <input type="checkbox"/> INITIAL <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGES DOS/SETTING
<input type="checkbox"/> ADDITIONAL CLINICAL <input type="checkbox"/> DISCHARGE PLANNING <input type="checkbox"/> OTHER	
PREVIOUS AUTHORIZATION NUMBER	
CONTACT NAME	
CONTACT PHONE	CONTACT FAX

ENROLLEE INFORMATION

LAST NAME		
FIRST NAME		
ENROLLEE ID (MEDICAID ID OR HEALTH PLAN ID)		
ENROLLEE PHONE NUMBER	DATE OF BIRTH	
ENROLLEE STREET ADDRESS		
CITY	STATE	ZIP

Prior Authorization Request Form




PROVIDER INFORMATION

PROVIDER NAME		
PROVIDER TIN	PROVIDER NPI	
PROVIDER PHONE NUMBER	PROVIDER FAX NUMBER	
PROVIDER STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS	<input type="checkbox"/> PAR <input type="checkbox"/> NON PAR <input type="checkbox"/> IN CREDENTIALING	
FACILITY NAME		
FACILITY TIN	FACILITY NPI	
FACILITY PHONE NUMBER	FACILITY FAX NUMBER	
FACILITY STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS	<input type="checkbox"/> PAR <input type="checkbox"/> NON PAR <input type="checkbox"/> IN CREDENTIALING	

REFERRING PHYSICIAN NAME (IF DIFFERENT FROM ABOVE)		
REFERRING PHYSICIAN TIN		
REFERRING PHYSICIAN NPI		
REFERRING PHYSICIAN PHONE NUMBER		
REFERRING PHYSICIAN FAX NUMBER		
REFERRING PHYSICIAN STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS	<input type="checkbox"/> PAR <input type="checkbox"/> NON PAR <input type="checkbox"/> IN CREDENTIALING	


Online Tools and Resources | Medical Prior Authorization Form

Prior Authorization Request Form 

MEDICAL SECTION				
DIAGNOSIS CODE				

PROCEDURE CODE	START DATE	END DATE	NUMBER OF UNITS	CODE DESCRIPTION

ACDC_211400476-1 Page 3 of 4

Prior Authorization Request Form 

MEDICAL SECTION
NOTES

PLEASE FAX TO 1-877-759-6216

PROVIDERS ARE RESPONSIBLE FOR OBTAINING PRIOR AUTHORIZATION FOR SERVICES PRIOR TO SCHEDULING. PLEASE SUBMIT CLINICAL INFORMATION, AS NEEDED, TO SUPPORT MEDICAL NECESSITY OF THE REQUEST. REQUESTS WILL NOT BE PROCESSED IF MISSING CLINICAL INFORMATION OR CPT AND ICD-10 CODES. AS A REMINDER, AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT; PAYMENT IS SUBJECT TO BENEFIT COVERAGE RULES, INCLUDING ENROLLEE ELIGIBILITY AND ANY CONTRACTUAL LIMITATIONS IN EFFECT AT THE TIME OF SERVICE.

URGENT MEDICAL CONDITION: ANY ILLNESS, INJURY, OR SEVERE CONDITION WHICH, UNDER REASONABLE STANDARDS OF MEDICAL PRACTICE, WOULD BE DIAGNOSED AND TREATED WITHIN A 24-HOUR PERIOD AND, IF LEFT UNTREATED, COULD RAPIDLY BECOME A CRISIS OR EMERGENCY MEDICAL CONDITION. THE TERM ALSO INCLUDES SITUATIONS WHERE A PERSON'S DISCHARGE FROM A HOSPITAL WILL BE DELAYED UNTIL SERVICES ARE APPROVED OR A PERSON'S ABILITY TO AVOID HOSPITALIZATION DEPENDS UPON PROMPT APPROVAL OF SERVICES.

PROVIDER DIRECTORIES AND DRUG FORMULARIES

ONLINE TOOLS AND RESOURCES

Online Tools and Resources | Provider Directories and Drug Formularies

AmeriHealth Caritas
District of Columbia

Report Fraud About Login Language

Search website Search

Renew Enrollees Providers Healthy Living Community Resources

Home > Providers > Provider directories and drug formularies

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- Provider directories and drug formularies**
- Resources
 - NaviNet provider portal
 - Prior authorizations
 - Cultural responsiveness
- Sign up for email alerts

Provider directories and drug formularies

Use the tools below to find a doctor, hospital or other AmeriHealth Caritas District of Columbia participating provider.

Find the care our enrollees need

- [Searchable provider directory](#)
- [Provider directory - machine readable \(TXT\)](#)
- [Medicaid provider directory - printable \(PDF\)](#)
- [Medicaid behavioral health provider directory - printable \(PDF\)](#)
- [Alliance provider directory - printable \(PDF\)](#)
- [Dental provider directory \(PDF\)](#)
- [Pharmacy directory \(PDF\)](#)

Drug formularies

- [Searchable drug formulary](#)
- [Drug formulary - printable \(PDF\)](#)
- [Drug formulary - machine readable \(TXT\)](#)
- [Medicaid generic medication requiring 90-day supply \(PDF\)](#)

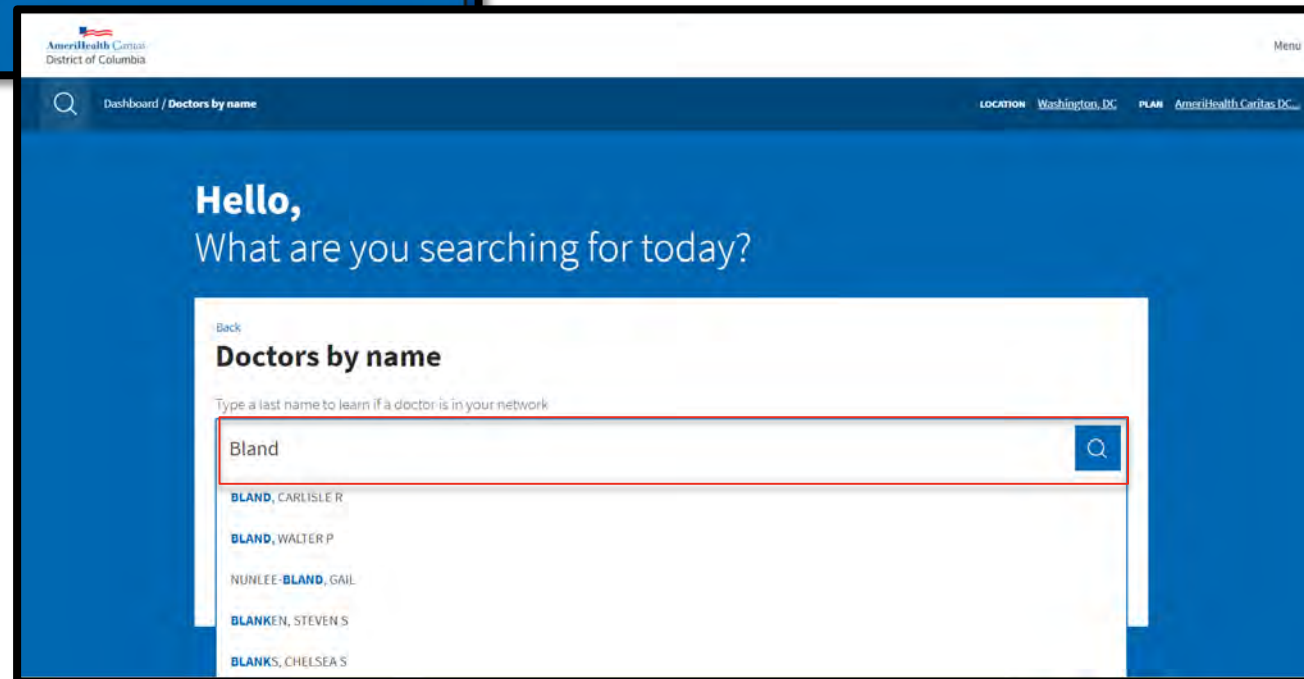
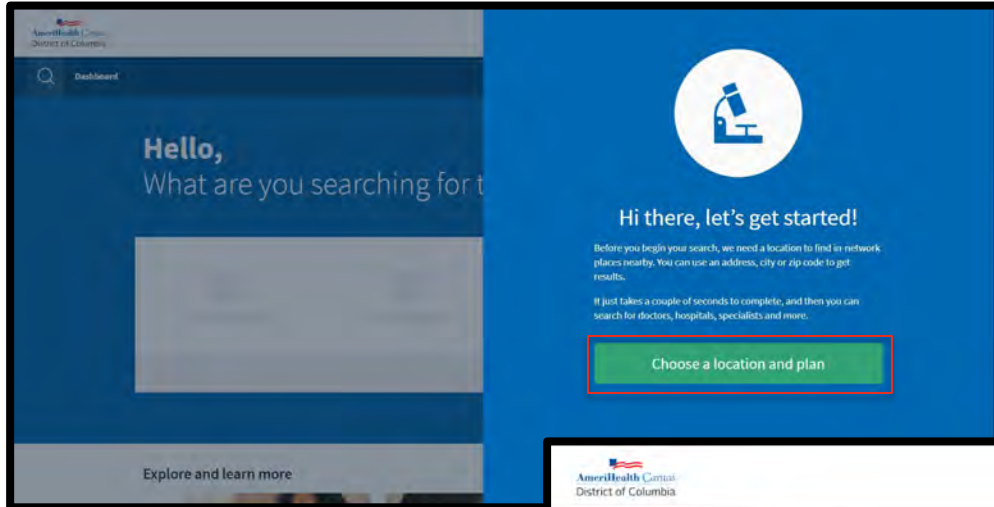
Providers:
If you have questions, call Provider Services at 1-888-922-0007.

If you notice any errors in the directory, please fax, on practice letterhead, the information as it should appear to the attention of Provider Services at 1-866-426-7393.

Enrollees:
If you have questions about how to use our directory, call Enrollee Services at 1-800-408-7511 for Medicaid and 1-866-842-2810 for Alliance (TTY/TDD: 202-216-9885 or 1-800-570-1190 for both Medicaid and Alliance). You can also call us to learn more about a provider's information, including a doctor's:

- Education
- Medical school training
- Residency completed
- Race and/or ethnicity
- Language services available at the practice location

Online Tools and Resources | Searchable Provider Directory



Online Tools and Resources | Searchable Drug Formulary

AmeriHealth Caritas
District of Columbia

Report Fraud | About | Login | Language

Search website Search

Enrollees | Providers | Healthy Living | Community Resources

Home > Providers > Provider directories and drug formularies

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Provider directories and drug formularies

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- [Provider directory - machine readable](#)
- [Medicaid provider directory - printable \(PDF\)](#)
- [Medicaid behavioral health provider directory - printable \(PDF\)](#)
- [Alliance provider directory - printable \(PDF\)](#)
- [Online dental provider portal](#)
- [Pharmacy directory](#)

Drug formularies

- [Searchable drug formulary](#)**
- [Drug formulary - printable \(PDF\)](#)
- [Drug formulary - machine readable \(TXT\)](#)
- [Medicaid generic medication requiring 90-day supply \(PDF\)](#)

Providers:
If you have questions, call Provider Services at 1-888-922-0007.

If you notice any errors in the directory, please fax, on practice letterhead, the information as it should appear to the attention of Provider Services at 1-866-426-7393.

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- Education
- Medical school training
- Residency completed
- Race and/or ethnicity
- Language services available at the practice location

Provider data contained within the online directory is updated daily Monday through Friday.

Online Tools and Resources | Searchable Drug Formulary

The screenshot shows the AmeriHealth Caritas District of Columbia website. At the top left is the logo with the text "AmeriHealth Caritas District of Columbia". To the right are links for "Report Fraud", "About", "Login", and "Language". A search bar with a "Search" button is also present. Below the header is a navigation menu with "Renew", "Enrollees", "Providers", "Healthy Living", and "Community Resources". The main content area is titled "Searchable drug formulary" and includes a "Medicaid Enrollees" sidebar with links like "Find a doctor, drug, or pharmacy", "Enrollee portal", "Welcome kit", "Enrollee handbook", "Picking your primary care provider", "Your ID card", "Interpretation and translation services", "Important numbers", "Getting care", "Benefits, services, and programs", and "Information for you". The main content area has a "Drug Search" section with instructions and a list of search methods: "Alphabetical Search" (A-Z), "Brand & Generic Name Search" (with a search box), and "Therapeutic Class Search" (with a list of drug classes such as "antidote therapeutics", "antihistamine drugs", "antibiotic agents", etc.). At the bottom, there is a footer with "AmeriHealth District of Columbia" and a table of formulary details.

AmeriHealth Caritas
District of Columbia

Report Fraud About Login Language

Search Website Search

Renew Enrollees Providers Healthy Living Community Resources

Home > Searchable drug formulary

Medicaid Enrollees

Find a doctor, drug, or pharmacy

Enrollee portal

Welcome kit

- Enrollee handbook
- Picking your primary care provider
- Your ID card
- Interpretation and translation services
- Important numbers

Getting care

- Getting care with your doctor
- Emergencies and urgent care
- Specialists, prior authorizations and referrals

Benefits, services, and programs

- Behavioral health
- Special health programs
- Health benefits and services
- Pharmacy and prescriptions

Information for you

- Set up your online personal health records

Searchable drug formulary

Drug Search

You may search the AmeriHealth District of Columbia Drug Formulary in several ways:

- You can use the alphabetical list to search by the first letter of your medication.
- You can search by typing part of the generic (chemical) or brand (trade) names.
- You can search by selecting the therapeutic class of the medication you are looking for.

If you have questions about your prescription drug coverage:

- Enrollees please call 1-888-452-3847 (T). TTY users should call 1-888-888-0073 (T).
- Prescribers and Pharmacists please call 1-888-802-3741 (T).

Alphabetical Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Brand & Generic Name Search

Search

Therapeutic Class Search

- [antidote therapeutics](#)
- [antihistamine drugs](#)
- [anti-infective agents](#)
- [antineoplastic agents](#)
- [antitoxins, immune glob, toxoids, vaccines](#)
- [autonomic drugs](#)
- [blood derivatives](#)
- [blood formation, coagulation, thrombosis](#)
- [cardiovascular drugs](#)
- [cellular and gene therapy](#)
- [central nervous system agents](#)
- [dental agents](#)
- [devices](#)
- [diagnostic agents](#)
- [electrolytic, caloric, and water balance](#)
- [enzymes](#)
- [eye, ear, nose and throat \(eent\), prep.](#)
- [gastrointestinal drugs](#)
- [heavy metal antagonists](#)
- [hormones and synthetic substitutes](#)
- [immunomodulatory agents \(30-00\)](#)
- [local anesthetics \(anesthera\)](#)
- [miscellaneous therapeutic agents](#)
- [nonhormonal contraceptives](#)
- [oxytocics](#)
- [respiratory tract agents](#)
- [skin and mucous membrane agents](#)
- [smooth muscle relaxants](#)
- [vitamins](#)

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AmeriHealth District of Columbia

Formulary ID	23098
Formulary Effective Date	09/09/2024
Update	09/20/24
CMS Approval Date	09/09/2024
CMS Version	13

SIGN UP FOR EMAIL ALERTS

ONLINE TOOLS AND RESOURCES

Online Tools and Resources | Sign Up For Email Alerts

AmeriHealth Caritas
District of Columbia

Report Fraud | About | Login | Language

Search website [Search]

Renew | Enrollees | Providers | Healthy Living | Community Resources

Home > Providers > Network News e-mail service

Providers

- Latest provider updates
- Prior authorization lookup tool
- New to the plan
- Behavioral health
- Claims and billing
- Dental
- Education and training
- Forms
 - Pharmacy prior authorization forms
 - Medical authorization and other forms
- Manuals and guides
- Pharmacy
- Provider directories and drug formularies
- Resources
 - NaviNet provider portal
 - Prior authorizations
 - Cultural responsiveness
 - Sign up for email alerts**

Network News e-mail service

Thank you for your interest in AmeriHealth Caritas DC's **Network News** — a free e-mail service for AmeriHealth Caritas DC providers.

With the Network News e-mail service, you'll be able to:

- Choose to receive information on the topics you care about
- Unsubscribe at any time
- Keep, retrieve and share information electronically
- Link directly to other resources on the web

Sign-up today!

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Last Name*

Fax

Phone

Address 1*

Address 2

Nijia Williams

Account Executive I

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(202) 617-6966



Questions & Answers



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

