

PROVIDER ADVISORY COMMITTEE

Report

QUARTER 4

December 5, 2024, Thursday
5:30 p.m. - 7:00 p.m

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EXECUTIVE SUMMARY

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

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

Membership

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

2025 Schedule

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

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

Committed to quality health care and outstanding enrollee services

OVERVIEW

AmeriHealth Caritas DC held its **Provider Advisory Committee** meeting on **Thursday, December 5, 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 four Provider Advisory Committee meeting featured updates on various programs. Account Executives introduced themselves, there were only a few changes were noted to adjust for one Account Executive no longer being with AmeriHealth Caritas DC. New medical Director Kevin Wheeler, MD, expressed his commitment to underserved populations and collaboration to improve care. Lauren Swank outlined the Behavioral Health Compliance Program's objectives, focusing on quality care and compliance, while Kaiya Braham introduced Health Equity Maternity Initiatives to enhance postpartum care for Black and African-American populations. Liz Njie discussed the Bright Start program's efforts to reduce health disparities, and Kelli Johnson updated on the TrueCare Behavioral Health Program's quality measures. And Astrid Charles wrapped up with an overview of the CAHPS survey and the importance of accurate medical records.

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
 - Present and discuss current and upcoming initiatives
 - Solicit feedback from Providers to enhance program effectiveness and address challenges
-

SPEAKERS

- Kevin Wheeler, Medical Director
- Lauren Swank, Behavioral Health Operational Manager
- Kaiya Braham, MPH, Health Equity and Quality Analyst
- Liz Njie, Supervisor of Integrated Care Management
- Rosalyn Carr Stephens, Corp Director of Population Health Clinical Operations
- Kelli Johnson, Value-Based Care
- Astrid Charles, Quality Performance Specialist

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. Only slight changes were noted in regard to territories and responsibilities.

BEHAVIORAL HEALTH COMPLIANCE PROGRAM

- **Behavioral Health Compliance Program:**
 - Developed to support Providers during the carve-in of behavioral health services.
 - Aims to foster collaboration, improve quality of care, ensure compliance, and promote appropriate service utilization.
- **Key Regulations and Resources:**
 - Reviewed relevant state and federal regulations (Medicaid, DC regulations).
 - Emphasized the importance of accurate, complete, and legible medical documentation.
 - Highlighted available resources on the AmeriHealth website and OIG.
- **Fraud, Waste, and Abuse:**
 - Discussed the False Claims Act and its penalties.
 - Explained the distinctions between fraud, waste, and abuse. Emphasized the importance of Providers having a robust internal audit program.
 - Noted AmeriHealth's plans to develop a program for one-on-one provider education.
- **Medical Necessity and Documentation:**
 - Defined medical necessity and emphasized the importance of the "golden thread" of documentation.
 - Provided considerations for key documentation elements (intake, treatment plans, progress notes).
 - Stressed the importance of coordination of care.

HEALTH EQUITY MATERNITY INITIATIVES

- **Health Equity Maternity Initiatives:**
 - The goal is to improve postpartum checkup rates among African-American individuals by addressing barriers such as transportation and awareness. A key component is the postpartum passport, which serves as a resource guide for birthing persons.
- **Postpartum Passport:**
 - Is an interactive resource designed to address barriers to postpartum care, including transportation, lack of knowledge, and childcare needs.
 - Provides information on available resources, tracks appointments, and offers guidance on postpartum changes and emergencies.

SUMMARY

BRIGHT START MATERNITY CARE MANAGEMENT PROGRAM

- **Bright Start Maternity Care Management Program:**
 - Aims to improve care for vulnerable populations, reduce health disparities, and enhance the enrollee experience.
 - Provides a multi-faceted approach with a focus on building relationships and addressing individual needs.
 - Offers a single point of contact for enrollees and providers.
- **Program Team:**
 - Includes Care Managers, Care Connectors, a Director of Pharmacy, a Rapid Response Team, Peer Recovery Specialists, and a Community Outreach Team.
 - Each role plays a crucial part in providing comprehensive support to enrollees.

VALUE-BASED HEALTHCARE IN MEDICAID MANAGED CARE

- **Value-Based Healthcare Programs:**
 - Aim to improve quality of care and reduce costs by reimbursing providers based on health outcomes.
 - Emphasized coordinated care, reduced unnecessary spending, and improved health outcomes for Medicaid Enrollees.
- **TrueCare Behavioral Health Program:**
 - Reimburses Providers for services beyond traditional billing, such as care coordination and addressing social determinants of health.
 - Eligibility is based on number of Enrollees and quality of care compared to peers.
 - Includes incentives for quality measures, reduced hospitalizations, SDOH screening, patient satisfaction, and timely follow-up.
- **Maternity Program:**
 - Incentivizes OB Providers for high-quality care, particularly early prenatal and timely postpartum care.
 - Focuses on timeliness of care, dental screenings, and infectious disease testing.
 - Provider success is determined by comparing performance to peers in the district.

QUALITY MANAGEMENT UPDATE: CAHPS

- **CAHPS Survey:**
 - Measures the patient experience in areas like communication, appointment scheduling, coordinated care, and access to information.
- **Enrollment Data Validation:**
 - An audit conducted by APRO verifies accurate billing for services provided to Enrollees.
 - Involves a review of medical records with a focus on patient identifiers, date of service, and provider signature. Providers may receive requests for medical records and are reminded that Medicaid allows disclosure for administrative purposes.
- **HEDIS:**
 - Used to measure and compare the effectiveness of health plans across various domains of care. Includes measures related to effectiveness of care, access, experience of care, and utilization.

HIGHLIGHTS

MATERNITY CARE RESOURCES

- **Available Resources Thru Bright Start:**
 - Find Help resource search engine
 - Transportation assistance
 - Meal delivery options
 - Food vouchers
 - Doula support
 - Safe Sleep classes
 - Car seat vouchers
 - Home visiting programs
 - NICU graduate programs
 - Newborn program



FRAUD, WASTE, & ABUSE

- **Fraud** is defined as an action that is **done knowingly and with intent to deceive or defraud** a healthcare benefit program.
- Examples of fraud include:
 - Billing for services or supplies that were never provided.
 - Billing for nonexistent prescriptions.
 - Knowingly altering claim forms or medical records to receive a higher payment.

- **Waste** refers to the **inefficient use of resources**. Waste is generally not caused by criminally negligent actions, but rather by the misuse of resources.
- Examples of waste include:
 - Conducting excessive office visits.
 - Writing excessive prescriptions.
 - Ordering excessive lab tests.

- **Abuse** is described as the **bending of rules, but not intentionally**. These are actions that may directly or indirectly result in unnecessary costs to Medicare or Medicaid programs.
- It involves payment for items or services when there is no entitlement to the payment, although the Provider may not knowingly or intentionally misrepresent the facts to obtain payment. It can be a series of mistakes or a pattern of mistakes
- Examples of waste include:
 - Conducting excessive office visits.
 - Writing excessive prescriptions.
 - Ordering excessive lab tests.

[LINK](#) to reporting fraud through AmeriHealth Caritas DC

CONTACT US

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ADDENDUM

- MEETING MINUTES
- PRESENTATION SLIDES
- POSTPARTUM PASSPORT

MEETING MINUTES

PROVIDER ADVISORY COMMITTEE

MEETING MINUTES

Thursday, December 5, 2024

5:30pm – 7:00pm

FACILITATOR:

- Tamu Tucker, Facilitator, Provider Advisory Committee

SPEAKERS:

- Kevin Wheeler, Medical Director
- Lauren Swank, Behavioral Health Operational Manager
- Kaiya Braham, MPH, Health Equity and Quality Analyst
- Liz Njie, Supervisor of Integrated Care Management
- Kelli Johnson, Value-Based Care
- Astrid Charles, Quality Performance Specialist

AGENDA:

- Meet your Account Executives
- Introduction: New Medical Director
- Behavioral Health Compliance Program
- Health Equity Maternity Initiatives
- Bright Start Maternity Care Management Program
- Value-Based Healthcare in Medicaid Managed Care
- Quality Management Update: CAHPS
- Questions & Answers

DISCUSSION:

- Welcome and Agenda – Tamu Tucker, Facilitator
 - Meeting instructions and the agenda were discussed.
- Meet Your Account Executives
 - The Account Executives and team members introduced themselves and their roles.



- Introduction: New Medical Director – Kevin Wheeler, Medical Director
 - Kevin Wheeler, the new Medical Director, introduced himself as an emergency medicine trained physician with 11 years of clinical experience who still works clinically part-time. He has about 15 years of experience in consulting and managed care, with half of that time spent in managed care. He previously served as a market president and Chief Medical Officer (CMO) of a Managed Care Organization (MCO) in New Hampshire. Mr. Wheeler came to AmeriHealth a few years ago, where he ran value-based and provider and practice transformation, which was the provider-facing wing of their value-based strategy. After some restructuring, he became the CMO. His passions in medicine are with underserved populations and Medicaid, which he sees as a perfect match for his consulting career. He is excited to be serving the Enrollees in the District and is looking forward to partnering with all of the Providers.

- Behavioral Health Compliance Program – Lauren Swank, Behavioral Health Operational Manager
 - The Behavioral Health Compliance Program was developed in response to the preparation for a full carve-in of behavioral health services to the plan. Although the carve-in is currently on pause, the program's goal is to support the Provider network during the eventual transition, particularly in managing more claims for behavioral health services. The program aims to foster a collaborative relationship with Providers, have a positive impact on Enrollee's quality of care, promote adherence to laws and regulations, and support appropriate behavioral health service utilization. Currently, the program focuses on providing educational tools and resources through forums and compliance alerts. In the future, an audit component will be added to review medical records to ensure claims are billed accurately, meet documentation requirements, and maintain fidelity to evidence-based practices.
 - Ms. Swank also reviewed resources and rules, including the Medicaid state plan document, DC regulations (Chapter 63 for Substance Use Disorder (SUD) Providers, Chapter 34 for Mental Health Rehabilitation Services (MHRS) Providers, and Chapter 29 for Department of Health Care Finance (DHCF) rules), and Centers for Medicare and Medicaid Services (CMS) fact sheets on medical record documentation. She emphasized that documented services must meet state Medicaid program rules, reflect medical necessity, justify treatment, be complete, accurate, legible, signed, dated, and coded correctly for billing. She also highlighted the availability of tools and resources on the AmeriHealth website, such as Provider and claims manuals, and DHCF Behavioral Health guides, as well as Office of Inspector General (OIG) Provider compliance training videos. Additionally, she stressed the importance of understanding contract language regarding medical record maintenance, auditing, and fraud, waste, and abuse.
 - Ms. Swank then discussed the False Claims Act, stating that any person who knowingly submits false claims is subject to three times the damages plus penalties. She explained the difference between fraud, waste, and abuse. Fraud is defined as knowingly attempting to deceive a healthcare benefit program, which results in unnecessary costs to Medicaid or Medicare. Examples of fraud include billing for services not provided, billing for nonexistent prescriptions, or altering claim forms. Waste refers to the inefficient use of resources, such as overutilization of services or excessive prescriptions. Abuse is the bending of rules, sometimes from a pattern of mistakes that may result in unnecessary costs to Medicare or Medicaid but without the intent to



deceive. She also mentioned the Anti-Kickback Statute, which prohibits offering or receiving remuneration to induce referrals for services paid by a federal healthcare program. Violations can lead to criminal sanctions, fines, jail terms, and exclusion from programs. Swank noted that she is not a subject matter expert on the Anti-Kickback Statute and advised Providers to seek legal counsel to navigate its complexities.

- Medical necessity was also a point of discussion, with the explanation that services must be proper and needed for the diagnosis or treatment of a condition, be an accepted practice, and be effective, as well as reasonable in the amount, frequency, and duration. She also discussed the importance of the "golden thread" of documentation, which is the consistent documentation of relevant clinical information, starting from a diagnosis through assessment, developing a person-centered plan of care, and progress notes reflecting the connection to the diagnosis and treatment plan. She provided considerations for medical records, including intake assessments, treatment plans, crisis planning, and progress notes. Additionally, she covered coordination of care, including behavioral health, schools, primary care, and overall wellness, as well as discharge planning.
 - Finally, in response to a question about how fraud, waste, and abuse are tracked, Ms. Swank indicated that Providers should have a clear audit program, a compliance committee, and should pay back false claims within 60 days of identification. On the plan side, AmeriHealth has a unit that handles billing irregularities and is developing a program to provide one-on-one education.
- Health Equity Maternity Initiatives – Kaiya Braham, MPH, Health, Health Equity and Quality Analyst
 - The goal of the Health Equity Maternity Initiatives is to increase opportunities for birthing persons to live the healthiest lives possible for themselves and their children. A key objective for the year was to develop a strategy to improve postpartum health, specifically measured by a 2% increase for the African-American population. The identified barriers to postpartum checkups included transportation, lack of knowledge about postpartum care and its benefits, childcare needs, and a lack of understanding about AmeriHealth's coverage and resources.
 - To address these barriers, a postpartum passport was created. This interactive document aims to communicate available resources, allow birthing persons to list important information (such as their care team and appointments), and serve as a reference guide for postpartum changes including guidance on when to seek emergency or urgent care. It provides information on postpartum stages and resources that are centered around the African-American experience, including statistics, images of Black parents and Providers of color. The passport includes information on the importance of postpartum checkups, the Bright Start program, returning to work, well-child visits, lead screening, how to advocate for one's health, and Care Card Rewards.
 - Other ongoing interventions include a Provider education one-pager, a maternal health advisory meeting, social media communications, a Provider partnership collaborative, baby scripts, and reminders for postpartum visits, as well as a non-compliant list for high-volume Providers to remind Enrollees about their postpartum visits. The postpartum passport is available digitally online and in print, with plans to disseminate it through pediatrician, OBGYN, and primary care Provider offices, as well as hospitals.



- Bright Start Maternity Care Management Program – Liz Njie, Supervisor of Integrated Care Management; Rosalyn Carr Stephens, Corp Director of Population Health Clinical Operations
 - The Bright Start Maternity Care Management Program is designed to improve care for vulnerable populations, reduce health disparities, and enhance the experience of enrollees. The program is available to all active AmeriHealth Enrollees at no cost. The program takes a multifaceted approach, building relationships with Enrollees to understand their unique barriers and needs, and provides a single point of contact for both Enrollees and Providers. The goal of the program is to make sure that Enrollees are educated and feel empowered throughout their pregnancy and postpartum journeys. The Bright Start Program works within the community to build partnerships and increase the resources available to enrollees.
 - The Bright Start team consists of several roles including: Care Managers who are licensed professionals that perform initial assessments, personalize care coordination, provide information on benefits, and identify Social Determinants of Health (SDOH). Care connectors, who are non-clinical staff, support the Care Managers by making reminder calls, doing initial outreaches, arranging transportation, conducting low-risk assessments, and providing information about community resources. There is a Director of Pharmacy that oversees programs that help Enrollees access medications more easily. For Enrollees who have been in the emergency room or hospitalized there is a Rapid Response Team that reaches out to them to refer them to Case Management. There are Peer Recovery Specialists that assist those at high risk for substance use, connecting them with recovery programs. Our CAUSE Team, also known as our Community Outreach Team, engages with Enrollees through face-to-face and telephonic interactions to provide appointment reminders, meet care gaps, and maintain engagement with case management.
 - There are a variety of free resources available to Enrollees like Find Help, a search engine for community resources; transportation to medical appointments via Lyft and Uber; meal delivery options through programs like Moms Meals; food vouchers; referrals to Pathways to Housing; access to in-network doulas; a virtual Safe Sleep Class that provides a cribette; car seat vouchers; a 48-hour home visiting program for high-risk infants; a NICU graduate program that provides ongoing support; and a newborn program that helps with Medicaid enrollment for babies. A maternity care management line and a utilization management line are also available for Providers and Enrollees.
- Value-Based Healthcare in Medicaid Managed Care – Kelli Johnson, Value-Based Care
 - The Value-Based Healthcare programs at AmeriHealth Caritas DC are focused on reimbursing Providers based on health outcomes rather than individual fees was discussed. The goal of the programs are to improve the quality of care while lowering costs, emphasizing health outcomes, coordinated care, and reducing unnecessary spending. This model aims to align incentives to ensure Medicaid Enrollees receive excellent care.
 - Two specific programs were highlighted: the TrueCare Behavioral Health Program and a Maternity Program. The TrueCare Behavioral Health Program is for any credentialed behavioral health Provider in the District who actively sees AmeriHealth Enrollees. The objective is to provide payment for services that are not typically billable, such as helping patients connect with primary



care or ensuring timely medication access. To be eligible for the program, Providers must have at least 50 Enrollees attributed to their care through a claims sweep, where Enrollees are attributed to the practice where they receive the bulk of their behavioral health care. Payment is based on the quality of care delivered, compared to their peers in the AmeriHealth Caritas network.

- The program includes several components:
 - **Quality measures** such as antidepressant medication follow-up and follow-up after hospitalization for mental illness.
 - **Potentially preventable hospitalization measures** that incentivize the connection between behavioral health and primary care.
 - **Screening and coding for SDOH**, where Providers are incentivized for adding Z codes to claims that identify needs related to transportation, food, and housing insecurity.
 - **Pulse Enrollment Satisfaction Survey**, which incentivizes Providers based on patient feedback.
 - A **\$50 incentive** for follow-up within seven (7) days after a hospitalization or emergency room visit, and a **\$25 incentive** for follow up within eight (8) to 30 days. This information is available to Providers who sign up with CRISP for ADT alerts.
- The **Maternity Program** is designed to incentivize OB Providers for providing high-quality care, especially early prenatal and timely postpartum care. Providers need to have at least 20 deliveries in the measurement period, and compensation is paid semi-annually. The program was modified in 2024 to focus on timeliness of prenatal and postpartum care. Payments are now ranked against peers on (The incentive is paid based on how providers rank on each of these measures compared to their peers):
 - Timeliness of prenatal care
 - Timeliness of postpartum care
 - Dental screenings
 - Chlamydia and HIV testing prior to delivery
- Ms. Johnson stated that the success of the programs is determined by comparing how Providers are doing against their peers in the district. The focus is on whether Enrollees are receiving the same quality of services, such as postpartum visits, and medication adherence.
- Quality Management Update: CAHPS – Astrid Charles, Quality Performance Specialist
 - Astrid Charles discussed the Quality Management Update, focusing on CAHPS, EDV (Enrollment Data Validation), and HEDIS (Healthcare Effectiveness Data and Information Set), all of which occur in the Spring.
 - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is a patient experience survey developed by the Agency for Healthcare Research and Quality (AHRQ) to measure how patients interact with the healthcare system. It focuses on four (4) components of the patient experience: (1) good communication with healthcare providers, (2) the ability to schedule timely appointments, (3) coordinated care, and (3) easy access to information. Unlike patient satisfaction surveys, which are more subjective and focus on expectations, CAHPS aims to be more objective by focusing on the quality of care. AmeriHealth measures three (3) populations

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with the CAHPS survey: adults, children, and children with chronic conditions. Each year Press Ganey (an AmeriHealth Vendor), administers the survey through a mix of mail, internet, and telephone follow-up between February and May, using a six (6) to eight (8)-month look-back period. The survey asks about topics such as getting needed care, getting care quickly, customer service, Enrollees' ratings on healthcare quality, and getting needed prescription drugs. Providers are encouraged to ask their patients to complete the survey, as the data is used to enhance and develop programs.

- Enrollment Data Validation (EDV) is an audit conducted on behalf of the DHCF by External Quality Review Organization (EQRO), to verify that the health plan was correctly billed for services provided to Enrollees. This audit occurs in the spring and involves a review of medical records, with cases being selected randomly. Providers are reminded to include at least two (2) patient identifiers (name and date of birth), the date of service, and the Provider's signature on medical records. Providers will receive a letter from AmeriHealth with information to identify the Enrollee and the case. Medicaid allows disclosure of patient records for the administration of Medicaid regulations and Providers are not allowed to charge for copying requested information.
 - Healthcare Effectiveness Data and Information Set (HEDIS) is a set of tools developed by the National Committee for Quality Assurance (NCQA) to measure and compare the effectiveness of health plans. HEDIS includes more than 90 measures across six (6) domains of care. These domains are effectiveness of care, access/availability of care, experience of care, utilization and risk-adjusted utilization, health plan descriptive information, and measures reported using electronic clinical data systems. Examples of HEDIS measures include adult access to preventative and ambulatory health services, well child visits, and prenatal and postpartum care. HEDIS data collection occurs between February and April. As with EDV, Providers can expect to receive requests for medical records, especially for hybrid measures, including assessments for children, childhood immunization status, cervical cancer screenings, controlling blood pressure, and prenatal and postpartum care. Providers are encouraged to consider granting EMR access to streamline the process.
- Questions & Answers
 - Discussions occurred during each topic.

POINTS OF CONTACT:

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- Lauren Swank, Behavioral Health Operational Manager
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PRESENTATION SLIDES



Delivering the Next
Generation
of Health Care



**CARE IS THE HEART
OF OUR WORKSM**

Q4 - Provider Advisory Committee Meeting

December 5, 2024

- 1. Welcome & Agenda Review**
- 2. Meet Your Account Executives**
- 3. Introduction: New Medical Director**
- 4. Behavioral Health Compliance Program**
- 5. Health Equity Maternity Initiatives**
- 6. Bright Start Maternity Care Management Program**
- 7. Value-Based Healthcare in Medicaid Managed Care**
- 8. Quality Management Update: CAHPS**
- 9. 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!

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Territories:

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



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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



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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
- Washington, D.C.:
 - Ward 1
 - Ward 2
 - Ward 5
- Howard University Hospital
- Howard University Faculty Practice Plan
- Adventist HealthCare System (all hospitals)
- Maryland (Prince George's County)

Manager of Provider Network Management (*Interim*)



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Territories:

- Washington, D.C.:
 - Ward 6
 - Ward 7
 - Ward 8
- 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
- Northern Virginia
- Minute Clinic



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Territories:

- Non-Participating Providers: All Specialities
- Evolent (*formerly National Imaging Associates, Inc. (NIA)*)
- ACSI Translation and Interpretation Services
- Food & Friends
- Mom's Meals
- Avesis
 - All Vision Providers
- Single Case Agreements (SCA): All Specialties
- Grievances – All Non-Participating Providers
- Medicaid Enrollee Balance Bill – All Non-Participating Providers

Introduction:

New Medical Director

KEVIN WHEELER



Behavioral Health Compliance Program

Lauren Swank

Behavioral Health Operational Manager

Yavar Moghimi, MD

Medical Director, Behavioral Health



Disclaimer/Applicability

Providers are responsible to comply with all federal and state regulations and requirements, and all ACDC contract requirements and standards, applicable to their level of care or service.

This presentation reflects current regulations and requirements. However, providers should be aware and apply any/all regulatory changes pertaining to their level of care or service.

Behavioral Health Compliance Program Goals

The ACDC Behavioral Health Compliance Program is being structured to:

- Foster a collaborative relationship with contracted providers
- Impact our members' health by improving the quality of care they receive
- Promote adherence to laws, regulations and requirements
- Ensure appropriate BH service utilization

Behavioral Health Compliance Program Activities

- **Offer educational tools and resources**
 - Compliance alerts, as needed
 - Provider forums and educational opportunities

Future State:

- Complete billing and medical record audits, and enforcement of Corrective Action Plans based on audit findings (future state)
 - Accuracy of billed claims
 - Adherence to CMS, DHCF and ACDC service documentation requirements
 - Application of evidence-based clinical practices

Behavioral Health Services Coverage

MCO Medicaid Covered Services

Physician and mid-level visits, including:

- Diagnostic and Assessment Services
- Individual Counseling
- Group Counseling
- Family Counseling
- FQHC services
- Medication/Somatic Treatment

Inpatient Hospitalization and Emergency Department Services

Inpatient Psychiatric Facility Services

Inpatient Detoxification

In-lieu of benefit for IMD Providers

Outpatient SUD Treatment – Clinic and OLP Services

Carved Out – DBH

- Community-Based Intervention (CBI)
- Multi-Systemic Therapy (MST)
- Assertive Community Treatment (ACT)
- Transitional Assertive Community Treatment (TACT)
- Community Support
- Recovery Support Services
- Vocational Supported Employment
- Clubhouse Services
- Trauma Recovery Empowerment Model (TREM)
- Trauma Systems Therapy (TST)
- Functional Family Therapy (FFT)
- Day Treatment Services
- Outpatient SUD Treatment – Rehabilitation Services
- Other Services Provided by DBH



DC Regulations and State Plan Information

District of Columbia Medicaid State Plan (State Plan)

- Least detail – contract with the federal government that provides DHCF the authority to reimburse providers for services included in the State Plan.

District of Columbia Municipal Regulations (DCMR)

- More detail – outlines provider certification, reimbursement, service delivery requirements, etc.
 - DBH rules: Title 22-A DCMR
 - DHCF rules: Title 29 DCMR

Sub-regulatory Guidance posted on DBH and/or DHCF websites (E.g., DHCF transmittals and DBH Policies and Bulletins)

- Most detail – includes the behavioral health provider manual, transmittals implementing a specific service, etc.

CMS Fact Sheet - General Behavioral Health Medical Record Documentation Requirements

Behavioral Health services must meet specific requirements for reimbursement.

Documented services must:

- Meet that State's Medicaid program rules;
- To the extent required under State law, reflect medical necessity and justify the treatment and clinical rationale;
- To the extent required under State law, reflect active treatment;
- Be complete, concise, and accurate, including the face-to-face time spent with the patient (for example, the time spent to complete a psychosocial assessment, a treatment plan, or a discharge plan);
- Be legible, signed, and dated;
- Be maintained and available for review; and
- Be coded correctly for billing purposes.

Additional Reference Materials to Support BH Compliance

- Please refer to your ACDC Provider Contract and visit the AmeriHealth Caritas DC website for Provider resource materials, including:
 - [AmeriHealth Caritas DC Provider Manual](#)
 - [AmeriHealth Caritas DC Provider Claims and Billing Manual](#)
 - [AmeriHealth Caritas DC Access to Care Guidelines: Behavioral Health](#)
- [DHCF Behavioral Health Billing Manual](#)
- [OIG Provider Compliance Training Videos](#)

Contractual Obligations

Medical Record Maintenance.

2.7 (c). Provider shall ensure that all medical records are in compliance with the medical record keeping requirements set forth in the Provider Manual, the Agency Contract and Agency guides. Provider shall maintain up-to-date medical records at the site where medical services are provided for each Enrollee enrolled under this Agreement. Each Enrollee's record must be accurate, legible, and maintained in detail consistent with good medical and professional practice which permits effective internal and external quality review and/or medical audit and facilitates an adequate system of follow-up treatment.

2.7 (d). AmeriHealth Caritas D.C. shall be entitled to audit, examine, and inspect Provider's books and records, including but not limited to medical records, financial information and administrative information pertaining to Provider's relationship with AmeriHealth Caritas D.C., at any time during normal business hours, upon reasonable notice. Provider agrees to provide AmeriHealth Caritas D.C., at no cost to AmeriHealth Caritas D.C., with such medical, financial and administrative information, and other records as may be necessary for AmeriHealth Caritas D.C. to meet its obligations related to the Agency Contract and other regulatory obligations, Utilization Management Program and Quality Management Program standards, including NCQA standards, and other relevant accreditation standards which AmeriHealth Caritas D.C. may require of AmeriHealth Caritas D.C. Participating Providers.

Contractual Obligations

Fraud and Abuse.

2.15. Provider recognizes that payments made by AmeriHealth Caritas D.C. pursuant to this Agreement are derived from federal and State funds, and acknowledges that it may be held civilly and/or criminally liable to AmeriHealth Caritas D.C. and/or the Agency, in the event of non-performance, misrepresentation, fraud or abuse for services rendered to Enrollees, including but not limited to, the submission of false claims/statements for payment by Provider, its employees or agents. Provider shall be required to comply with all policies and procedures as developed by AmeriHealth Caritas D.C. and the Agency, including but not limited to the requirements set forth in the Provider Manual and the Agency Contract, for the detection and prevention of fraud and abuse. Such compliance may include, but not be limited to, referral of suspected or confirmed fraud or abuse to AmeriHealth Caritas D.C.

AmeriHealth Caritas D.C. will suspend all payments to Provider following determination by DHCF that there is a credible allegation of fraud in accordance with 42 CFR 455.23. (**Agency Contract §C.5.33.3.11**)

Provider shall cooperate with AmeriHealth Caritas D.C.'s compliance plan and fraud, waste & abuse efforts, CQI and utilization review activities. (**Agency Contract §C.5.29.26.3.2**)

Provider shall, upon request and as required by the Agency Contract or District and/or federal law, make available to the District's Medicaid Fraud Control Unit (MFCU), Division of Program Integrity, and Department of Human Services/Economic Security Administration (ESA) any and all administrative, financial and medical records relating to the delivery of items or services for which Medicaid or Alliance monies are expended. Such records will be made available at no cost to the requesting agency. In addition, the District's MFCU, Division of Program Integrity and Department of Human Services/ESA shall, as required by the Agency Contract or state and/or federal law, be allowed access to Provider's place of business and to all Medicaid, Alliance or ICP records of Provider, during normal business hours, except under special circumstances when after-hour admission shall be allowed. Special circumstances shall be determined by the District's MFCU, Division of Program Integrity, and Department of Human Services/ESA. (**Agency Contract §C.5.33.1.2**)

False Claims Act: Understanding Fraud, Waste and Abuse



Federal False Claims Act (FCA)

- Federal statute that provides that any person who knowingly submits false claims to is liable to three times the damages plus penalties
- “Qui tam” or whistleblower provision
- The DOJ obtained more than \$2.68 billion in settlements in civil cases involving fraud and false claims in FY2023 <https://www.justice.gov/opa/pr/false-claims-act-settlements-and-judgments-exceed-268-billion-fiscal-year-2023>
- DC False Claims Act is applicable state law, applying specifically to fraud against the DC government

What is Fraud?

Fraud is intentional deception. Fraud is knowingly and willfully executing, or attempting to execute, a scheme to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

According to the Centers for Medicare & Medicaid Services (CMS), examples of fraud include:

- Knowingly billing for services not furnished or supplies not provided.
- Billing for non-existent prescriptions.
- Knowingly altering claim forms, medical records, or receipts to receive a higher payment.

What is Waste?

Waste refers to inefficiencies. Waste is the overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicaid or Medicare Programs. Waste is generally not caused by criminally negligent actions but rather by the misuse of resources.

According to CMS, examples of waste include:

- Conducting excessive office visits or writing excessive prescriptions.
- Prescribing more medications than necessary for treating a specific condition.
- Ordering excessive laboratory tests.

What is Abuse?

Abuse may be described as when someone bends the rules. Abuse Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare or Medicaid Programs. Abuse involves payment for items or services when there is no entitlement to the payment, although the provider may not have knowingly or intentionally misrepresented facts to obtain payment. A pattern or practice of abuse, however, can lead to an allegation or potential finding of fraud.

According to CMS, examples of abuse include:

- Unknowingly misusing codes on a claim, such as upcoding or unbundling codes.
- Unknowingly excessively charging for services or supplies.

Anti-Kickback Statute & Inducements

The Federal Anti-Kickback Statute prohibits anyone from knowingly and willfully soliciting, offering, receiving, or paying any form of remuneration to induce referrals for any items or services for which payment may be made by any federal healthcare program (e.g., Medicaid, Medicare, etc.)

- Criminal and administrative sanctions include fines, jail terms, and exclusion from participation in Federal health care programs
- A violation of the Federal False Claims ACT and subject to additional penalties, e.g. civil monetary penalties



OIG Anti-Kickback Statute

How to Report FWA?

Reporting FWA	
AmeriHealth Caritas DC	<ul style="list-style-type: none">• Fraud Waste and Abuse Hotline: 1-866-833-9718• Email: FraudTip@amerihealthcaritasdc.com• Mail written statement to Special Investigations Unit, AmeriHealth Caritas DC, 200 Stevens Drive, Philadelphia, PA 19113
DHCF	Division of Program Integrity Hotline: 1-877-632-2873
DC Office of the Inspector General	<ul style="list-style-type: none">• Medicaid Fraud Control Unit (MCFU): (202) 727-8008• Hotline: 1-202-724-TIPS (8477) or 1-800-521-1639• Email: hotline.oig@dc.gov• Online Form

Medical Necessity and the Golden Thread



What is Medical Necessity?

- Services that are proper and needed for a diagnosis or treatment of a condition
- Services that are accepted practices for a condition that are specific and effective
- The amount, frequency and duration are reasonable



The Golden Thread of Clinical Documentation

- Consistent documentation of relevant clinical information throughout documentation
- Connects the dots: Assessment, treatment planning, progress notes/service delivery
- Following the Golden Thread supports medical necessity



Intake, Assessment and Referral

Does the medical record contain the following?

- A list of relevant medical conditions
- A list of allergies, including medication allergies/adverse reactions
- A list of medication names and prescribers
- Hx of MH treatments and symptoms
- Hx of substance use/tobacco use and if indicated that it is being addressed through education and/or referral as appropriate
- Demonstrates that efforts were made to identify cultural preferences of the enrollee/family
- Trauma history was assessed, and appropriate referrals were made, as appropriate
- The assessment was conducted and signed by a Qualified Practitioner and is current (completed within 1 year)

Treatment Planning

- The most recent assessment informs the Plan of Care
- If other assessment tools are used, they inform the Plan of Care
- Plan of Care objectives SMART
- Target dates individualized and specific to each goal/objective
- Interventions/modalities listed include the responsible party for each intervention
- There is measurable baseline information to assess progress
- Strengths are assessed and incorporated into the Plan of Care
- An assessment of how the enrollee/team will know when the enrollee is ready for discharge, i.e. inclusion of measurable discharge criteria and a clear discharge plan
- When there is a lack of improvement documented, the treatment team has made changes appropriately to the Plan of Care
- The Plan of Care signed by a Qualified Practitioner, includes date/time stamp and is current (within the past 180 days)

Crisis Planning

- To be completed whenever clinically appropriate
- The crisis plan should include:
 - Antecedents and/or triggers to a crisis
 - Early warning signs (i.e. specific symptoms)
 - Steps to take to prevent escalation
 - Incorporates the member's strengths or interests to prevent escalation
 - Contact numbers to be used in a crisis
 - Steps to take prior to contacting provider, crisis intervention or police
 - Evidence that the plan has been reviewed and changed, as appropriate

Progress Notes

- Progress notes should document:
 - What occurred during the session
 - The clinician's intervention
 - How effective the intervention was during the session
 - The member's response to the intervention and their progress towards their goals
 - The plan for future sessions
- Services must be provided within the context of the Plan of Care

Coordination and Continuity of Care

The medical record includes:

- Evidence of care coordination between behavioral health providers, including psychiatrists and prescribers
- Inclusion of school information and coordination, as appropriate, for school-aged children
- Documentation of PCP information, or evidence of assistance in connecting member to a PCP
- Coordination with PCP at time of admission and discharge
- Evidence that discussion and support was provided related to overall wellness (e.g. provided educational materials, discussed healthy food choices, increasing physical activity, sleep patterns, or ways to improve wellness, etc.)

Discharge Planning and Summary

- Discharge planning started upon time of admission
- The plan for discharge is reassessed during treatment
- Evidence that efforts were made to strengthen community and natural supports in support of a successful discharge
- Evidence that aftercare plans were initiated and care coordination occurred prior to discharge
- Discharge Plan includes aftercare information, including:
 - Name of Contact/Provider
 - Level of Care/Type of Service
 - Provider Address/location
 - Provider contact information/phone number
 - Appointment date/time
- The reason for discharge is documented

QUESTIONS?

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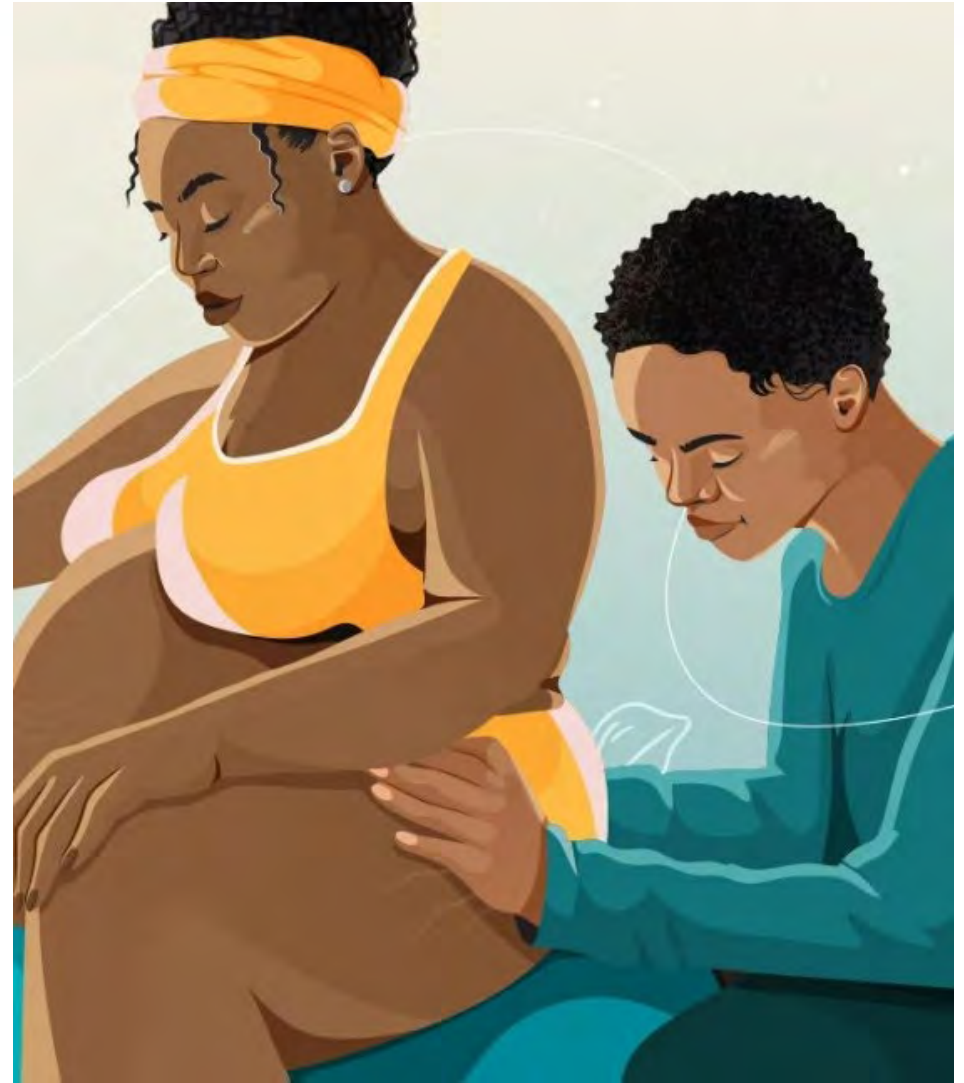
Health Equity Maternity Initiatives

Kaiya Braham, MPH
Health Equity and Quality Analyst



Health Equity's Role in Maternity Care

To ensure that we are increasing opportunities for birthing persons to live the healthiest life possible for them and their child.



Health Equity Goal

AmeriHealth District of Columbia will develop a strategy to improve Postpartum HEDIS measure by 2% for the Black/African-American population.

Barriers Identified

- Transportation
- Knowledge about postpartum
- Not seeing it being beneficial/busy, other priorities, childcare, etc.
- Unsure of what the AmeriHealth Caritas offers as coverage and resources

Postpartum Passport Goals

Communicate resources that AmeriHealth Caritas have available for enrollees.

Have an interactive document that allows birthing persons to list out important information just as their postpartum care team and postpartum appointments

Have knowledge of what to be aware during the postpartum stages and where to reach out to resources.

Centered around the Black/African American birthing experience

Postpartum Passport

Our Postpartum Passport includes:

- My postpartum Care Team
- BrightStart Program information
- What is a postpartum check-up and its importance?
- CARE Card Rewards
- Advocating for your Health
- Postpartum Depression
- Breastfeeding information
- Returning to Work
- Well Child Visit information
- Lead Screening information
- Emergency Numbers and Contact information for AmeriHealth Caritas Resources

ACDC Postpartum Passport



Other Ongoing ACDC PPC Interventions

- Provider Education 1 Pager
- Provider Education Maternal Health Advisory Meeting
- Enrollee Education Social Media
- Provider Partnership Collaborative
- Baby Scripts to set reminders for PPC visits
- Non-compliance list to high volume providers

QUESTIONS?

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Health Equity and Quality Analyst
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Bright Start Maternity Care Management Program

Rosalyn Carr Stephens, RN
Corporate Director,
Population Health

Liz Njie, RN
Supervisor, Bright Start Care
Management Program



Bright Start Maternity Care Management Overview

- The Bright Start maternity program is designed to improve the care of vulnerable populations, enhance our Enrollee's care experience, reduce disparities, and improve our birthing and infant Enrollee's health outcomes.
- Our dedicated team of Care Managers and Care Connectors address the needs of our diverse population by providing holistic care through a racial, ethnic and cultural lens across the maternal child continuum of care.
- The Bright Start team contacts and engages pregnant Enrollees based on pregnancy specific risk factors which are applied through our state of the art stratification logic.
- Our Bright Start program acts as a single point of contact to assist Enrollees with care coordination, education needs and addresses various issues throughout the Member's pregnancy and post partum period.
- Bright Start offers a multi faceted approach to engagement through innovative programming, technology, Enrollee incentives and provider partnerships to address the diverse need of our birthing population and at risk children.

Making Connections for Enrollees and their Families

Care Managers - care planning and coordination to address social determinants, manage health insurance benefits, support adherence to medical plan of care, increase health literacy and development of birth plan.

Care Connectors - conduct low risk assessments, reminder calls, transportation and appointment scheduling, benefits education, referral to community resources.

Director of Pharmacy - coordinates programs including medication home delivery, access to specialty pharmacies and addressing pharmacy benefit concerns.

Rapid Response Outreach Team - follow up after ED visits and hospitalizations; address urgent member needs; offer case management services.

Peer Recovery Specialist - community based engagement for connection to substance abuse treatment resources.

Community Outreach Solutions (COS) - face to face and telephonic interactions in the community to engage members re: preventive and follow up care.

Meeting the Health and Social Needs of our Enrollees

- **Findhelp.com** (www.Findhelp.com)
 - Search engine assists with locating community resources
- **Lyft/Uber Transportation**
 - Transportation for all enrollees to medical appointments
- **Mom's Meals/Food and Friends**
 - Condition-appropriate prepared meal delivery
 - Diabetic, heart-healthy, low sodium, or gluten free meal plans
- **DC Greens/DC Farmers Market Vouchers**
 - Food vouchers to increase access to healthy food choices
- **Pathways to Housing** - assistance with navigating housing resources
- **Doula Services** - doula network available to support enrollees in their pregnancy and postpartum journey

Meeting the Health and Social Needs of our Enrollees

- **Virtual Safe Sleep Training**
 - DC Health approved curriculum to reduce incidence of unsafe sleeping practices in English, Spanish, Amharic
- **48-Hour Home Visits for High-Risk Infants** - home health visit to assess maternal infant bonding, feeding, additional needs
- **NICU Graduate Program** - nurse case manager follows infant for first year of life after NICU discharge to assist with coordination of care
- **Deemed Newborn Team** – obtain birth information required for infant’s Medicaid enrollment
- **First Things First/Postpartum Passport** – educational collateral to increase health literacy and knowledge of resources to support the pregnancy journey

Contact AmeriHealth Caritas DC's Bright Start Team

- **Bright Start Maternity Care Management is here to partner with you:**
 - Phone: 1-877-759-6883
 - Fax: 1-888-603-5526
- **Maternity care coordination services** are available from **8:30 a.m. to 5:30 p.m., Monday Friday**, for support each enrollee's access to prenatal and postpartum care as well as community-based resources to address social determinants of health.
- Additional AmeriHealth DC staff may assist with **inquiries** regarding authorization of services and coordination of inpatient care:
 - **Utilization Management**
 - Phone: 202-408-4823 or 1-800-408-7510
 - Fax: 202-408-1031 or 1-877-759-6216

QUESTIONS?

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Value-Based Healthcare in Medicaid Managed Care

Kelli Johnson
Value-Based Care



What is Value-Based Healthcare?



Value-Based Healthcare (VBHC) is a healthcare delivery model in which providers are reimbursed based on patient health outcomes rather than the volume of services delivered.

Source

Centers for Medicare & Medicaid Services (CMS), 2021.

Why Value-Based Healthcare Matters



Goal

Improve quality of care while lowering costs.



Key Focus

Better health outcomes, coordinated care, and reduced unnecessary spending.

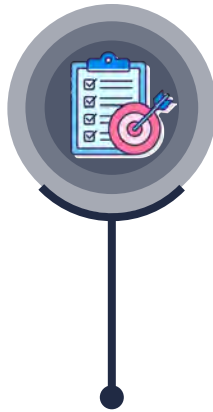


Impact on Medicaid Managed Care

Aligns incentives to improve care for low-income populations.

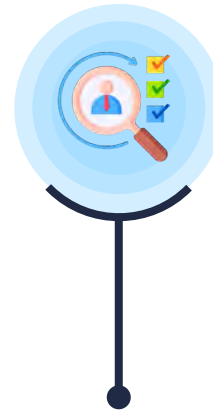
Program Overview: Behavioral Health

Introduction to PerformPlus™ True Care Behavioral Health Program



Objective

Improve quality care and health outcomes for AmeriHealth Caritas DC enrollees.



Eligibility

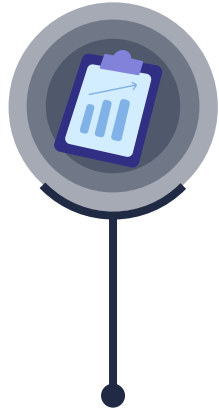
Providers must have a panel size of 50+ enrollees to qualify for performance-based incentives.



Compensation Model

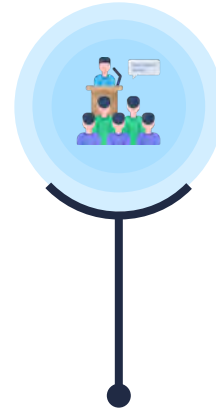
Incentive payments are based on group performance in delivering high-quality, cost-effective care.

Behavioral Health Performance Components Overview



Quality Metrics (HEDIS Measures)

Key measures include antidepressant medication management, follow-up after emergency visits, and hospitalizations for mental illness.



Potentially Preventable Events (PPE):

- **Admissions (PPA):** Avoid hospitalizations with better outpatient care.
- **Emergency Room Visits (PPV):** Reduce avoidable ER visits through better access to care.
- **Readmissions (PPR):** Prevent related re-hospitalizations.

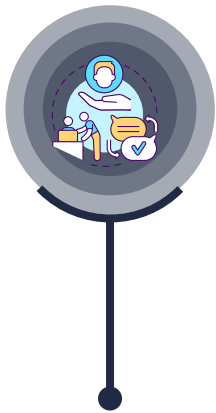


Social Determinants of Health (SDOH)

Providers can earn incentives for addressing patients' socioeconomic needs by documenting appropriate ICD-10 Z-codes

Incentives and Satisfaction Surveys

Behavioral Health Incentive Payments, SDOH, and Satisfaction Surveys



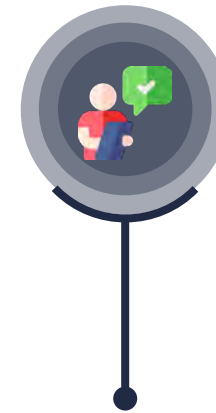
Incentives for Follow-up Care

- \$50 for follow-up visits within 7 days after ED visits or hospitalizations for mental illness.
- \$25 for follow-up visits between 8-30 days.



Incentive for SDOH Z-Codes

- **\$5** incentive for every SDOH-related Z-code submitted on a claim within the measurement period.
- Z-codes include categories such as education, employment, housing, and family circumstances.



Pulse Enrollee Satisfaction Survey

- Providers are ranked based on patient responses regarding care provider attentiveness and respect.
- Ranking impacts incentive payments, with practices needing to rank in the top 50% to qualify.

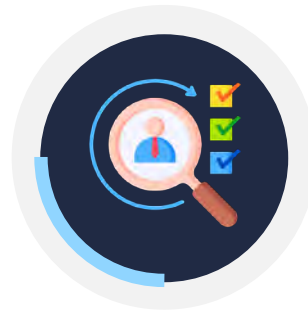
Program Overview: Maternity Program

Introduction to PerformPlus™ True Care: Perinatal Program



Objective

Improve quality and health outcomes for pregnant enrollees through performance-based incentives.



Provider Eligibility

Must have a minimum of 20 deliveries in the measurement period to qualify for incentives.



Compensation

Incentives are paid semi-annually based on the quality of prenatal and postpartum care provided.

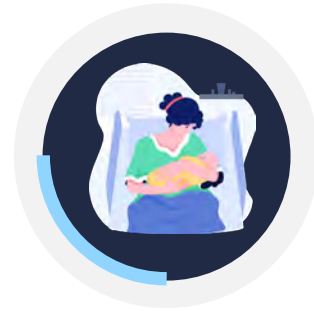
Key Performance Components

Perinatal Program Performance Measures



Timeliness of Prenatal Care (35 %)

Percentage of live birth deliveries with a prenatal visit in the first trimester or within 42 days of enrollment



Postpartum Care (35%)

Ensures women with live birth deliveries receive appropriate care within 56 days postpartum.



Dental Screening (15%)

At least one dental visit during pregnancy.

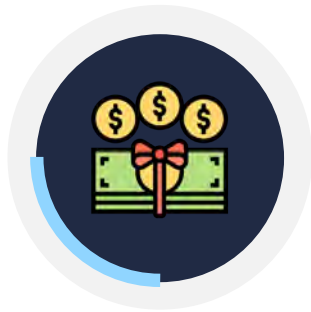


STI Screening (15%)

Includes chlamydia and HIV testing prior to delivery.

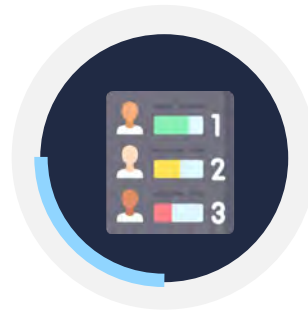
Incentive Payments and Scoring

Perinatal Program Incentive Structure and Calculation



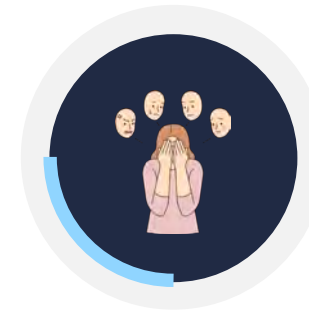
Incentive Payments

Based on quality measures and peer percentile ranking of attributed deliveries.



Scoring

Calculated as the ratio of enrollees who received the required services to those eligible for the services.



Breakdown

Prenatal care and postpartum care each contribute 35% to the quality performance score, with 15% for dental screening and STI testing

QUESTIONS?

Kelli Johnson

Value-Based Care

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Quality Management Update: CAHPS

Consumer Assessment of Healthcare Providers Systems

Astrid Charles

Quality Performance Specialist



- Consumer Assessment of Healthcare Providers and Systems
- Agency for Healthcare Research and Quality (AHRQ) program that began in 1995.
- It's purpose is to advance our scientific understanding of patient experience with healthcare.
- Considered the national standard for measuring and reporting on consumers' experiences with health plans, providers and the services provided.
- Measure the patients' perception of the quality received, such as the ease of access to providers and health care services and the patient/provider relationship, including the communication skills of physicians and practitioners

Goal of AHRQ's CAHPS program: Advancing knowledge, measurement, and improvement of patients' experiences with health care

What is Patient Experience?

Understanding Patient Experience

Patient experience encompasses the range of interactions patients have with the health care system, including:



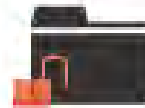
Good communication with health care providers



Coordinated care from doctors and nurses



Ability to schedule timely appointments



Easy access to information

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/news-and-events/events/webinars/understanding-cahps-101-infographic.pdf>

Experience vs. Satisfaction

EXPERIENCE

- Patient Perception
- Process Indicator
- Reflects on interpersonal aspects of quality received
- Composed of domains: effective communication, respect and dignity, emotional support

SATISFACTION

- Patient Expectations
- Outcome measure of patient's experience
- Did the care provided meet patient's needs and expectations

The Survey

- Adults, Child, and Child with Chronic Conditions
- Completed by a vendor: SPH, Press Ganey
- A sample size is provided to the vendor
- Administered using a mix-mode of mail, internet, and telephone protocol
- Occurs February – May with a 6-8 month look back period

Please encourage your patients to complete this survey.

Their voice facilitates system change!

Survey Topics

- **Getting Needed Care:** *how often* it was easy to get an appointment
- **Getting Care Quickly:** *how often* they got non-urgent appointments as soon as needed when sick or injured
- **Customer Service:** *how often* staff were helpful and treated them with courtesy
- **Member's Ratings on Healthcare Quality:** rate satisfaction with overall HC experience
- **Getting Needed Prescriptive Drugs:** *how often* was it easy to get prescribed meds

Survey Questions

- How would you rate your ease and timeliness of getting the care, tests, or treatment you needed?
- Has your personal doctor or doctor's office - managed your care among different providers and services to your satisfaction? - followed up promptly on test results? – talked to you about all the medications you take?
- On a scale of 0-10, how would you rate your – overall health care? – overall personal doctor? – overall specialist seen most often?
- On a scale of 0-10, how would you rate how often your personal doctor listen carefully to you?

Encounter Data Validation



Encounter Data Validation

- Annual Study completed by EQRO on behalf of DHCF
- Assess for confidence in the completeness and accuracy of encounter data submitted by the MCPs
- Assessment completed on encounters one year prior: For Spring 2025, review July 1, 2023 – June 30, 2024
- Random Selection
- Each medical record must have 2 patient identifier (Name and DOB), DOS, and provider signature
- Medical Records are examined to determine if documentation supports the billed service codes identified in the electronic encounter data
- Specifically: date of service, place of service, and *all* diagnosis and procedure codes associated with each encounter

Encounter Data Validation Provider Letter

AmeriHealth Caritas District of Columbia
1250 Maryland Avenue SW, Suite 800
Washington, DC 20024



ATTENTION: Office Manager/Medical Records Department

Dear Medicaid Provider:

AmeriHealth Caritas District of Columbia requests your cooperation with our efforts to collect medical records for the District of Columbia Department of Health Care Finance (DHCF) to perform an encounter data validation (EDV) for services rendered to DC Healthy Families enrollees between July 1, 2021 and June 30, 2022. This audit will validate the accuracy of the coded claims compared to the services and diagnoses documented in the associated medical record. **Medicaid providers are required to provide all patient-specific information requested (list below).**

We request the following medical records:

Please ensure the documentation submitted includes the **patient's name, date of birth, and claim form including modifiers (1500/UB40).**

ENROLLEE NAME	MEDICAID ID	DOB	PROVIDER	COMPLETE RECORDS REQUESTED FOR DOS

- Medicaid law allows disclosure of patient records for purposes related to the administration of Medicaid regulations governing the DC Healthy Families program and requires providers to allow the Department of Health Care Finance or its designated agent (Qlarant) access to all records.
- The provider or company preparing the records may not charge AmeriHealth Caritas District of Columbia, Qlarant, or the Medicaid program for copying and providing this requested information.

HEDIS

Health Effectiveness Data Information Set



HEDIS: Overview

- Set of performance measures in the managed care industry
- Developed and maintained by the National Committee for Quality Assurance
- Main goal is to provide consumers with a set of measurement standards to compare health plan performance to help select their optimal healthcare coverage
- HEDIS[®] includes more than 90 measures across 6 domains of care

HEDIS: Measures

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

- ✓ Adult Access to preventative/ambulatory health services
- ✓ Well child Visits – birth to 21 years of age
- ✓ Prenatal and Postpartum Care
- ✓ Preventative Screenings: Cervical Cancer Screening, Breast Cancer Screening, Colon Cancer Screening
- ✓ Immunizations: Adult and Children
- ✓ Behavioral Health wellness and management
- ✓ Diabetes management
- ✓ Cardiovascular and Respiratory Health prevention and optimization

HEDIS Season: Spring Season

- Concentrated time from February to April
- Health Plans request from our providers medical records for Hybrid Measures
 - Weight Assessment for Children: BMI Percentile, Nutrition Counseling, and Physical Activity Counseling
 - Childhood Immunization Status
 - Immunizations for Adolescents
 - Cervical Cancer Screening
 - Controlling Blood Pressure
 - HbA1C control for patients with diabetes
 - Eye Exam for patients with diabetes
 - Blood Pressure Control for patients with diabetes
 - Prenatal and Postpartum Care

Timing is the same as when we complete EDV, but the records requested will not be the same

Provider Experience Spring Season

Receive requests
from ACDC via fax
to encourage
patients to
complete CAHPS
Survey

Receive request
from ACDC QM
team for medical
records for EDV

Receive request
from ACDC vendor
for Medical
Records for Hybrid
HEDIS Measures

Please consider granting the plan EMR access, even if limited to these few months

QUESTIONS?

JiJi Driscoll
Director, Quality Management

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Astrid Charles
Quality Performance Specialist

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Questions & Answers



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



POSTPARTUM PASSPORT



Postpartum Passport:

A Guide for a Healthy You After Birth

The information in this passport will help you learn more about this topic. It is not to take the place of [your/your child's] healthcare provider. If you have questions, talk with [your/your child's] healthcare provider. If you need to see [your/your child's] healthcare provider because of something you have read in this information, please contact [your/your child's] healthcare provider. Never stop or wait to get medical attention because of something you have read in this material.



PLACE PHOTO HERE



Congratulations, and Welcome to Parenthood!

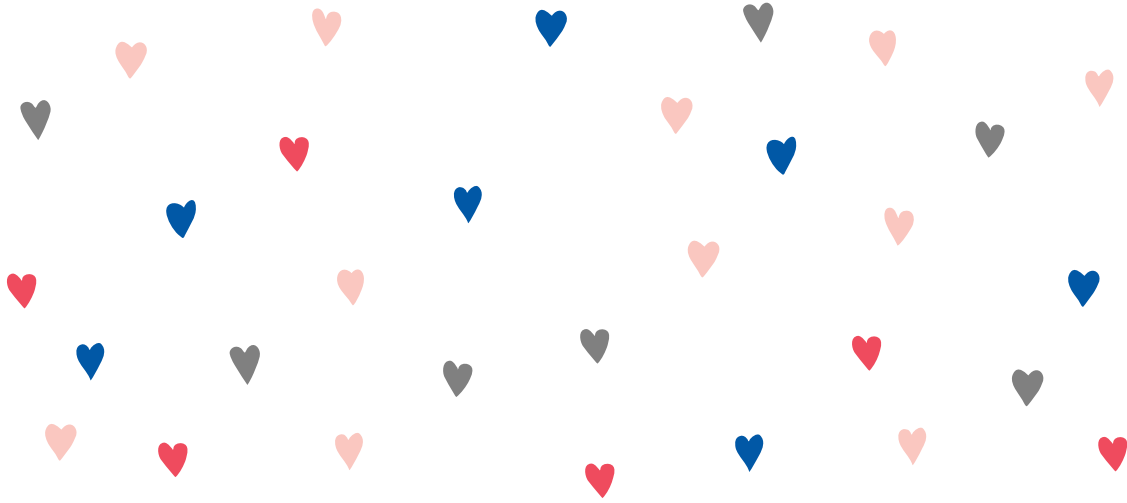
This passport will act as a guide to help you stay healthy after giving birth. Taking care of yourself will help you better take care of your new baby.

Your name: _____

Baby's name: _____

Baby's birthday: _____

Baby's birth weight: _____



MY POSTPARTUM Care Team

Keep the contact information for both your OB/GYN and your baby's pediatrician on hand so you can easily contact them with any questions, or to schedule a follow-up appointment as needed.

MY PROVIDER/CLINIC (OB/GYN)

Name: _____

Address: _____

Phone: _____

BABY'S PROVIDER/CLINIC (PEDIATRICIAN)

Name: _____

Address: _____

Phone: _____

MY POSTPARTUM Support System

MY DOULA

Name: _____

Address: _____

Phone: _____

MY LACTATION SUPPORT

Name: _____

Address: _____

Phone: _____

MY BEHAVIORAL HEALTH PROVIDER

Name: _____

Address: _____

Phone: _____

FAMILY/FRIEND SUPPORT PERSON

Name: _____

Address: _____

Phone: _____

FAMILY/FRIEND SUPPORT PERSON

Name: _____

Address: _____

Phone: _____



Postpartum Journey at a Glance



What is postpartum?

Postpartum refers to the period after childbirth. Most often, the postpartum period is the first six to eight weeks after delivery, or until your body returns to its pre-pregnancy state.¹

Your body goes through many physical and emotional changes during this time. You should contact your care team or support system if you have any questions or concerns during your postpartum journey.

Here are some changes to be aware of:

PHYSICAL CHANGES

- Perineum soreness
- Afterbirth pains
- Vaginal discharge
- Breast engorgement
- Nipple pain
- Swelling
- Hemorrhoids

EMOTIONAL CHANGES

- Feeling stressed and overwhelmed
- Baby blues and postpartum depression
- Relationship changes
- Return to work stress



Scan this QR code to learn more.
SOURCE: MARCH OF DIMES



Bright Start[®]

AmeriHealth Caritas DC's Bright Start[®] program is a safe place to ask questions and get the support you deserve throughout your pregnancy and after you give birth.

Scan the QR code to learn more about Bright Start and your available resources.



Have questions?

Contact Bright Start at **1-877-759-6883**, Monday through Friday 8:00 a.m. to 5:00 p.m. If you are having a medical emergency, call 911.



DID YOU KNOW?

- Black mothers are **more likely** to experience pregnancy-related complications.²
- Black mothers are **three to four times more likely** to die from pregnancy-related complications than white mothers.³

It is important to raise any health concerns with your care team. Your health and voice matters.



**3 TO 4
TIMES
MORE LIKELY**





Navigating Big and Little Changes

Be aware of urgent maternal warning signs and symptoms⁴ in the year after delivery. You should seek medical care immediately if you experience any of the following:

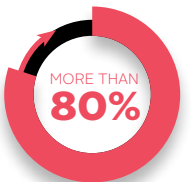
- Headache that won't go away or gets worse over time.
- Dizziness or fainting.
- Changes in your vision.
- Fever of 100.4°F or higher.
- Extreme swelling of your hands or face.
- Thoughts about harming yourself or your baby.
- Trouble breathing.
- Chest pain or fast-beating heart.
- Severe nausea and throwing up.
- Severe belly pain that doesn't go away.
- Vaginal bleeding or discharge.
- Severe swelling, redness, or pain in your leg or arm.
- Overwhelming tiredness.



DID YOU KNOW?

More than 80% of pregnancy-related deaths in the U.S. are preventable.³

Address your health concerns like your life depends on it — because it does!



Postpartum Checkups

What is a postpartum checkup, and why is it important?

A postpartum checkup is a **medical checkup you get after having a baby** to make sure you're recovering well from labor and birth. Even if you're feeling fine, it's important that you go to all your postpartum checkups. This allows you to share any concerns you have with your care team and allows them to look for warning signs of serious health problems.⁵

When should you have a postpartum checkup?

You should see your OB/GYN within **three weeks after you give birth**. Additional checkups should be scheduled as needed before a final checkup around 12 weeks after birth.⁶

POSTPARTUM
**CHECKUP
SCHEDULE**

_____	_____
_____	_____
_____	_____
_____	_____

What happens at a postpartum checkup?



Your OB/GYN:

- Checks your blood pressure, weight, breasts, and belly.
- Gives you a pelvic exam.
- Checks on any health problems you may have had during pregnancy.
- Make sure your vaccinations are up to date.

Suggested topics to discuss with your OB/GYN at a postpartum checkup:

- Feelings about being a new mom (or a mom of multiple children).
- Your birthing experience and postpartum journey.
- How to navigate health conditions you have such as high blood pressure, diabetes, and more.
- Questions about breastfeeding.
- Family planning and contraception options.

Know your rights!

You can have your partner or another member of your support team attend appointments with you to help advocate for your needs and address your concerns.

Need a ride to your postpartum checkup?

Call **1-800-315-3485** to schedule your ride! Call as soon as you know you will need a ride, or at least 48 hours in advance when possible.

Postpartum Depression

Welcoming a baby into the world is an exciting and joyful time. However, being a parent can also be tiring and overwhelming. Baby blues are common, but some new moms may experience a more severe, **long-lasting form of depression** known as postpartum depression.

Is it the baby blues, or is it postpartum depression?⁷

Baby Blues

- Starts within a few days of giving birth; goes away on its own within a couple of weeks.
- Feeling restless or anxious.
- Being impatient or grumpy.
- Crying for no reason.
- Feeling like “I’m not myself today.”
- Finding it hard to concentrate.
- Mood changes.
- Sadness.

Postpartum Depression

- Usually starts within 1–3 weeks of giving birth or any time up to one year; needs treatment to get better.
- Feeling overpowering guilt, sadness, or panic.
- Being afraid of staying alone.
- Crying, anxiety, or worrying a lot.
- Feeling hopeless or like you’re not good enough.
- No energy and finding it hard to focus.
- Weight loss, weight gain, or appetite changes.
- Scary thoughts about yourself or your baby.



DID YOU KNOW?



1 in 8 women
experience feelings of
postpartum depression.⁸
It is common and treatable.

**If you feel like you might
have postpartum depression,
speak to your OB/GYN as
soon as possible.
They will help you get
the treatment you need.**





EARN
\$25
IN REWARDS



CARE Card Rewards

You can earn CARE Card rewards by going to your postpartum visits and taking steps to stay healthy! Earn \$25 in rewards when you have an appointment with your OB/GYN between 1 and 12 weeks after delivery. You can use your CARE Card at Walgreens, CVS Pharmacy, Rite Aid, and Walmart to buy items that you and your baby might need.



Scan this QR code to learn more and get started.



Emotional Support Right at Your Fingertips

Through AmeriHealth Caritas DC, you can also access 24/7 emotional support and mental health coaching via text message.* To receive support now:

- **Enrollees aged 21** or older can download the Headspace Care app from the Google Play or Apple App Store and be connected to a mental health coach.
- **Enrollees ages 13 – 20** can text 886-886 and use referral code “AmeriHealth” to access MindRight and be connected to a mental health coach.

If you need immediate help, here are other resources that are available to you at no cost:

- **Suicide & Crisis Lifeline:** 988
- **Postpartum Support International:** 1-800-944-4773
- **National Maternal Mental Health Hotline:** 1-833-943-5746

*Standard messaging and data fees may apply.

Your mental health matters, and we are here when you need us.



Scan this QR code to learn more about our behavioral health services.



Advocating for Your Health

It is normal to feel overwhelmed and anxious at healthcare provider appointments, but there are ways to advocate for yourself.

Tips for talking to a health care professional to make sure your voice is heard:

- Tell the health care professional what medication you are taking or have recently taken.
- Be sure to tell them you have been pregnant within the year.
- Take notes and ask more questions about anything you didn't understand.
- Example questions to ask:
 - What could these symptoms mean that I am having?
 - Is there a test I can have to rule out a serious problem?
 - At what point should I consider going to the emergency room or calling 911?

Examples of how to discuss your concerns:

- I have been having _____ (Symptoms)
that feel like _____ (Describe symptoms in detail)

- and have been lasting _____ (Number of hours/days)
- I know my body, and this doesn't feel normal.
- What should I expect from _____? (Medication)
- What should I expect my body to experience in the coming weeks/months?

Trust yourself, and don't be afraid to speak up.



Breastfeeding

Breastfeeding is one of the greatest things you can do for your baby! It allows you to bond while also passing nutrients to your baby. In Washington, DC, you have the right to breastfeed your child in any location.

Babies can have only breast milk for the first six months after birth. **Infant formula is a healthy alternative for moms who can't breastfeed or who decide not to.** At six months, you can begin introducing your baby to soft, puréed foods while you continue breastfeeding.⁹ For moms who can't breastfeed or who decide not to, infant formula is a healthy alternative. While breastfeeding has many benefits for you and your baby, the most important thing is that your baby is fed and healthy.

Talk to your OB/GYN or call Bright Start at **1-877-759-6883** for resources or assistance. They can help you get connected with breastfeeding and other postpartum resources, such as breast pumps, car seats, and diapers. They can also refer you to a lactation specialist.

Breastfeeding will be a learning process for you and your baby. There is no right breastfeeding position. Before you begin, answer the following questions:

1. **Are you comfortable?**
2. **Are your baby's head and body in a straight line?**
3. **Are you holding your baby close to you, facing your breast?**

Don't be afraid to ask your OB/GYN for help.



Scan this QR code for different breastfeeding positions.

SOURCE: THE MAYO CLINIC



Nutrition

Good nutrition is critical for new mothers and birthing persons. How you nourish your body is important for your health and, if you're breastfeeding, for your baby's growth and development.

Here is a list of some of the best postpartum foods you should keep on your grocery list each week:

- Vegetables, including leafy greens, bell peppers, broccoli, avocados, carrots, kale, sweet potatoes, tomatoes, celery, cabbage, and carrots.
- Fruits, like citrus, berries, mangos, melon, apples, and bananas.
- Whole grains, such as oats, quinoa, brown rice, and whole wheat bread.
- Lean or low-fat protein, including fish, poultry, tofu, beans, seeds, nuts, lentils, edamame, and lean beef.
- Low-fat or fat-free dairy, like yogurt, milk, cheese, and eggs.

AmeriHealth Caritas DC offers home-delivered meals and other nutrition programs to eligible enrollees. Contact Bright Start at **1-877-759-6883** for food assistance.



Scan this QR code to learn more about postpartum nutrition.

SOURCE: WHAT TO EXPECT



Returning to Work

Returning to work can cause a lot of anxiety when you have an infant at home. Be sure to plan ahead to make the transition as smooth as possible.

Things to consider:

- Child care arrangements
- Breastfeeding
- Your mental and physical health

If you are still breastfeeding, you have rights in the workplace. Your employer must provide reasonable daily unpaid break time for you to pump and have a private designated area for you to do so.¹⁰



If you need help with childcare, scan this QR code for information about the DC Subsidized Child Care Program.

SOURCE: DC DEPARTMENT OF HUMAN SERVICES



Baby Developmental Milestones

It takes just 12 short months to undergo this incredible transformation from newborn to toddler. Every baby develops at its own pace, but here are some tentative milestones you can watch out for in your baby's first amazing year.

Date of baby's first smile: _____

Date of baby's first laugh: _____

The first-time baby crawls: _____

Baby's first word: _____

Date of baby's first steps: _____

If you have concerns about any milestones, speak with your baby's pediatrician.



Scan this QR code for a breakdown of developmental milestones for your baby's first year of life.

SOURCE: MARCH OF DIMES

Well-Child Visits

Your baby's checkup is sometimes called a "well-child visit." These visits allow a pediatrician to make sure your baby is healthy and growing normally. The pediatrician will also give your baby any needed vaccinations and talk to you about how to keep your baby safe and healthy.

During the first year, your baby should have an appointment with a pediatrician at the ages listed below.¹¹ Fill in the table with the dates of your baby's well-child visits.

AGE	RECOMMENDED VACCINES ¹²	DATE
Birth	★ Hepatitis B (Hep B)	
3 to 5 days after birth		
1 month old		
2 months old	<ul style="list-style-type: none"> ★ DTaP (diphtheria, tetanus, acellular pertussis) ★ Hep B ★ Hib (Haemophilus influenzae type b) ★ PCV (pneumococcal disease) ★ Rotavirus (given by mouth) ★ IPV (polio) 	

4 months old	<ul style="list-style-type: none"> ★ DTaP ★ Hib ★ PCV ★ Rotavirus (given by mouth) ★ IPV 	
6 months old	<ul style="list-style-type: none"> ★ DTaP ★ Hep B ★ PCV ★ Hib, if needed ★ Rotavirus (given by mouth) ★ IPV ★ Influenza 	
9 months old		
12 months old	<ul style="list-style-type: none"> ★ MMR (measles, mumps, rubella); not before the first birthday ★ Hepatitis A (Hep A); not before the first birthday ★ Varicella (chickenpox); not before first birthday ★ Hib ★ PCV 	



DID YOU KNOW?

Black infants in the U.S. are **more than twice as likely** as white infants to die before their first birthday.²

Taking your baby to all their well-child visits will help decrease that risk.





Lead Screening

Lead poisoning is a preventable health issue that can have severe and lasting effects, especially in children. Children can be poisoned by breathing air, drinking water, eating food, or swallowing or touching dirt that contains lead. That's why it is required that children in Washington, DC, be **tested for lead poisoning twice by the age of 2**: first between ages 6 and 14 months and a second time between ages 22 and 26 months.¹⁵

Early detection and intervention can make a significant difference in your child's future. Ask your pediatrician about lead screening at your baby's well-child visits.



Safe Sleep

What is safe sleep?

Safe sleep means putting your baby to sleep in ways that can help protect them from dangers such as choking and suffocation (not being able to breathe), and sudden infant death syndrome (also called SIDS). SIDS usually happens when a baby is sleeping.¹³



DID YOU KNOW?

2x
AS LIKELY

Black babies are **twice as likely** to die of SIDS as white babies in the U.S.¹⁴

AmeriHealth Caritas DC's Safe Sleep classes educate new parents about newborn sleep safety. Safe Sleep classes are offered virtually in English, Spanish, and Amharic.

Enrollees will also receive a Cribette (portable crib) at no cost upon completion of the course!



Scan this QR code for the event calendar and class schedule.

Quick Resources in an Emergency

For Immediate Help, **911**

Suicide & Crisis Lifeline: 988

Postpartum Support International: 1-800-944-4773

National Maternal Mental Health Hotline: 1-833-943-5746

AmeriHealth Caritas DC Resources

AmeriHealth Caritas DC Enrollee Services: 202-408-4720 or 1-800-408-7511, 24 hours a day, seven days a week

AmeriHealth Caritas DC Bright Start: 1-877-759-6883, Monday through Friday, 8:00 a.m. to 5:00 p.m.

AmeriHealth Caritas DC Transportation Services: 1-800-315-3485, 24 hours a day, seven days a week

Postpartum Passport Enrollee Experience



Scan this QR code to complete the survey and give us your feedback.

SOURCES

1. <https://my.clevelandclinic.org/health/articles/postpartum>
2. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
3. https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html?CDC_AAref_Val=
4. <https://www.cdc.gov/hearher/maternal-warning-signs/index.html>
5. <https://www.marchofdimes.org/find-support/topics/postpartum/your-postpartum-checkups>
6. <https://www.acog.org/womens-health/experts-and-stories/the-latest/what-to-expect-at-a-postpartum-checkup-and-why-the-visit-matters>
7. <https://www.marchofdimes.org/find-support/topics/postpartum/baby-blues-after-pregnancy>
8. <https://www.cdc.gov/reproductive-health/depression/index.html>
9. <https://www.cdc.gov/breastfeeding/data/facts.html>
10. <https://dchealth.dc.gov/node/1355101>
11. <https://www.aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/well-child-visits-parent-and-patient-education/>
12. <https://healthy.kaiserpermanente.org/washington/health-wellness/well-child-visits>
13. <https://www.marchofdimes.org/find-support/topics/parenthood/safe-sleep-your-baby>
14. https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/SIDS_resourcekit_rev.pdf
15. <https://doee.dc.gov/twicebytwo>

AmeriHealth Caritas District of Columbia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English

If you do not speak and/or read English, please call **1-800-408-7511 (TTY 1-800-570-1190)**, available 24 hours a day, seven days a week. A representative will assist you.

Español

Si no habla y/o lee inglés, llame al **1-800-408-7511 (TTY 1-800-570-1190)**, línea disponible las 24 horas del día, los siete días de la semana. Un representante le ayudará.

አማርኛ፣

ኢንግሊዝኛን መናገር እና/ወይም ማንበብ የማይችሉ ከሆኑ፣ እባክዎ በ **1-800-408-7511 (TTY 1-800-570-1190)** ይደውሉ፣ በቀን 24 ሰዓታት፣ በሳምንት ሰባት ቀናት ይገኛል። ተወካይ ይረዳዎታል።

Tiếng Việt

Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi **1-800-408-7511 (TTY 1-800-570-1190)**, 24 giờ một ngày, bảy ngày một tuần. Sẽ có người đại diện hỗ trợ quý vị.

繁體中文

如果您不會講或讀英文，請致電 **1-800-408-7511 (TTY 1-800-570-1190)**，此電話每天 24 小時，每週 7 天開通。您將得到一位服務代表的協助。

한국어

영어를 말하거나 읽지 못하는 경우, 365일 24시간 이용 가능한 **1-800-408-7511 (TTY 1-800-570-1190)**번으로 전화하십시오. 직원이 도와드릴 것입니다.

Français:

Si vous ne parlez, ni ne lisez anglais, veuillez appeler au numéro **1-800-408-7511 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, 7 jours sur 7. Un représentant pourra vous aider.

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Any individual depicted is a model.

www.amerihealthcaritasdc.com

