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A Welcome Message From the Market President

The coronavirus disease (COVID-19) pandemic has been a test of resilience and adaptability for all of us at AmeriHealth Caritas District of Columbia (DC). As the virus spread throughout the District over the past months, I was proud of the way our community rallied to help enrollees and one another in the face of this public health crisis. As medical practitioners, many of you have been at the forefront of the response to the outbreak, continuing to treat patients while adjusting to numerous limitations. Please allow me to express my immense gratitude. The work we do for enrollees at AmeriHealth Caritas DC would not be possible or sufficient without our outstanding network of providers. Thank you for your continued commitment to serving patients during this unprecedented time.

The AmeriHealth Caritas DC team recognizes that our enrollees — perhaps now more than ever — rely on the essential services we provide. Our top priority throughout this pandemic has been maintaining our service to enrollees. Thanks to our dedicated associates, we have continued to facilitate and/or provide a number of important services for our enrollees that address the risks associated with the current public health emergency, including:

- Providing home meal delivery for those enrollees in our medically tailored discharge and clinical meal programs
- Launching a new home meal delivery program for approximately 5,000 enrollees identified to be at the highest risk level for COVID-19 complications
- Hosting virtual fitness and nutrition classes in place of classes usually offered at our Enrollee Wellness Center
- Transitioning our bimonthly New Enrollee Orientation to webinar format and maintaining our planned schedule
- Continuing to coordinate transportation to urgent care centers and provider offices for urgent and essential medical and behavioral health services
- Performing health check calls to all enrollee households to ask how they are doing and if there is anything they need
- Keeping our website and social media channels updated with the latest COVID-19 safety, treatment, and testing information, in addition to listing generally available and no-cost community resources focused on food insecurity and other social supports

We also have seen an incredible response from providers in the District despite significant shortages of staff, space, and resources. Our 24/7 Nurse Call Line received more than 1,000 applications in one week from registered nurses applying to assist temporarily during the crisis. Hospitals quickly implemented new processes for collecting and testing samples from patients referred by their primary care providers. Many of you who had to temporarily close your offices continued to see patients via telehealth. Those of you whose offices remained open established new procedures for seeing patients as safely as possible.

All of this is a testament to the strength, compassion, and resilience of our community. We will continue to remember what we are collectively here to do — serve our enrollees and patients. The AmeriHealth Caritas DC mission is to help people get care, stay well, and build healthy communities; while the current climate has certainly required us to adapt, it is what we will continue to do.

Sincerely,

Karen Dale, Market President
AmeriHealth Caritas District of Columbia



General updates

The impact of COVID-19 on mental health

Dr. Yavar Moghimi, Medical Director, Behavioral Health

COVID-19 has had a dramatic impact on our daily lives and created particular health and financial vulnerabilities for the Medicaid and Alliance population we serve. Many of our enrollees are considered high risk for more serious complications related to COVID-19 due to comorbid medical conditions and structural limitations in their ability to follow Centers for Disease Control and Prevention (CDC) guidelines. An additional risk during the pandemic is social isolation, which was already considered a major epidemic by former Surgeon General Dr. Vivek Murthy. Current recommendations around “sheltering in place” may only exacerbate the issue while also cutting enrollees off from their existing social supports. On the other hand, some families are now experiencing a lack of social isolation as they juggle school closures and limited access to public spaces for children to be able to play and interact with each other.

Those with underlying mental health conditions are a particularly vulnerable group. They could be more prone to decompensating as a result of disruptions in their support networks and limited access to clinical services that have stopped, reduced operations, or transitioned to telehealth.

While these challenging times can have negative impacts on people’s mental health, there are many ways that we can educate our patients on how to cope with this stress.

Recommendations to support patients include:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, and meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

Lastly, although telehealth is a new endeavor for many providers and enrollees, now is the time to ensure we maintain human connections with our patients using telehealth. We will get through these difficult times, and I hope that a silver lining to this pandemic will be new, established ways to stay connected with our patients, harnessing the best of technology and humanity.

General updates (continued)

Talk to your patients about emergency versus urgent care

Going to an emergency department for nonemergency ailments is a nationwide problem, and the trend is evident among our enrollees. In 2019, about 63% of emergency room visits among AmeriHealth Caritas DC enrollees were for issues that could have been addressed by urgent care. Understandably, many enrollees don't know when it would be more appropriate to go to urgent care than the emergency room, particularly when there are options available to enrollees that may not even require them to leave their homes. You can help your patients choose the right type of care by educating them about which symptoms necessitate going to an emergency department and when urgent care is the better option. Talk to your patients about their urgent care options and when to use them.

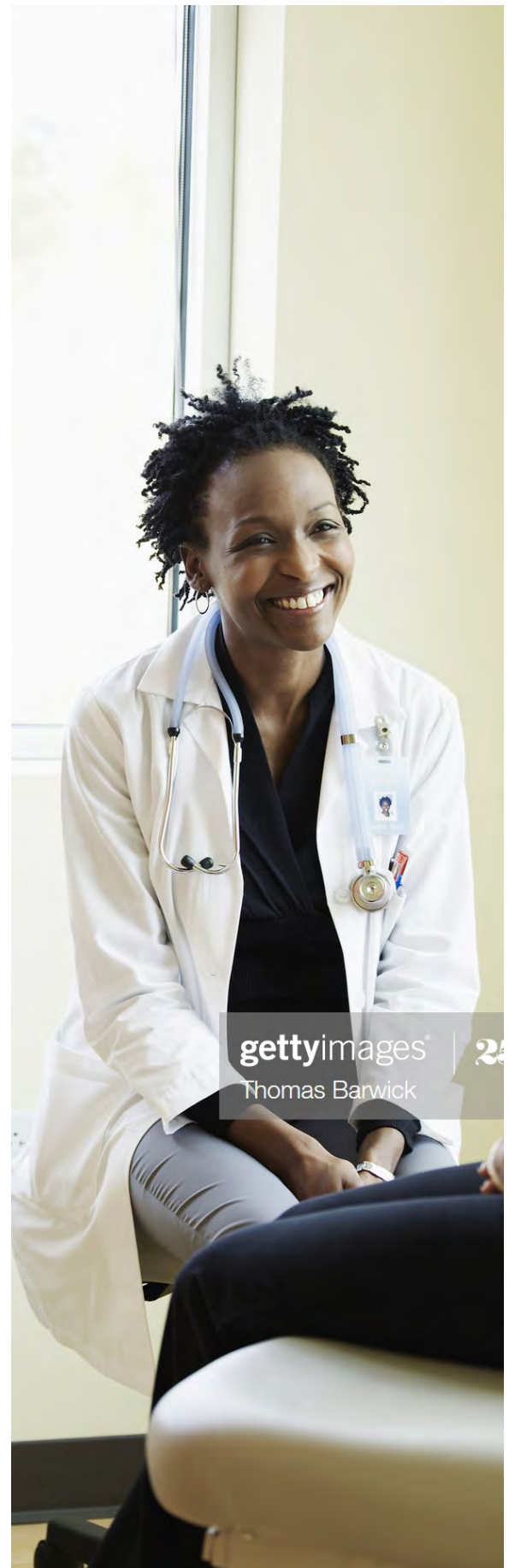
The following are available to all AmeriHealth Caritas DC enrollees:

- **Transportation to an urgent care center** — Enrollees can call **1-800-315-3485** to schedule a same-day ride. They can call Enrollee Services to find a clinic near them or go to www.amerihealthcaritasdc.com.
- **Telehealth through MYidealDOCTOR** — Enrollees can access MYidealDOCTOR 24 hours a day, seven days a week, by using the mobile app, visiting www.myidealdoctor.com, or calling **1-855-879-4332**
- **24/7 Nurse Call Line** — Enrollees can call **1-877-759-6279** to speak to a nurse

Make sure your patients know that they should go to an emergency department for symptoms such as trouble breathing, uncontrolled bleeding, and chest pain. For symptoms such as sore throat, cough, cold, earaches, and mild fever, urgent care is a better choice. Encouraging your patients to download the AmeriHealth Caritas DC mobile app offers them a way to quickly view their urgent care options when needed.

Please also tell patients about your practice's own urgent care or telemedicine services, if available. Telemedicine is helpful for patients who prefer to see their own provider and allows for better continuity of care in the current climate caused by the COVID-19 pandemic. To support telemedicine use during this time, DC Medicaid released guidance on March 19, 2020, related to the reimbursement of providers for audio-only telemedicine visits conducted via telephone. This guidance may be helpful. For more information, visit <https://dhcf.dc.gov/release/medicaid-expands-home-telemedicine-services-medicaid-beneficiaries-response-covid-19>.

Visit the AmeriHealth Caritas DC website for patient resources explaining differences between the emergency department and urgent care.



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General updates (continued)

Quality measures for contraceptive care

In collaboration with the Department of Health Care Finance and other managed care organizations in the District, AmeriHealth Caritas DC is now reporting three new contraceptive care quality measures. The measures, which were endorsed by the National Quality Forum in 2016 and incorporated into the Centers for Medicare & Medicaid Services (CMS) Core Measures in 2017, help states and Medicaid managed care organizations assess enrollees' access to contraceptive methods. Incorporated into our overarching maternal health program, use of these contraceptive care quality measures is designed to improve access to all forms of contraception. We hope to use this data to assess the extent to which enrollees are receiving contraception, identify areas where there may be barriers impeding access to contraception, and develop strategies to improve access.

The contraceptive care quality measures include:

- **Post-Partum Women: Most- & Moderately Effective Methods (NQF #2902)** — Among women aged 15 – 44 who had a live birth, the percentage who are provided a most-effective (sterilization, implants, or intrauterine devices or systems (IUD/IUS)) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive method within three to 60 days of delivery
- **All Women: Most- & Moderately Effective Methods (NQF #2903)** — The percentage of women aged 15 – 44 at risk of unintended pregnancy who are provided a most-effective (sterilization, implants, or IUD/ IUS)) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive method
- **All Women: Access to LARC (NQF #2904)** — The percentage of women aged 15 – 44 at risk of unintended pregnancy who are provided a LARC method (implants or IUD/IUS)

The data collected in these measures will help inform programs and strategies for improving enrollees' access to contraception. As providers, whole-person care includes counseling patients on their options for contraception.

Trauma-informed care training

AmeriHealth Caritas DC is sponsoring on-site training and coaching for primary care, behavioral health, and obstetrics/gynecology clinic staff on implementing trauma-informed strategies. The training offers a no-cost consultation on

the current state of trauma-informed services at your clinic, all-staff training targeted to your clinic's areas for improvement, and ongoing technical assistance coaching after the training to help clinics identify, implement, and measure specific trauma-informed approaches. It is facilitated by [Ali Jost](#), LICSW, who has 10 years of experience as a bilingual (English/Spanish) trauma therapist, trainer, and behavioral health coach. The training is 10 hours in total, and sessions are scheduled at your convenience. Please contact ymoghimi@amerihealthcaritasdc.com for more information or to bring this training to your organization.

CRISP DC

The Chesapeake Regional Information System for our Patients (CRISP) is a regional health information exchange (HIE) in Maryland and the District of Columbia. CRISP aims to provide the right health information to the right place at the right time. AmeriHealth Caritas DC is encouraging participation in CRISP.

DC tools include:

- Up-to-date **patient demographic data**, allowing for easier patient outreach
- Health records, including histories and physicals, discharge summaries, lab data, and radiology data
- **Medical information**, providing information about recent prescription medications from Medicaid claims data
- **Care team information**, to help ensure coordination with all entities that have a relationship with a patient — this could include primary care providers, managed care organizations, and care management programs in which the patient is enrolled
- **Patient Care Snapshot**, providing information about interactions with the health care system, including emergency, inpatient, and outpatient environments — this can help identify gaps in care or alert of overuse of emergency services
- **Encounter Notification Service (ENS)**, alerting providers when patients present to the emergency room or are hospitalized, allowing for coordination of care and prompt follow-up after discharge.

For more information on CRISP, visit <https://crisphealth.org> or call **1-833-580-4646**.

Dental updates

Important facts for treating your patients diagnosed with diabetes

Studies have shown that as many as one in five cases of total tooth loss is linked to diabetes. It is now more important than ever for health professionals, including dentists, to help their patients decrease the risk of diabetic complications. Periodontal disease is more common in people with diabetes; as a result, these patients should be particularly diligent about receiving routine dental examinations and preventive care.

Diabetes-related oral health conditions can include:

- Xerostomia
- Oral candidiasis (thrush)
- Tooth loss
- Oral lichen planus
- Caries (cavities) and abscesses
- Burning mouth syndrome

Management tips

- Educate your patients about the relationship between oral health and diabetes
- Teach your patients the skills to self-manage both their diabetes and oral health
- Encourage your patients to have a dental exam twice a year and teach them the most effective way to brush and floss
- Teach patients about the early signs of tooth, mouth, and gum problems and about the link between diabetes and gum disease
- For patients who are smokers, counsel them on the dangers of tobacco use and refer them to cessation programs
- Always remind your patients to test their blood sugar as directed by their providers
- Remind your patients of the ABCs of diabetes:
 - A: **A1C test** — the goal is below 7
 - B: **Blood pressure** — the goal for most people with diabetes is below 140/90
 - C: **Cholesterol** — instruct patients to ask their providers what their numbers should be
- Medical and dental integration is vital to helping keep our enrollees healthy and educated. Please encourage routine medical visits.

Our Care Management team is available to assist your patients diagnosed with diabetes. You can refer a patient for care management by calling **1-877-759-6224.**



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Important reminders and updates

How to refer patients for complex care management

AmeriHealth Caritas DC provides complex care management services for enrollees who have chronic conditions or behavioral health needs. The program is designed to support your plan of care for your patients by focusing on prevention, education, lifestyle choices, and adherence to a treatment plan. The Care Management team consists of registered nurses, social workers, and Care Connectors who help enrollees overcome barriers and develop plans to help them achieve their health care goals. In addition to care plan coaching and assistance, Care Management associates can also help enrollees arrange transportation to their appointments, refill their prescription medications on time, and schedule follow-up appointments.

If you have a patient who would benefit from complex care management, please let us know by calling the Rapid Response and Outreach Team at **1-877-759-6224**. A patient or their caregiver may call this number to enroll in the Care Management program as well. Alternatively, you can fill out the Let Us Know Enrollee Intervention Form found [here](#) and fax it to **1-888-607-6405**.

Enrollee Rights and Responsibilities

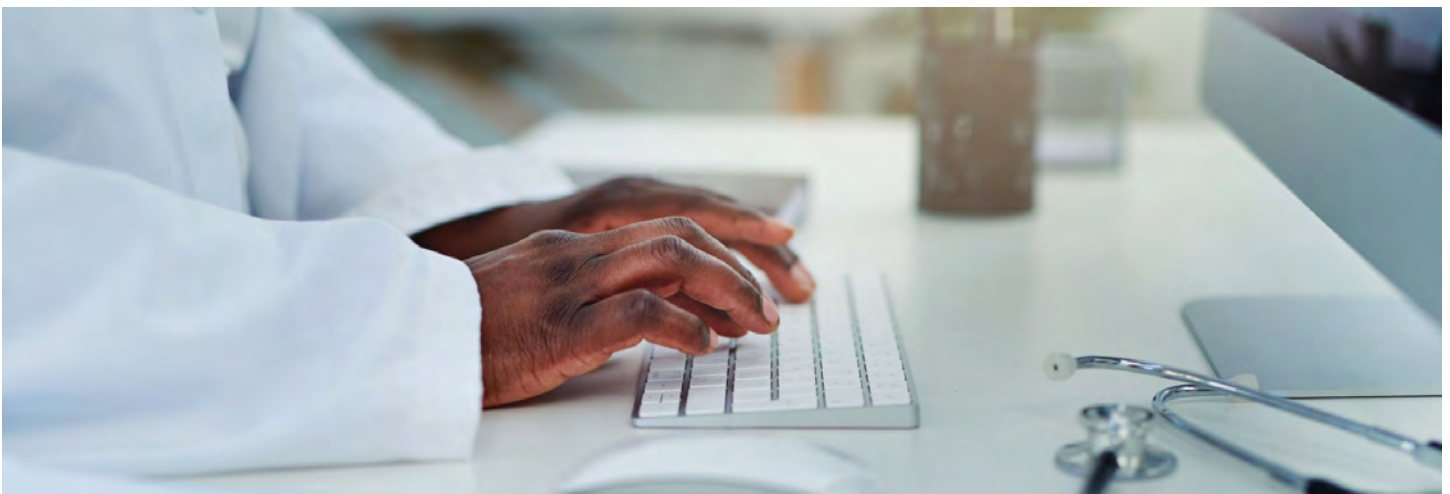
You can read the [Enrollee Rights and Responsibilities](#) online anytime or by request.

Provider rights

During the credentialing and recredentialing processes, all providers have the right to:

- Review their credentialing information with the exception of references, recommendations, and peer-protected information obtained by the plan. When a discrepancy is identified between an application and other sources, the Credentialing department will contact the provider for clarification.
- Correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- Be informed of the status of credentialing or recredentialing applications, upon request. The Credentialing department will share all information with the provider with the exception of references, recommendations, or peer-review protected information. Requests can be made via phone or email, or in writing. The Credentialing department will respond to all requests within 24 business hours of receipt. Responses will be communicated via email or phone call to the provider.
- Receive notification within 60 calendar days of the credentialing committee's decision
- Appeal any credentialing or recredentialing denial within 30 calendar days of receiving written notification of the decision

Questions regarding the status of a credentialing application may be directed to the AmeriHealth Caritas DC Credentialing department at **1-877-759-6186**.





Important reminders and updates (continued)

Access to utilization management staff

The AmeriHealth Caritas DC Utilization Management department and Behavioral Health Utilization Management department hours of operation are 8 a.m. to 5:30 p.m., Monday through Friday. The general Utilization Management department phone numbers are **202-408-4823** or **1-800-408-7510**. The general Utilization Management department fax numbers are **202-408-1031** or **1-877-759-6216**.

The Behavioral Health Utilization Management department phone number is **1-877-464-2911** and the fax number is **1-855-410-6638**.

After business hours and on weekends and holidays, health care providers and enrollees are instructed to contact the on-call nurse through AmeriHealth Caritas DC Enrollee Services at **202-408-4720**. After obtaining key contact and enrollee information, the Enrollee Services representative will page the on-call nurse. The on-call nurse will obtain the necessary information from the health care provider and/or enrollee to process the request. The on-call nurse will call the on-call physician reviewer to review the request, if necessary. The on-call nurse is responsible for contacting the requesting health care provider or enrollee with the outcome of their request.

Important reminders and updates (continued)

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) privacy rule gives individuals a fundamental right to be informed of the privacy practices of AmeriHealth Caritas DC and its participating providers, as well as to be informed of their privacy rights with respect to their protected health information (PHI). As a health plan, and you as a participating provider, we are required to develop and distribute a notice that provides a clear explanation of these rights and practices. **The purpose of this document is to provide instructions to help you update your Notice of Privacy Practices information regarding new privacy rights in connection with the exchange of mental health and alcohol and drug addiction treatment in the District of Columbia.**

You are obligated to protect the privacy of a patient's PHI. The following are requirements you must follow during intake, at the first service or encounter with a patient, or when privacy policies are amended:

- You must give a patient a written notice that describes how you may use or disclose their PHI
- You must request that the patient sign an acknowledgment of receipt of the Notice of Privacy Practices
- Whenever a patient decides to opt out of sharing PHI, have them document it on the opt-out form
- If a patient either refuses the Notice of Privacy Practices or refuses to sign the acknowledgement of receipt of such notice, you must document such refusal on the receipt
- You must file the original acknowledgment of receipt or opt-out form in the patient's clinical record

Additionally, an authorization to use or disclosure PHI is required for the release of information (the notice) except for disclosures that do not require authorization pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended; District of Columbia Mental Health Information Act of 1978, as amended; or 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, as applicable.

Participating providers Notice of Privacy Practices checklist

Please note: You must do the following:

- Personalize the notice, acknowledgment, and opt-out form by including your practice name
- Indicate the date the notice is effective
- Insert on the notice your contact information for patient complaints
- Place the notice on your website
- Prominently post the notice at all service sites
- Provide the notice to every patient at their next visit
- Ask every patient to sign the acknowledgment upon receiving the notice
- Have the patient execute the opt-out form; you must maintain an original of the opt-out form in the patient's record if patient decides not to share PHI
- Maintain the original acknowledgment in the patient's record, if the patient signs
- Document on the acknowledgment your good faith efforts to obtain such acknowledgment and maintain it in the patient's record, if patient refuses to sign acknowledgment





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