



April 20, 2022

Provider Advisory Committee Report

5:30 - 7:00 PM EST | Zoom

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EXECUTIVE SUMMARY

To support local providers and increase access to care for those they serve, AmeriHealth Caritas DC designed and developed the **Provider Advisory Committee (PAC)**. The PAC is an opportunity for DC metro area providers to directly engage with AmeriHealth program leadership and elicit answers to their most pressing questions.

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, that are focused on helping DC residents obtain access to care, stay well, and build healthy communities. This committee provides critical input on innovative and collaborative strategies focusing on effective integration of care coordination and care management programs, as well as other programs to achieve desired outcomes. AmeriHealth finds it is vital to their mission that they collaborate with providers and community-based organizations to proactively improve the health status of those they serve. Increased emphasis on medical outcomes, preventive care, and other social determinants of health will reward all stakeholders.

The April 2022 PAC session served as an informative platform which was effective and provided the participants with insightful, timely information and tools. Participants were able to ask questions and get direct responses from leadership in AmeriHealth as well as leadership within local resource programs. A range of topics were covered from Value Based Programs, Enrollee Initiatives, CRISP, Provider Demographic Updates, and ACDC Plan Updates. Most of the questions centered around patient information on CRISP, the new Urgent Care Facilities, and what the process is to get patients their procedures in a timely manner. The AmeriHealth team, and local resource representatives were able to successfully answer all of the questions to the participants' satisfaction.

The following resources and tools were well received by the providers:

- ✓ **CRISP:** Where providers can look up their patient care records (current and historical) as well as receive encounter notification alerts.
- ✓ **Health Education & Health Engagement Programs:** Where patients receive incentives to take care of their health. This ranges from free gym memberships to the CARE Card rewards program.

OVERVIEW

AmeriHealth held its Provider Advisory Committee meeting on **Wednesday, April 20, 2022**, to a virtual audience of fourteen (14) providers and administrative staff. This event took place from **5:30 pm to 7:00 pm Eastern Standard Time (EST) on Zoom**. The beginning of this meeting was not recorded due to proprietary information, once that section was complete the virtual session recording began, all participants were notified before the start of the discussion. Value Based Programs, Enrollee Initiatives, CRISP, as well as Provider Demographic Updates and ACDC Plan Updates were highlighted during the virtual session. By better supporting providers and educating them on current programs and resources, AmeriHealth is committed to closing the access and service gaps for those they serve. After the participants concluded the discussion, they were provided a post-event survey with six (6) fillable and multiple-choice questions centered on understanding their experience and seeking to learn ways to enhance future engagements.

The Provider Advisory Committee meeting was facilitated by Mr. Jeff Welch of MMI Consulting Group, LLC, note taking was handled by Ms. Tamu Tucker, and Quianna Lawrence of MMI Consulting Group, LLC, and registration was carried out by Ms. Barbara Monagan and her team at AmeriHealth. Four (4) AmeriHealth representatives, Ms. MaryCatherine Graves, Ms. Barbara Monagan, Ms. Kelli Johnson, and Ms. Darla Bishop; and one (1) CRISP DC representative, Ms. Elizabeth Mulugeta, served as speakers during the virtual session. Ms. Graves introduced the session by providing the audience the Member Bill and Grievances. Ms. Johnson shared AmeriHealth's Value Based Programs. Ms. Bishop followed, providing the audience information about the Enrollee Initiatives and their benefits. Ms. Mulugeta discussed CRISP and how providers are able to receive encounter notifications on their patients in real time. Ms. Monagan discussed the continued effort to update provider demographics and the ACDC Plan updates regarding COVID-19 vaccinations. Before the Question-and-Answer segment began, Ms. Monagan re-introduced the **Provider Action Committee** initiative where meetings will be held to solicit feedback from providers to help execute aid ideas. During the Question-and-Answer (Q&A) session of the committee meeting, Ms. Monagan, Ms. Mulugeta, and Ms. Bishop answered participants' questions.

OVERVIEW

The facilitator driven agenda was broken up into ten (10) parts:

- Welcome and Agenda, along with minor housekeeping rules, were provided by the Facilitator, Mr. Jeff Welch
- Opening Remarks by Ms. Barbara Monagan
- Member Bill and Grievances by Ms. MaryCatherine Graves
- Value Based Programs was presented by Ms. Kelli Johnson
- Enrollee Initiatives by Ms. Darla Bishop
- CRISP Dashboard by Ms. Elizabeth Mulugeta
- Provider Demographic Updates by Ms. Barbara Monagan
- ACDC Plan Updates | COVID-19 Vaccination By Ms. Barbara Mongan
- Provider Action Committee by Ms. Barbara Monagan
- Facilitated Question and Answer (Q&A) with the audience



The Q&A session was focused on ensuring provider's knowledge of the CRISP Dashboard's capabilities of tracking patient care, locations and operation hours of Urgent Care Facilities, and current health incentive programs. There was also a discussion regarding the need for clearer instruction on what the process is to ensure patients are receiving needed procedures in a timely manner. In conclusion to the virtual session, Ms. Monagan provided insights into how AmeriHealth plans to continue to build their relationship with providers and will work with them to identify gaps in care and ensure the enrollees get the tools and benefits they need. The discussion ended by thanking all participants for their time and participation.

PARTICIPANTS

AmeriHealth Caritas DC attracted a diverse participant group from across the D.C. and Maryland region. The attendees were made up of four (4) general medical services, five (5) behavioral services.

Attendee	Institution	Location
Monique Alexander	MetroHealth, FQHC	Washington DC
Ruth R. Bennett	Howard University	Washington DC
Dr. Michelle Cook	Life Stride, Inc	Washington DC
Dr. Bridgette Chase	Chase Consulting	Washington DC
Thomas Davis	Limitless Possibilities	Washington DC
Pamela Khumbah	Doors of Hope	Washington DC
Ebony Lea	A Fresh Start Therapy	Washington DC
Eric A Tchuigoua	SDM1 Stop Health Primary Care	Hyattsville, MD
Jean Welsh	Primary Alternative Medical	Silver Spring, MD



Questions & Answers



Question by Eric Tchuigoua, PCP, for Elizabeth Mulugeta, CRISP DC:

On the patient that will be showing in CRISP are they the patient on a specific providers panel or will it be all the patients that receive Medicaid benefits?

Response: It will depend on the provider, so typically what we do is if they are interested at looking at the specific population of patients that they treat, we can pull a manual panel for that population. Also, for any patient that they have a treatment relationship with that they search, if they are a Medicaid beneficiary, they will be able to see that data.



Question by Eric Tchuigoua, PCP, for Elizabeth Mulugeta, CRISP DC:

Regarding most of their medical data, will it be open by request, or already available in CRISP? I saw on one of the slides there was a space where it mentioned it gives us options on certain data we need, so would it be available already? For example, let's say a patient is already in CRISP; would we have access to everything pertaining to that patient or, would we have to request access before hand?

Response: The information is already available within CRISP, but DC and Maryland are both opt out states. Meaning patients do have the ability to opt out if they do not want their information shared within CRISP. Typically, if that comes up, we really encourage providers to leave that decision up to the patient because if a patient decides to opt out of CRISP we block all of their historical information and we stop new information from coming in with the exception of the Maryland Prescription Drug Monitoring Program (PDMP) because that's mandated by law. But essentially, you can search for that patient's information if they have not opted out; typically less than 1% opt out.



Question by Barbara Monagan, Director, for Elizabeth Mulugeta, CRISP DC:

I am so excited about our partnership with CRISP. Is there a fee associated with the providers to enroll with CRISP? Do they have to pay for the services or are they free of charge? Can you explain that?

Response: There is no fee to gain access to CRISP. We are a non-profit and receive funding from DC Health Care Finance to facilitate those costs of onboarding information onto CRISP. The only time there would be a fee is when there is some automation going on. For example, if there are any SFTPs or any manual feeds that need to be established between CRISP and a providers electronic health record (EHR), CRISP does not charge the provider however on the back end their EHR may charge them.

Questions & Answers *...continued*



Question by Kelli Johnson, Value-Based PM, for Elizabeth Mulugeta, CRISP DC:
To get the alerts in CRISP based on a membership panel for a provider, will they just need the member ID and name? If not what fields would need to be populated for those alerts in CRISP?

Response: Those alerts will be automatically populated. The Encounter Notification Service (ENS) prompt is the one section within CRISP where you don't have to complete a patient search. By clicking the ENS tab you can access the list of the patients, and their information, that you have access to. Another way to get those alerts is by searching for that specific patient. The ENS prompt though is limited to six (6) months of encounters. But if you really want to know what a specific patients encounter is you would just search for them with their first and last name and date of birth. When you pull up that patient through the Clinical Information section you can see a view of all the historical encounters that we have on that patient. Also on our CRISPdc.org website under the resource section we have training videos on how to access any of the information that you are looking for along with some curated training guides as well.



Question by Barbara Monagan, Director, for Darla Bishop, Manager:
Is there a limitation on the number of incentives an enrollee or provider can receive through our value-added services?

Response: We do have an annual limit to our gift card incentives of \$75 per Medicaid enrollee. Also the CARE card program is for Medicaid enrollee's only; due to our contract with the District we are not allowed to do it with Alliance enrollees. When it comes to enrollment through our other programs there are no limits, they can come to as many of our other programs as they want. We know engagement begets engagement; if a patient attends a wellness class and learns something they may now do a better job of going to their doctor appointments, and because of that they do a better job of taking their medications. We know there is an accumulative and positive effect by getting your patients connected with our programs and services.

Questions & Answers *...continued*



Question by Eric Tchuigoua, PCP, for Barbara Monagan, Director:

Regarding the two new urgent care facilities that will be available. Are they going to be 24-hour urgent care? I am asking because I am working on my answering machine where I put information for patients if they have something urgent.

Response: At this time I do not have their hours of operation but I can get it and email it to you. Typically, our urgent cares centers do not go 24 hours, but that is not to say these providers or facilities are not an exception to that. I think that is a great idea that you want to implement that and steer your non-emergent patients to these urgent care centers. That's the kind of creativity that we like to see from our providers to help us reduce our ER visits.



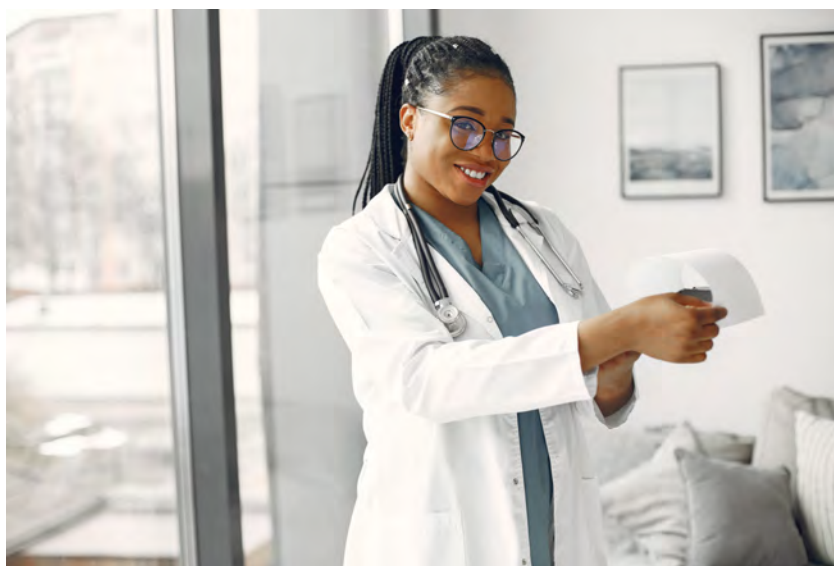
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Ms. Darla Bishop, Manager, added that she dropped a direct link to their [AmeriHealth] website in the chat that outlines many urgent care and telehealth options as well as a really nice PDF that is updated regularly with addresses, phone numbers, and hours of the urgent care facilities within the district

Care When You Need It!

(urgent care and telehealth options):

<https://www.amerihealthcaritasdc.com/member/eng/telehealth.aspx>
www.amerihealthcaritasdc.com/pdf/member/member-urgent-care-brochure.pdf



Questions & Answers *...continued*

Mr. Tchuigoua sparked a discussion after making a suggestion during the Q&A.



SUGGESTION by Eric Tchuigoua, PCP: *I am having a hard time trying to get my patients to get the right care that my provider wants them to receive. For example, Patient X comes in today for an annual physical and the provider refers them to do radiology or to get an x-ray, but 50% of the time it will come back as needing an authorization. I am asking if we can have the same process we have applied to prescriptions; for example, before we prescribe them there are step therapies the provider can follow before the patient can get that prescription. Is there a way with the Action Committee that we can meet and figure out if there is a step therapy for procedures, so a patient isn't going back and forth trying to get a procedure done and them thinking it's the doctor's office that isn't allowing them to get it? It is hard to get the enrollee to understand that this is the process that we need to follow from the insurance plan before the procedure is done. If we can have a meeting that can help enrollees get what they need, it would help.*

Response by Barbara Monagan, Director: Let me make sure I understand what you are suggesting. What I hear you say is there is a disconnect to the enrollee relative to next steps once the doctor has decided on the procedure for them. Do you think there is a gap in communication to next steps relative to if there are labs that need to be done or an authorization is needed or do they have to go see a specialist before having the procedure?

Response by Eric: The issue isn't that there could be a gap, it's that we don't know the exact process. When we refer a patient to the cardiologist for an appointment for a procedure it comes back that we need to submit an authorization request for the procedure. It could be because the patient didn't get an MRI or didn't try a certain medication. Can we have steps that we can follow so that the provider can say before we do AB&C let's try this, this way the patient doesn't have to wait another week or two for an authorization answer.

Response by Barbara: I think that's a great idea and we can use that as a focus for our first provider action committee meeting. Sounds like what we need to do is ensure there is education relative to the process. That may entail cleaning up our authorization requirements and ensuring that our provider community has a thorough awareness and understanding of what services require an authorization and which do not. We can pull in our Medical Director to talk to this issue, this way we can increase awareness of our processes and policies relative to benefits and coverage.

CONCLUSIONS

The participants in the April 2022 Provider Advisory Committee meeting asked great questions, and expressed excitement in volunteering for the Provider Action Committee to help make better processes as well as get a better understanding of current requirements and programs. AmeriHealth and CRISP representatives offered their time, and expressed a willingness to discuss with providers in more detail specific questions they may have after the meeting.



Three areas were noted in the Q&A session:



There is a need to have the first Provider Action Committee meeting focus on educating providers on what services require authorizations verse those that do not.



Providers are interested in CRISP and all of the capabilities available to help facilitate the care of their patients. There is a desire to learn more about how to use this free resource.



Operating information regarding new and current Urgent Care Facilities should be easily assessable to assist providers in reducing ER visits and guiding their patients to the nearest Urgent Care Facility.

Provider Advisory Committee | April 2022



PROVIDER ADVISORY COMMITTEE MEETING MINUTES

Wednesday, April 20, 2022

5:30pm – 7:00pm

FACILITATOR:

- Jeff Welch, Facilitator, Provider Advisory Committee

SPEAKERS:

- MaryCatherine Graves, Director, Philadelphia Contact Center Operations
- Barbara Monagan, Director, Provider Network
- Kelli Johnson, Value Based Program Manager
- Darla Bishop, Manager – Marketing, Communications and Health Program
- Elizabeth Mulugeta, CRISP DC, Program Manager

AGENDA:

- Welcome and Agenda
- Opening Remarks
- Member Bill and Grievances
- Value Based Programs
- Enrollee Initiatives
- CRISP Dashboard
- Provider Demographic Updates
- ACDC Plan Updates | COVID-19 Vaccination
- Provider Action Committee
- Questions and Answers

DISCUSSION:

- Welcome and Agenda
 - Jeff Welch started the meeting with introductions and meeting instructions.
- Opening Remarks: Barbara Monagan-
 - We are so very excited to have you as a provider partner and wanted to thank you from the bottom of our hearts for all you do to service our enrollees. Our strategy for 2022 is



to create a network on the cutting edge of provider transformation by embracing the health plan's role in access to care and delivering value through data.

- Member Bill and Grievances: MaryCatherine Graves
 - The following topics were covered: Grievance (what is it); Grievance Elements; and Enrollee Grievances & Appeal Intake.
 - There is no time limit on a grievance, and grievances affect their rating. The top grievance received was for enrollees receiving bills. Reminder to providers, exhaust all efforts before billing clients. The second highest grievance is patient wait times.

- Value-Based Programs: Kelli Johnson
 - We have a suite of programs that incentivize our providers who perform well on quality metrics. Within our Quality Enhancement Program (QEP), we have programs for dental, behavioral health, Obstetrician (OB) providers, and Primary Care Physicians (PCP).
 - The real goal is to make sure that innovative and quality providers are recognized through additional compensation that happens on top of the claims being billed. We are striving to find out how we [AmeriHealth] can be the best partner for you, our providers, and take the burden off and support your practice to make sure that if we are going to move you from a quality enhancement program to a riskier one that you have the support behind you that is needed to maximize the reimbursement. We at AmeriHealth want to understand what we bring to the table, whether through special programs, which Darla will speak on later or through our case management team; what can we do to ensure we execute a successful strategy.
 - The QEP is often the first program we introduce to providers; you do not have to opt into it. If you have 200 members or more on your panel as a PCP, you are enrolled. For dental practices, it's around 300 members needed.
 - The QEP is settled, looking at a 12-month calendar period. We are currently in the middle of allowing the claims to run out for 2021; the 2021 program year should be settled around the end of June or early July 2022. Meaning those checks should be going out relatively soon. This also includes the Perinatal QEP, the Dental QEP, and the Behavioral Health QEP mentioned earlier. We look at quality measures related to HEDIS and hospital metrics to reward those quality outcomes; we also look at your cost efficiency as a practice. We can talk in more detail about this at our next meeting, but in the suite of programs, when looking at your total cost of care, we want that information to be easily assessable to you and at your fingertips. Please call or email me, and we can talk about the data. In person, I can show you how we use the data from your practice using information that we bring in from 3M and their actuaries to see the cost of the care you are providing and what the expected price is based on what your membership is assigned to you. We look at data through the 3M platform, which we offer to our providers at no additional cost, and data through NaviNet. We can help you download information like gaps in care, which of your members are driving, utilization at the hospital that can be possibly avoided, etc.

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- Enrollee Initiatives: Darla Bishop
 - Health Education and Health Engagement Programs: In support of our providers and enrollees, we have a complete and robust offering of health education and health engagement programs for our enrollees. There are a few highlighted today:
 - Diabetes Wellness Circle: We have several opportunities for individuals who are newly diagnosed with hypertension and/or diabetes and those who have perhaps been diagnosed for some time but are falling outside of control to get engagement in a community-based setting. We have a wellness circle program that runs for six (6) weeks with one of our high-performing community-based organizations. We also offer a Spanish language version thru a local Federally Qualified Health Center (FQHC), La Clinica Del Pueblo. For those more comfortable doing things online, especially considering the pandemic, we have a partnership with Howard University's Diabetes Education Program to help people get on the right track.
 - Bright Start Maternity Care Program: In addition to that, we want to make sure our mommies and babies are getting off to a good start, so as part of our Bright Start Maternity Care Program those that are pregnant or have recently delivered a child or children can have access to special maternity focused care manager; these people are registered nurses as well as licensed social workers who can help with all the transition that comes with welcoming the new baby as well as connecting them to all the available care not only for themselves but for the new baby. As part of this program, we have several resources available:
 - Baby showers that we host
 - Safe sleep classes where enrollees receive a free mini crib after attending the class, so they have a safe space for their child to sleep
 - Home delivered meals to help close any nutritional gaps
 - Communal Wellness Center: We also have a communal wellness center in southeast DC that has been closed for a couple of years, but we are excited to announce that it is opening again on June 11, 2022. At this center, we offer the ability for enrollees to walk in and ask questions, find out who their doctor is, talk with a care manager, and sign up for any of our programs or services that are in addition to their medical benefits. We also offer a schedule of courses that include: financial literacy, job training, and resume support, cooking, as well as movement classes that are appropriate for people of a wide variety of ailments or abilities.
 - Active & Fit - Get fit at Home: We know that physical exercise is essential for maintaining a healthy lifestyle. We have a partnership with Active & Fit, a national organization that allows us to give free gym memberships to enrollees. It's a simple sign-up process, and they get free access to gyms all over the city. There is only one gym in DC with a swimming pool, so there are a couple of gym

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options in Virginia if they need access to a pool if they do better with aquatic exercise.

- **Care Card Program:** We love to incentivize and give additional tools to the providers to help enrollees take better care of their health. We have a Care Card Program that allows us to provide enrollees gift cards to use at CVS, Walgreens, Rite Aid, and Walmart to stretch their budget and will enable them to buy health and wellness supplies for baby care, women's care, and even diabetic supplies. Also, because of the pandemic, many of our parents have not been taking their kids in for their regular wellness child visits; everyone is just in the mode of survival during this time. We are hoping to get those 12 to 20-year-olds in for their yearly physicals; we are offering a 50-dollar gift card for those that can get in for their annual visit. This is a gift card program we do not expect to stop over the next year. So, for example, we may have a family that can get their 13-year-old in this year, and then again after Jan 1, 2023, so that's up to \$100 that a family can get just for making their preventive screening appointments. We also have a couple of gift card options for people with diabetes because these screenings are essential but are frequently missed; the blood and urine screening and the retinal eye exam. For our moms, we have a \$25 gift card for those who participate in a prenatal visit at least once in their first trimester and another \$25 gift card for when they do the post-partum visit within six weeks of delivery.
- **Home Visits/Telehealth:** We have made sure your patients have many options to avoid the emergency room. We know during the pandemic that emergency departments are not the best place to be because you can be surrounded by people who are ill. We have partnered with RelyMD to allow our enrollees to have telehealth visits on demand. We can also do house calls through our partnership with Ready (previously Ready Responders). They call and set up an appointment, and a paramedic can come to the house and use a tablet to connect with a nurse practitioner to do an in-home visit. This can be very helpful for those who need to be physically seen because they have an injury, burn, or cut but do not feel comfortable going to urgent care or have transportation limitations.
- **Transportation:** We have partnered with Access to Care which allows us to give Lyft and Uber rides so that enrollees can get to their regular medical appointments, urgent care, or back home after being discharged. This is easy to set up, they just call our transportation services phone number, and we will get their ride scheduled.
- The take-home from all of this is that we have a complete list of programming available to your patients to help support the goals you are making with them and get them closer to their best health possible. If you have any questions about these programs and how to get your patients enrolled in them, please contact me.

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- CRISP Dashboard: Elizabeth Mulugeta
 - There is a robust amount of information that you can search for about your patients when utilizing CRISP. You can search for your patient's prior hospital records within CRISP. You can also go into their clinical information within the CRISP application and view their labs in chronological order. CRISP receives Encounter Notification Service (ENS) Alerts. We can collect a patient list and data; this process can be automated or manually submitted.
 - We are connected with all FQHCs, Bread for the City, Mary's Center, and La Clinica Del Pueblo. We are receiving data and structured documents from those facilities, which you can review. We also work with DC healthcare finance and receive bi-weekly claims data that allows you to review historical claims data that we have on your patient.
 - CRISP is currently going through a migration process, and we have some changes that we are making; current users using the unified landing page will be migrated to the new DC portal. Existing users will be hearing from us in a few weeks regarding this. If you are looking to get access, please reach out to us at our DC Outreach Contact information. If you have technical issues with your account, you can call or email our support team 24/7.
 - Question by Eric Tchuigoua, PCP – On the patient showing in CRISP, are they the patient on a specific provider's panel, or will it be all the patients that receive Medicaid benefits.
 - Response by Elizabeth Mulugeta, CRISP DC - It will depend on the provider, so typically, what we do is if they are interested in looking at the specific population of patients that they treat, we can pull a manual panel for that population. Also, for any patient that they have a treatment relationship with that they search, if they are a Medicaid beneficiary, they will be able to see that data.
 - Question by Eric Tchuigoua, PCP - Regarding most of their medical data, will it be open by request or already available in CRISP? On one of the slides, I saw a space where it mentioned it gives us options on certain data we need, so would it be available already? For example, let's say a patient is already in CRISP; would we have access to everything about that patient, or would we have to request it beforehand?
 - Response by Elizabeth Mulugeta, CRISP DC - DC and Maryland are opt-out states, so the information is already available within CRISP. But patients can opt-out if they do not want their information shared within CRISP. Typically, if that comes up, we encourage providers to leave that decision up to the patient because if a patient decides to opt-out of CRISP, we block all of their historical information, and we stop new information from coming in except the Maryland Prescription Drug Monitoring Program (PDMP) because that's mandated by law.



But essentially, you can search for that patient's information if they have not opted out; typically, less than 1% opt-out.

- Provider Demographic Updates: Barbara Monagan
 - In continuation with speaking about some of our efforts for 2022, we want to engage our provider community to assist us with updating provider demographics. As a health plan, we are not the only plan struggling and challenged with this at this point. Some of this data that is relative to our provider directory is inaccurate, so we are trying to work with our providers to ensure that we are receiving updates in a timely manner relative to new pin updates, NPIs, and telephone numbers; essentially, anything that is relative to you and your practice that we must relay to our enrollees for them to reach you or even for us to process and pay claims. We need to receive these updates from you [providers] expeditiously. Some of what we would like to do and focus on in 2022 are our monthly Fax Blasts to you as providers. So, providers will get something via our Fax Blast process that reminds them to reach out to their account executive; or the account executive will ask providers to update their provider demographic form, which alerts us to know of any changes that have occurred at the practice level. Our account executives will be tasked with making sure they are speaking with providers about these updates in their monthly and quarterly meetings. As a part of the ongoing dialogue, they will ask if there have been any changes to the provider's numbers or suites, again anything relative to your practice that would hinder us from processing claims or for our enrollees calling to call make an appointment. It cannot be stressed enough that we need to receive these updates promptly. There are resources for providers to update this information; the PI form can be corrected and submitted to their account executive, and or it can be updated as they are doing their monthly and quarterly meetings with their account executive.
 - We have partnered again with CRISP and Care Mesh to identify additional resources that we can use to update demographics and utilize the CAQH, Lexis Nexus, and any other resources that we can use behind the scenes to verify information relative to our providers and practices. Our goal here is to ensure that our provider directory and system are as accurate as possible with information close to you, your practice, and how you do business. It can't be stressed enough again how important it is for us to be compliant as a health plan, and we cannot do that without you [providers].
- ACDC Plan Updates | COVID-19 Vaccination: Barbara Monagan
 - We are sure everyone is aware there has been a change in the mask mandate for COVID-19. Our focus here is to not lift off the gas pedal when it comes to our outreach and awareness to our provider community. We want to take this opportunity to speak with our provider community about what we can do to partner with you to help you increase COVID-19 vaccination numbers. We want to get feedback from you about any obstacles or challenges you are working through as a provider to educate our enrollees about vaccination and how effective the vaccination is. We want to hear from you about any obstacles and challenges you are working through and what you would like to see as

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far as encouragement or participation from the plans, and anything you think we can do to partner with DC or anyone that we can partner with to change or increase the focus on vaccinations.

- Just a point of reference for the group, we do reimburse for administering COVID-19 vaccinations, and if you are a provider that is already administering the vaccine, I am sure at this point you are aware of this fact. And if you are not aware or currently not administering the COVID-19 vaccine, it is something to be mindful of.
- We will be setting up meetings to solicit feedback from our providers and executing a plan to implement aid idea(s). For example, if Eric comes to me and has a great idea about increasing COVID vaccinations, we are open to partnering with him and his practice, even if that entails lending resources to make outbound phone calls to get patients in for those vaccines. That is something we can partner with his practice and do. Again, focusing on working with our provider community thru channels of meetings, monthly/quarterly meetings with our account executives, and working out a plan to execute these processes is going to be advantageous for the provider, the health plan, and the enrollees.
- We are currently negotiating with George Washington (GW) Hospital, who will be opening up a new urgent care center located at 900 23rd St, NW; opening is slated for early July 2022, with no solid date, but we have been given that tentative time frame. I am focusing on our urgent care because this is very important regarding our goal to reduce our Emergency Room (ER) visits. We want you, as our providers to know that there are other resources available to you for our enrollees via the urgent care centers. AmeriHealth partnering with GW in July 2022 is just another step in us trying to steer our enrollees with those non-emergency services to our urgent care centers.
- We are in the final steps of finalizing our agreement with Providence Health, located at 1150 Farnum St., NE, who will open their own Urgent Care center. This is another avenue to steer our enrollees with non-emergency services to an urgent care center.
- Kelli spoke earlier on this, but I wanted to re-emphasize what she said; internally, there is a significant effort to focus on value-based contracting. We are partnering with Kelli, Myself, our account executives, our Behavioral Health Medical Director and our Quality Manager to redeploy our QEP programs and our community partner programs. We have lost focus due to COVID but are trying to migrate our account executives back into the field. Part of that process is redeploying our QEP and community partners agreement and making providers more aware of the benefits and for any new providers that may be interested, educating them on the benefits and the incentives associated with these programs. We are also working to finalize our Perform Plus agreements with our key hospitals.
- Stabilizing our data internally is another big focus for us in 2022. We want to collect and analyze data that you, as our providers, will find easily accessible, easy to understand, and relative to your practice. We want to develop dashboards that provide you with the data that is important to you, relative to your practice, and will make it easier for you to

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do business with us. Providers can have a dashboard to focus on their ER reductions and readmissions as well as make it easier for them to identify any care gaps so they can work with their enrollees to close those gaps.

- We will be gathering membership data and comparing it to our network gaps. We will focus on recruiting providers that help us meet ethnicity specifications. Enrollees have sent in requests for providers that speak a specific language or are of a particular decent. This is another thing we will focus our recruitment efforts on to help close those ethnicity or language gaps that we currently have. This effort will be aligned with our current network recruitment initiative.
- We will also create a dashboard of reports that give you a peer-to-peer comparison of the providers in the same specialty as you and treating patients with the same diseases and outcomes. Often, we have found providers are a little more motivated when they see a comparison to “Dr. Smith” down the street that is treating the same patient panel and comparing his own outcomes to that of “Dr. Smith.” This can give a provider insight into what is happening down the street and seeing the results “Dr. Smith” is yielding versus your own effects. We can then work with them to ensure they are in alignment or beating the doctor down the street. Because we all know we love a healthy dose of competition. If you are working to close 15 gaps on five (5) of your patients, we want to work with you and show you this is what you did month over month or year over year.
- We are going to partner with targeted organizations outside of our current network. We are going to identify resources to help in closing gaps and looking at alternative ways to service our enrollees. A part of this could be behavioral health facilities or any long-term care facilities that could aid us in ER and in-patient visits. One of the targets we have started initial conversations with is Shepard Pratt, a tremendous mental health hospital over in Maryland, and we think they will be a great partner with us. They are just an example of looking outside of traditional recruiting initiatives or recruiting services that we have done previously.
- We are excited about our focus for 2022. It cannot be stressed enough how important you are as a provider to us, you are indeed a valuable part of how we service our enrollees, and we appreciate you more than you know.
- Provider Action Committee: Barbara Monagan
 - As part of our ongoing meetings for the year, we will be doing our Provider Advisory Committee and our Provider Action Committee Meetings. We did solicit volunteers from our last meeting, which was the last quarter of 2021, and we would also like to request volunteers for the 2022 calendar year. We have finalized our calendar for the entire year; our first meeting in the middle or end of May. We will take the volunteers from our first meeting and this meeting, and the purpose of the Provider Action Committee is to focus on a targeted group of providers who will have a designated area of conversation or topics that we have selected. This will just be another avenue to solicit feedback and determine if there are any processes or improvements that we need to make from a Plan perspective. We want you to know that we are that plan that

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is open and receptive to change in processes, especially if it will allow us to service our enrollees better effectively. If you are interested in taking about three times out of the year to do focus groups with us, we would appreciate you signing up to be a volunteer or having someone from your staff sign up and volunteer for our Provider Action Committee.

- Provider Action Committee Volunteers: Eric Tchuigoua.

- Questions and Answers:

- Question from Kelli Johnson, Value Based Program Manager, for Elizabeth Mulugeta, CRISP DC. – To get the alerts in CRISP based on a membership panel for a provider, will they just need the member ID and name if not what fields would you need to have populated for those alerts is CRISP?
 - Response by Elizabeth: Those alerts will be automatically populated. The ENS prompt is the one section within CRISP where you don't have to complete a patient search. By clicking the ENS tab, you can access the list of the patients, and their information, that you have access to. Another way to get those alerts is by searching for that specific patient. The ENS prompt is limited to six (6) months of encounters. But if you want to know precisely what a particular patient encountered, you would search for them with their first and last name and date of birth. When you pull up that patient through the Clinical Information section, you can see a view of all the historical encounters that we have with that patient. Also, on our CRISPdc.org website, under the resource section, we have training videos on how to access any of the information that you are looking for, along with some curated training guides as well.
- Question from Eric Tchuigoua, PCP, for Barbara Monagan, Director – I know she [Barbara] just mentioned two new urgent care facilities available. Are they going to be 24-hour urgent care? I am asking because I am working on my answering machine where I put in the information for patients if they have something critical.
 - Response by Barbara: I do not have their hours of operation, but I can get them and email them to you. Typically, our urgent care centers do not go 24 hours, but that is not to say these providers or facilities are not an exception to that. I think that it is an excellent idea that you want to implement that and steer your non-emergent patients to these urgent care centers. That's the kind of creativity that we like to see from our providers to help us reduce our ER visits.
 - Response by Darla Bishop, Manager: I did drop a direct link to our website in the chat that outlines much urgent care and telehealth options, as well as a nice PDF that is updated regularly with addresses, phone numbers, and hours of the urgent care facilities within the district:
 - Care When You Need It! (urgent care and telehealth options): <https://www.amerihealthcaritasdc.com//member/eng/telehealth.aspx>
 - www.amerihealthcaritasdc.com/pdf/member/member-urgent-care-brochure.pdf



- Suggestion by Eric Tchuigoua, PCP – I am having a hard time getting my patients the right care that my provider wants them to receive. For example, Patient X comes in today for an annual physical, and the provider refers them to do radiology or get an x-ray, but 50% of the time, it will come back as needing an authorization. I am asking if we can have the same process we have applied to prescriptions; for example, before prescribing them, there are step therapies the provider can follow before the patient can get that prescription. Is there a way with the Action Committee that we can meet and figure out if there is a step therapy for procedures, so a patient isn't going back and forth trying to get a procedure done and them thinking it's the doctor's office that isn't allowing them to get it? It is hard to get the enrollee to understand that this is the process that we need to follow from the insurance plan before the procedure is done. If we can have a meeting to help enrollees get what they need, it would help.
 - Response by Barbara: Let me make sure I understand what you suggest. What I hear you say is there is a disconnect to the enrollee relative to the next steps once the doctor has decided on the procedure for them. Do you think there is a gap in communication regarding next steps close to if there are labs that need to be done or authorization is needed, or do they have to see a specialist before having the procedure? I'm trying to make sure I understand what the ask is.
 - Response by Eric: The issue isn't that there could be a gap; it's that we don't know the exact process. A patient comes in and explains their condition, and we as a PCP would, for example refer the patient directly to a cardiologist. When we refer them to the cardiologist for the procedure, it comes back that we need to submit an authorization request for the procedure. It could be because the patient didn't get an MRI or didn't try a particular medication. Can we have steps that we can follow that the provider can say before we do this, let's try this prescription or get that MRI, so they don't have to wait another week or two for an authorization answer to come back. That would help the patients, and they would feel like their health needs are addressed.
 - Response by Barbara: I think that's a great idea, and we can use that as a focus of our first provider action committee meeting. It sounds like what we need to do is ensure there is education relative to the process. Maybe that will entail cleaning up our authorization requirements and ensuring that our provider community has a thorough awareness and understanding of what services require authorization and which do not. We can pull in our Medical Director to talk about this issue, this way, we can increase awareness of our processes and policies relative to benefits and coverage.
- Question from Barbara Monagan, Director, for Elizabeth Mulugeta, CRISP DC – I am so excited about our partnership with CRISP. Is there a fee associated with the providers to enroll with CRISP? Do they have to pay for the services, or are they free? Can you explain that?
 - Response by Elizabeth: There is no fee to access CRISP. We are a non-profit and receive funding from DC Health Care Finance to facilitate those costs of onboarding information onto CRISP. The only time there would be a fee is when some automation is going on. For example, if there are any SFTPs or any manual



feeds that need to be established between CRISP and a provider's electronic health record (EHR), CRISP does not charge the provider; however on the back end, their EHR may charge them. But in short, no there is no fee for access to CRISP.

- Question from Barbara Monagan, Director for Darla Bishop, Manager – Marketing, Communications, and Health Program – Is there a limitation on the number of incentives an enrollee or provider can receive through our value-added services?
 - Response by Darla: We do have an annual limit to our gift card incentives of \$75 per Medicaid enrollee. Also, I want to make sure you all know that the gift card program is for Medicaid enrollees only; because of our contract with the District, we cannot do it with the Alliance enrollees. When it comes to enrollment through our other programs, there are no limits; they can come to as many of our other programs as they want. We know engagement begets engagement, that if people stop by and attend a wellness class and learn something, they may now do a better job of going to their doctor appointments. Because of that, they do a better job of taking their medications. We know an accumulative and positive effect of getting your patients connected with our programs and services.

POINTS OF CONTACT:

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ACTION ITEMS:

- Contact Barbara Monagan if you would like to volunteer to participate in the focus groups to give feedback about what works and needs to be changed.

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