



PROVIDER ADVISORY COMITTEE REPORT

May 18, 2023
5:30 PM – 7:00 PM
VIRTUAL – ZOOM



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EXECUTIVE SUMMARY



AmeriHealth Caritas DC 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.



The **May 18, 2023**, PAC session focused on **current initiatives and program updates**. The session served as an informative platform and was effective in providing the participants with information and tools that will, if applied, be beneficial in serving our enrollees during this time of recredentialing. During the meeting participants were given the opportunity to ask questions and receive direct responses from leadership.

OVERVIEW

AmeriHealth Caritas DC held its Provider Advisory Committee meeting on **Thursday, May 18, 2023**, to a virtual audience of **24** Providers and administrative staff. 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. After the meeting concluded the participants were provided the meeting minutes, slides, resource fliers.

AGENDA

- Welcome and Agenda by Jeff Welch
- Credentialing Process for New Enrollments by Skye Porter
- Restarting Medicaid Renewals by Taylor Woods
- Medicaid Unwinding & Redetermination Strategy & Plan by Keith Maccannon
- Consumer Assessment of Healthcare Providers & Systems (CAHPS) by Leginia Driscoll & Stephanie Hafiz
- Questions & Answers by Jeff Welch

SPEAKERS

- **Skye Porter** - Team Lead - Provider Enrollment Services for Credentialing, AmeriHealth Caritas
- **Taylor Woods** - Special Projects Office, Department of Health Care Finance
- **Keith Maccannon** - Director of Marketing, Community Relations and Outreach, AmeriHealth Caritas DC
- **Leginia Driscoll** - Director, Quality Management, AmeriHealth Caritas DC
- **Stephanie Hafiz** - Director, Member Engagement, AmeriHealth Caritas DC

OVERVIEW

The primary theme of the **Provider Advisory Committee** meeting was renewal for Providers and Enrollees. Provider re-credentialing is completed every 36 months, but it has been three (3) to four (4) years since enrollees have had to take action regarding their Medicaid benefits renewal. Below are some highlights and resources from the discussion.



HIGHLIGHTS

- Providers are notified no later than 90 days before their re-credentialing cycle ends.
- Enrollee renewals have begun, everyone in the District of Columbia must be redetermined for their eligibility for benefits under Medicaid, messaging started April 2023.
- Enrollees previously with CareFirst Community Plan will transition to Amerigroup DC.
- The CAHPS survey is about the enrollee's complete experience from setting appointments to any follow-ups. It is not specific to a Provider, and questions are geared towards six (6) to eight (8) months prior.



RESOURCES

- Stakeholder Toolkits are provided by DHCF. They include fliers and pre-drafted text messages.
- Every other week public meetings are held by DHCF to explain the Medicaid renewal process.
- For larger Providers, ACDC will provide onsite support to assist with outbound calls and help with any benefit eligibility issues or questions.
- Wellness and Opportunity Center located in Ward 8 on the corner of Good Hope Rd and Martin Luther King Jr. Ave is available to enrollees.

PARTICIPANTS

AmeriHealth Caritas DC attracted a diverse participant group from across the District of Columbia Metropolitan Area.

The attendees were made up of four (4) general practices, one (1) specialist, one (1) addiction treatment care center, one (1) urgent care center, one (1) oncology center, one (1) general hospital, one (1) dentist, and one (1) public assistance center.



ATTENDEE ORGANIZATION

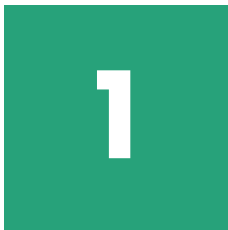
| | |
|------------------------|------------------------------------|
| Erin Athey | C3 Cares |
| Kyle Black | US Oncology |
| Angelita Coleman | Unknown |
| Siobhan Burke | Unity HealthCare |
| Shayla Graham-Brock | Metro Health DC |
| Latonya Harris | Metro Health DC |
| Rosemarie Henry | Endocrinology Assoc of Southern MD |
| Katie Lainez | Unknown |
| Jorge Cabrera Mercedes | Unknown |
| Britt Mobley | Prestige Healthcare Resources |
| Gail Nunlee-Bland | Howard University Hospital |
| Michael Pickering | RAP Residential SUD - Gaudenzia |
| Fanny Quintanilla | Sharmin Dental Clinic, P.C. |
| Christy Respress | Pathways to Housing DC |
| Eric Tchuigoua | SDM-1 Stop Primary and Urgent Care |





The May 2023 Provider Advisory Committee meeting reminded Providers of their own recredentialing process. But it also outlined in detail the redetermination process for Enrollees to help ensure Providers are able to assist as best as possible. For more information, please see the presentation slides and meeting minutes within the addendum.

CONCLUSIONS



Recredentialing

This process for Providers is repetitive and completed every 36 months. Providers receive notification when they need to take action by email, which will include information on what documents are needed.



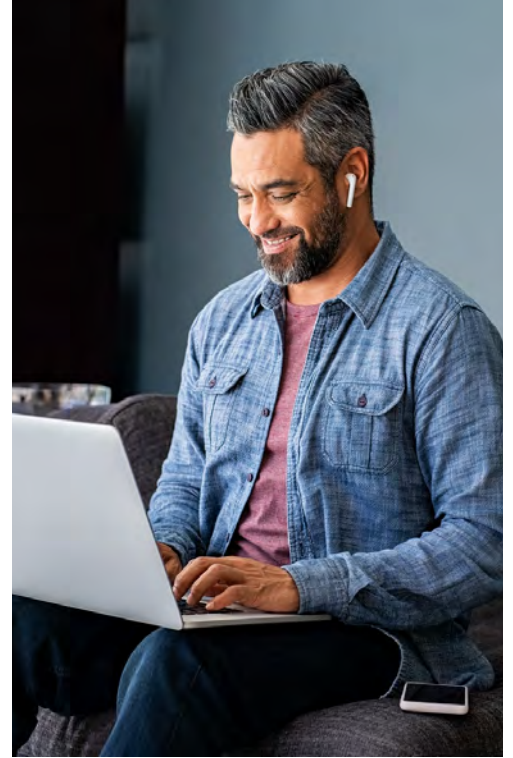
Redetermination

The District of Columbia is the process of all Medicaid beneficiaries needing to redetermine their eligibility. Current messaging is directing Enrollees to the District Direct website for quicker service.



CAHPS Survey

The Spring 2022 results showed ACDC with high rankings in the area of "How well Doctors communicated," and "Ease of filling out forms." The rankings for the area of "Effectiveness of care" showed improvement but it was still low. This is the area that requires better partnership and collaboration between ACDC and Providers to help continue progress towards a better experience for our enrollees/patients.



PROGRAM CHAIR

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CONTACT US



ADDENDUM

- **Presentation Slide**
- **Meeting Minutes**
- **Resources**

PRESENTATION SLIDES





Delivering the Next
Generation
of Health Care



**CARE IS THE HEART
OF OUR WORKSM**

Provider Advisory Committee Meeting

May 18, 2023

Our Agenda

1. Welcome & Agenda

- Jeff Welch, Facilitator

2. Recredentialing Efforts

- Skye Porter, ACDC

3. Restarting Medicaid Renewals

- Taylor Woods, DHCF

4. Medicaid Unwinding and Redetermination Strategy and Plan

- Keith Maccannon, ACDC

5. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Stephanie Hafiz, ACDC
- Leginia Driscoll, ACDC

6. Question & Answers

- Jeff Welch, Facilitator

Credentialing Process for New Enrollments

Skye Porter

Team Lead, Provider Enrollment Services for Credentialing, ACDC



Credentialing Process for New Enrollments

AmeriHealth Caritas District of Columbia (DC) participates with the Council for **Affordable Quality Healthcare (CAQH)** to offer providers a Universal Provider Data source that simplifies and streamlines the data collection process for credentialing and re-credentialing.

Providers (Physical Health and Behavioral Health) may submit credentialing information to AmeriHealth Caritas DC via CAQH by:

- Filling out the **Provider Data Intake Form** (PDF)
- Enabling AmeriHealth Caritas DC to view your information by changing your settings in CAQH
- Faxing your CAQH ID number and completed **W-9** (PDF) to the AmeriHealth Caritas DC credentialing department at 215-863-6369

Dental Providers must email the following information to dentalapplications@amerihealthcaritasdc.com:

- Your recently updated and attested CAQH ID number
- Your **W-9** (PDF) for your office or group and Ownership Disclosure Form
- Your individual Medicaid ID number and a group Medicaid ID number for your office or group
- Your Typewritten **Practitioner Information** (PI) Forms as handwritten applications are no longer accepted.

<https://www.amerihealthcaritasdc.com/provider/resources/medical-authorizations-other-forms.aspx>

<https://www.amerihealthcaritasdc.com/pdf/provider/forms/w9-form.pdf>

<https://www.amerihealthcaritasdc.com/pdf/provider/resources/121621-provider-practitioner-information-form.pdf>

<https://www.amerihealthcaritasdc.com/pdf/provider/resources/provider-disclosure-of-ownership-and-control-interest-statement-and-criminal-information.pdf>

Credentialing Process for New Enrollments

Additional Documentation Required at the Time of Enrollment:*

- Enrollment or Proof of Enrollment into DC Medicaid
- Current State Licensure or Certification
- Current Insurance Face Sheet – Liability Coverage - \$1 Million per occurrence / \$3 Million in annual aggregate
- Individual NPI Number
- Group NPI Number
- Current Board Certifications (if applicable)
- Admitting Arrangements (if applicable)



***Please note, depending on individual analysis of the file, additional documentation may be requested**

QUESTIONS?

CONTACT INFORMATION

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Restarting Medicaid Renewals

Taylor Woods

Special Projects Office, DHCF





Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement

ACDC Meeting

Department of Health Care Finance

May 18, 2023



Presentation Overview



- Background on Medicaid Renewals
- What to Expect
- Key Messages for Beneficiaries and Stakeholders
- Communication and Notices on Medicaid Renewal
- Next Steps
- Q&A



Many Medicaid Beneficiaries Will Have to Renew Their Coverage for the First Time in 3+ Years



- In March 2020, CMS temporarily waived the need to renew Medicaid coverage and states received a 6.2% financial boost to accommodate the increased enrollment.
- Medicaid enrollment has increased ~20% since the start of the public health emergency –just over 300,000 District residents are now enrolled in Medicaid.
- In December 2022, Congress passed legislation ending the continuous eligibility requirement on March 31, 2023.
- The **District restarted Medicaid eligibility renewals on April 1, 2023.** (Alliance and Immigrant Children’s Program renewals started in July 2022).
 - Not everybody’s coverage will be up at once –will be ~evenly spaced over the next 12 months
- Many beneficiaries don’t have updated or relevant contact information available to DHCF.
- DHCF is required to contact people via mail to renew their coverage –but if our address on file is outdated, it creates a challenge.



Using District Direct to Renew Coverage



- Eligibility for Medicaid, SNAP, and TANF moved to District Direct –internal *and* external
- District Direct is available online or as a phone App
- Applications through District Direct require more upfront information than past eligibility systems; most MAGI (modified adjusted gross income) beneficiaries applied through it
- DHCF expects approximately 186,000 people (77% of MAGI beneficiaries) to passively renew, meaning no action by the beneficiary is needed to keep coverage
- **Beneficiaries who are eligible for Medicaid through disability or age-related reasons (non-MAGI, approx. 46,000 people) are likely to have to complete a renewal form -passive renewals are more difficult because most did not apply through District Direct initially**
- District Direct allows beneficiaries to change their address, update their contact information, and even apply for/renew their coverage online.
- Our messaging will lead people to try District Direct first. We know some people won't be able to navigate the online system, so we'll have a call center and in person renewal options, as well.



Medicaid Renewal Is Not the Only Thing That Changed on April 1st – Managed Care Did Too



- New Medicaid / Alliance managed care contracts started on April 1st
 - One new managed care plan - Amerigroup DC - joins AmeriHealth Caritas and MedStar Family Choice
 - Beneficiaries enrolled in CareFirst Community Health Plan will transition to Amerigroup DC
- Beneficiaries received postcard and letters in February and March
- Questions about managed care plan enrollment:
dchealthyfamilies.com or call 202-639-4030
- *Enrolling into a managed care plan is not renewing Medicaid eligibility*





Look Out For An Envelope that Looks Like This!



Look for the green line here







Look Out For These Renewal Documents in the Mail!



GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: Non-MAGI Renewal Form

Renewal Form for Medical Assistance

It is time to renew your **Aged, Blind, Disabled (ABD)** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return this renewal form and copies of all required documents by **6/30/2023** to keep your medical assistance coverage. As you complete this form, please tell us any changes that have occurred.

If there is a change in your benefits, you will get

GOVERNMENT OF THE DISTRICT OF COLUMBIA

SAMPLE NOTICE: Long Term Care Renewal Form

Notice Date: 04/01/2023 Account ID: 999999999

JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

Subject: Important Message About Determining Your Medical Assistance Coverage

Dear JOHN DOE:

It is time to renew your **long term care** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return the attached renewal form and copies of all required documents by **6/30/2023** to keep your long term care medical assistance coverage.

Please return this page in the enclosed envelope

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Medical Assistance Renewal Form D2

April 1, 2023

John Doe
441 4th Street, NW
Washington, DC 20001

Integrated Case #: 99999

It is time to renew your health coverage. Please respond by **<Date Field>** to avoid gaps in your coverage.

You can renew your Health Coverage in any one of these

- **By mail:** Complete this form and mail it in the enclosed envelope to:
Attention:
Department of Human Services
Economic Security Administration
Outstation/Medicaid Renewal Unit



Beneficiaries Can Use a Variety of Mediums to Renew Coverage



Medicaid beneficiaries may submit their completed renewals:

- Online:** District Direct allows beneficiaries to complete their renewal, report changes, submit verifications, and view notices online or through the mobile app. Beneficiaries may visit <https://districtdirect.dc.gov/> or download the mobile app through the Apple App Store or Google Play. **Please encourage beneficiaries to complete their renewal online!**

- By Phone:** Call Center (202) 727-5355; Language & Translation Line 1-855-532-5465

- Mail**
 - Department of Human Services | Economic Security Administration
 - Case Record Management Unit
 - P.O. Box 91560 Washington, DC 20090

- Drop-off at a Service Center**

- Fax at (202) 671-4400**



Outreach to Beneficiaries Is More Than A Letter in the Mail...



- Text Messaging: All beneficiaries with a phone number in the eligibility system will be texted about updating their address and contact information this; along with when renewal is due
- Robocalls: Beneficiaries will be called next month
- Email: If the District has someone's email address, we will contact them!
- Citywide Advertising and Outreach: Advertisements have already started on bus, radio, through key partnerships
- Beware of Scams: In other states, Medicaid programs have noted that some frauds have framed their emails and texts around. **The District will never charge money for Medicaid Renewal or ask beneficiaries to visit a website that is not a .dc.gov account!**



Stakeholder Toolkit is Assisting Stakeholders with Messaging and Further Details



- DHCF's website has a **Stakeholder Toolkit** on Medicaid Renewals. [This is for your use!](#)
- The **Stakeholder Toolkit** contains:
 - Background
 - Key Messages
 - Downloadable fliers to print, post, and share
 - Draft social media posts and messaging
 - Drop In Article to put in your agency newsletter or bulletin board
 - Email and Website Text
 - Phone Call Scripts including information on District Direct registration
 - FAQs
- Most Stakeholder Toolkit material is available in multiple languages
- The District also has sample applications, an annotated application, and other website material



Communication on Medicaid Renewal–External Outreach



- The District wants to join meetings of key stakeholders to explain Medicaid Renewal
 - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at Medicaid.restart@dc.gov.*
- The District provided a Stakeholder Toolkit to guide public outreach from stakeholders (draft social media, etc.), walk through the District Direct enrollment process, provide fliers for distribution, and more.
- The District created a website with information on Medicaid Renewal and the End of the Public Health Emergency that will host the Unwinding Plan, Stakeholder Toolkit, meeting info, etc.
- The District will hold regular public meetings every other week - starting today and continuing every-other-Wednesday at 2:30 p.m.
 - *Please email Medicaid.restart@dc.gov to join the meetings and related mailing list if not on it already*
- The District has hired a contractor to place visuals and audio Advertisements for Medicaid Renewal around the District starting this month and continuing throughout 2023.



Dedicated Outreach to Special Populations in the District



- **Senior Beneficiaries**

- DHCF is partnering with DACL to training their staff and senior service network in early April on the renewal process.
- Seniors will be able to access in-person assistance at Senior Wellness Centers and 40+ Community Dining Sites across the District.
- The Deaf and Hard of Hearing Senior Center and Senior Center for the Blind have also committed to assisting seniors with applications.

- **Beneficiaries Living with Disabilities**

- DHCF is training employees at DDS and their providers to help beneficiaries.

- **Beneficiaries Experiencing Homelessness**

- DHCF is meeting with outreach staff, shelter case workers, and adult day centers that work with beneficiaries experiencing homelessness to ensure they are prepared to spread the word and assist beneficiaries with completing their renewals.



What Can Stakeholders Say to Beneficiaries? *Don't Wait to Update!* *Then Check Mail for Important Information!*



What Beneficiaries Can Do Right Now

- Don't Wait to Update!: Update your contact information by logging into District Direct. If DHCF does not have the proper contact information, you will not receive notice of the need to renew your coverage through the mail or other means!
- Check Your Mail: DHCF will mail you a letter about your Medicaid, Alliance, or ICP coverage. This letter will also let you know when it's time to complete your renewal.

What To Do After Receiving Your Renewal Notice

- Complete your renewal by using districtdirect.dc.gov or fill out the form and mail/fax/drop at Service Center immediately to help avoid a gap in your coverage.



Stakeholders are Needed to Assist with Outreach and Beneficiary Engagement



1. Share our materials on your website, social media, centers, and at community meetings.
2. Encourage beneficiaries to update their information and support people who have difficulty creating an account or accessing districtdirect.dc.gov to ensure that they receive the necessary paperwork.
3. Identify individuals you serve who may be at risk for not renewing their coverage and encourage them to access and use our resources.
4. Train existing staff to assist beneficiaries with the renewal process, including completing and submitting all forms and required documents to avoid a break in coverage.
5. Assist individuals who lost eligibility due to non-submission of renewal forms to promptly begin the reinstatement process – there is a 90-day reinstatement period.



Visual Advertisements – Don't Wait to Update!



Did you know all DC residents with Medicaid, Alliance, or the Immigrant Children's Program must start renewing their coverage again?



Don't miss out on important information. If you haven't already, take time today to update your address, phone number, and/or email address at districtdirect.dc.gov so that DHCF knows where to send your Medicaid renewal letter.

Then check your mail for info on how to renew. If you need help, please call us at **202-727-5355**.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Don't Wait to Update!



All DC residents with **Medicaid** must renew their coverage this year.

Update your contact info at districtdirect.dc.gov.





Next Steps for Medicaid Renewal



- First set of notices to beneficiaries went out on April 1
- DHCF will host trainings on District Direct and how to complete Medicaid renewal form- the second will be Monday, May 22 @ 12:00 PM. *If you'd like to attend or request a training, let us know.*
- Community Meetings on Medicaid Renewal will continue every 2 weeks. Next meeting is Wednesday, May 24 @ 2:30 pm –see you there or at subsequent meetings!
- Please contact Medicaid.renewal@dc.gov for more information or to get connected to the meetings and trainings.



Questions and Comments



Learn more about DC Medicaid Renewals:

<https://dhcf.dc.gov/medicaid-renewal>

Medicaid Renewal

Medicaid.Renewal@dc.gov



QUESTIONS?

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Medicaid Unwinding and Redetermination Strategy and Plan

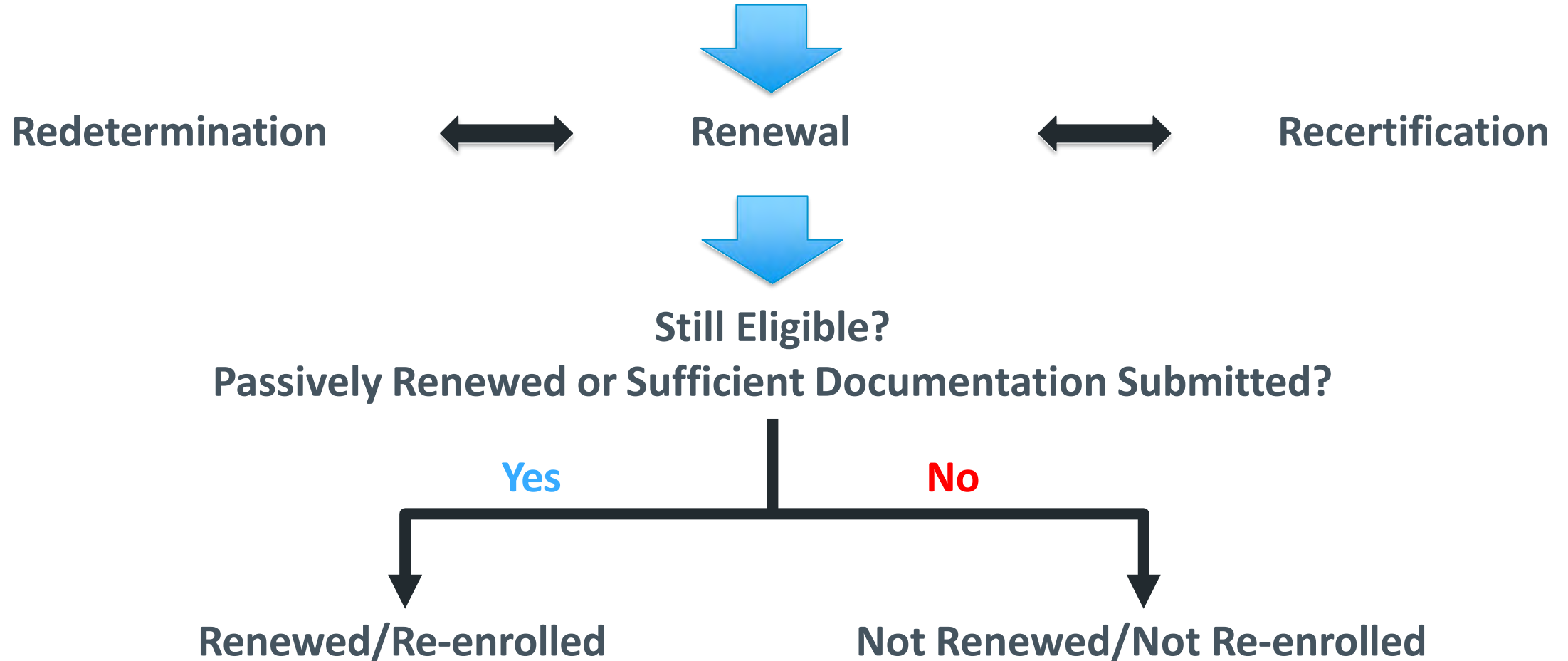
Keith Maccannon

Director of Marketing, Community Relations and Outreach, ACDC



Medicaid Continuous Enrollment Unwinding

Medicaid Continuous Enrollment Unwinding



The District's Medicaid Unwinding and Redetermination Approach

- **Medicaid Continuous Enrollment Ends / District Resumes Normal Operations and Redeterminations – April 1, 2023**
 - 2023 Consolidated Appropriations Act (December 29, 2023) removed continuous enrollment from the federal COVID PHE.
- **DC is an “Option C” State, meaning...**
 - 60-day notices were sent to MAGI populations end of March; If no response (or determined not eligible), eligibility will end May 31 resulting in first sets (cohort) of MAGI drops June 1
 - 90-day notices sent to Non-MAGI populations end of March; If no response (or determined not eligible), eligibility will end June 30 resulting in first sets of Non-MAGI drops on July 1
 - This will continue throughout the 14-month unwinding period
- **New Cohort of Beneficiaries Will Be Notified Each Month of Pending Disenrollment**
 - Each month, a new cohort of beneficiaries (members, enrollees) will receive either a 60- (MAGI) or 90- (Non-MAGI) day notification about their pending disenrollment.
 - For those MAGI beneficiaries who can be passively renewed, they will receive a notification on or about the 60-day mark informing them of their passive renewal.
 - April 1 → May 31 Disenrollments (MAGI) and June 30 (Non-MAGI) Disenrollments
 - May 1 → June 30 Disenrollments (MAGI) and July 31 (Non-MAGI) Disenrollments
 - June 1 → July 31 Disenrollments (MAGI) and August 31 (Non-MAGI) Disenrollments

Passive Renewals and Automatic Re-Enrollment with Original MCO up to 90 Days

- **77% MAGI Passive Renewal Rate**
 - According to the District, approximately 77% of MAGI Beneficiaries will passively renew their coverage.
 - Passive Renewal allows the District to make a redetermination of eligibility utilizing electronically available information from certain other government agencies without requiring the enrollee to submit (upload, fax, hand deliver) additional documentation.
- **Passive Renewal Notifications – 60 Days In Advance of Scheduled Disenrollment Date**
 - Those individuals who can be passively renewed will receive notification from the District that their eligibility has been passively renewed. This notification will occur about 60 days prior to the date when their eligibility was due to expire.
 - As such, those individuals who were part of the May 31 cohort of disenrolling enrollees would have received a letter from the District regarding their passive renewal on or about April 1.
 - The June 30 cohort will receive their letters on or about May 1.
- **90 – Day Automatic Re-Enrollment with Original MCO**
 - The District will permit the automatic re-enrollment of beneficiaries into their managed care plan for those individuals who are reenrolled into Medicaid after a loss of coverage for up to 90 days.
 - Therefore, those who complete the necessary steps to renew will be re-enrolled with their original MCO if their information is received within this 90-day window.

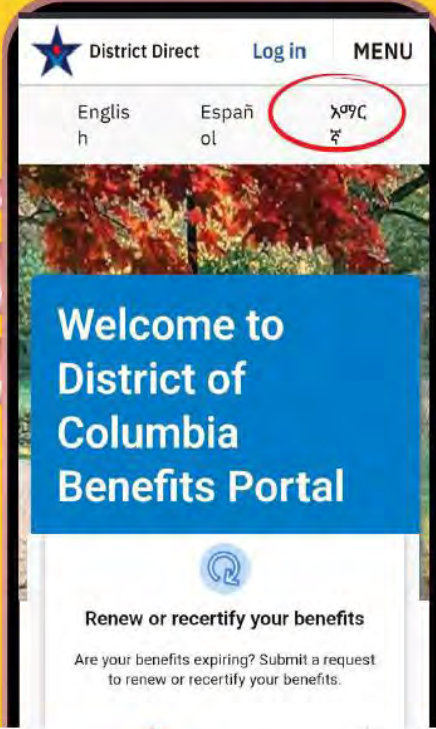
DHCF and MCO Collaboration on Renewal Activities

- **DHCF Partnering with the Plans to Obtain and Update Beneficiary Contact Information**
 - AmeriHealth Caritas DC and the other MCOs are encouraging our enrollees to visit the District’s renewal/recertification portal, District Direct, to review, confirm and update (if necessary) their contact information.
 - Additionally, On a bi-weekly basis, AmeriHealth Caritas DC and the other plans are submitting updated contact information that we have received from our enrollees after verifying their identity.
- **District Sharing Renewal Files of Those Enrollees Who Cannot be Passively Renewed**
 - During the first week of each month, AmeriHealth and the other MCOs can download an up-to-date list of those individuals who are due to lose their eligibility at the end of the following month.
 - For example, during the first week of May, AmeriHealth was able to download an updated list of those enrollees in our plan who were due to lose eligibility on June 30.
- **MCO Collaborative Events in Concert with DHCF, Ombudsman Office, DC Healthy Families and Health Benefits Exchange**
 - AmeriHealth Caritas DC and the (3) other MCOs have collaborated to create and launch a set of co-branded ads (print, social media, billboard) and handouts that can be used to encourage enrollees to visiting District Direct to “Confirm” and/or “Update” their contact information.
 - Additionally, the MCOs are working together on multiple collaboration events and activities to raise awareness about the need for all beneficiaries to confirm and/or update their contact information and to also renew their eligibility if they are now due or overdue for renewal. Multiple DC government agencies will be participating in these events and activities.







DHCF and MCO Collaboration Ads and Social Media Currently Running on Multiple Social Media Platforms

How to keep your Medicaid Benefits

- 1 Log-In**
<https://districtdirect.dc.gov>
Login or create an account
- 2 Confirm**
update or confirm contact and household information
- 3 Renew or Recertify**
follow the instructions to renew



Smartphone mockup showing the District Direct website interface. The top navigation bar includes 'District Direct', 'Log in', and 'MENU'. Below the navigation bar, there are language options: 'English', 'Español', and 'X' (circled in red). The main content area features a blue banner that reads 'Welcome to District of Columbia Benefits Portal'. Below the banner, there is a section titled 'Renew or recertify your benefits' with a circular arrow icon and the text: 'Are your benefits expiring? Submit a request to renew or recertify your benefits.'

DON'T LOSE YOUR MEDICAID BENEFITS

CONFIRM AND RENEW

Confirm or update your contact and household information. **Renew** before your health benefits expire.

<https://districtdirect.dc.gov>



Background image of a Metro train with a 'www' icon and a cursor pointing to the URL.

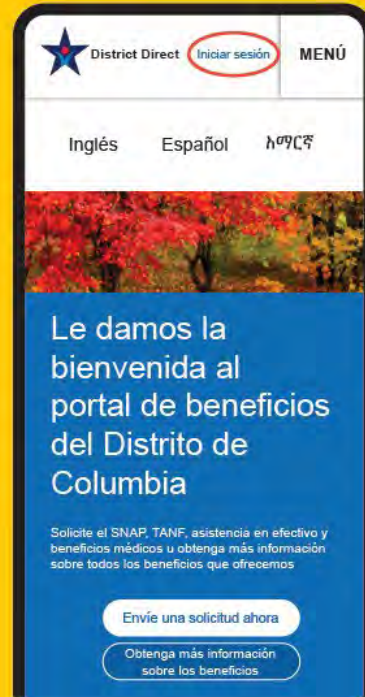
DHCF and MCO Collaboration Ads and Social Media Currently Running on Multiple Social Media Platforms

Cómo mantener sus beneficios de Medicaid

1 Iniciar sesión
<https://districtdirect.dc.gov/ua/>
Inicie sesión o cree una cuenta

2 Confirmar
actualice o confirme información de contacto sobre el grupo familiar

3 Renovar o rectificar
siga las instrucciones para renovar



Confirme o actualice su información de contacto y del grupo familiar. **Renueve** antes de que finalicen sus beneficios de salud.

<https://districtdirect.dc.gov/ua/>

DHCF and MCO Collaboration Ads and Social Media Currently Running on Multiple Social Media Platforms

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- 1 ግባ**
<https://districtdirect.dc.gov/ua/>
ግባ ወይም መለያ ይፍጠር
- 2 አረጋግጥ**
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- 3 ጠዳላ ወይም ጠላተካካል**
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District of Columbia
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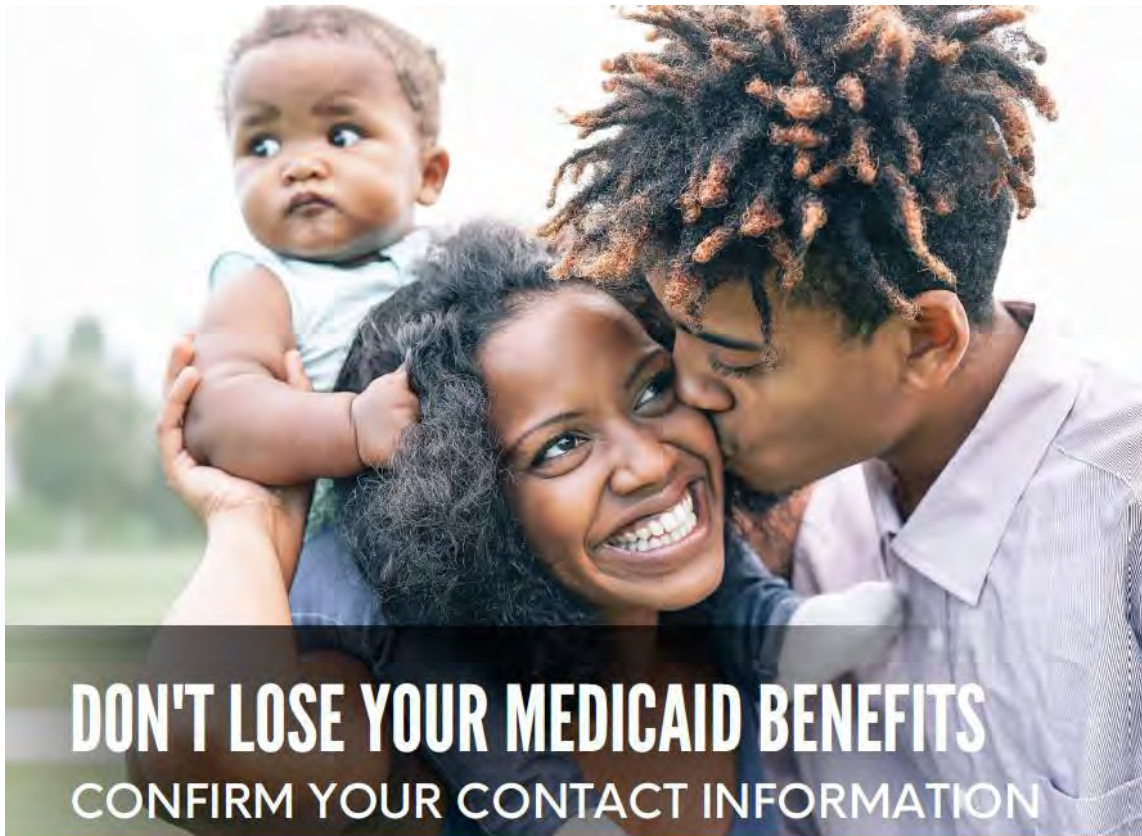
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<https://districtdirect.dc.gov/ua/>



DHCF and MCO Collaboration Ads and Social Media Currently Running on Multiple Social Media Platforms

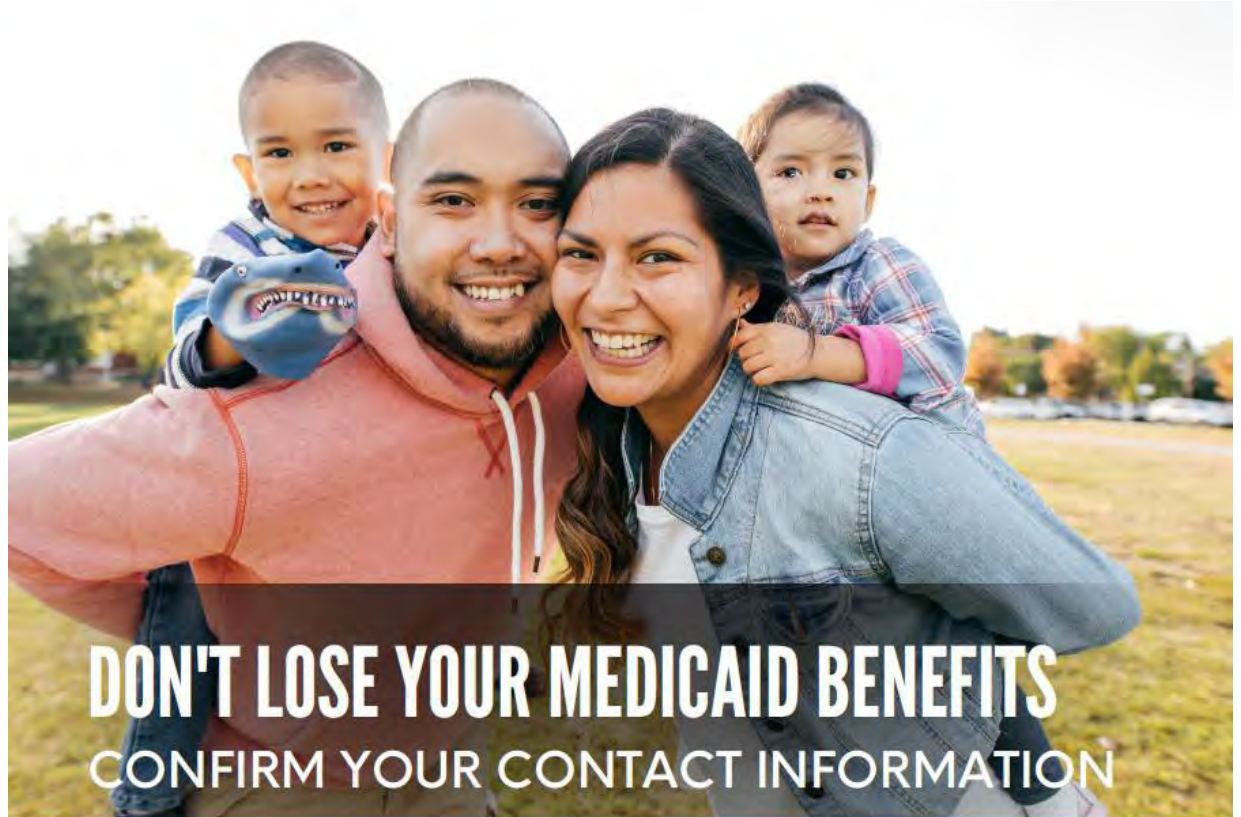


DON'T LOSE YOUR MEDICAID BENEFITS
CONFIRM YOUR CONTACT INFORMATION

Confirm or update your contact and household information. **Renew** before your health benefits expire.



<https://districtdirect.dc.gov>



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DHCF and MCO Collaboration Ads and Social Media

Currently Running on Multiple Social Media Platforms – Spanish and Amharic



የጤዲካቤዥ ኅቅጣኅቅጥቅጥ እና ጉዳዳግጡ
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NO PIERDA SUS BENEFICIOS DE MEDICAID
 CONFIRME SU INFORMACIÓN DE CONTACTO

Confirme o actualice su información de contacto y del grupo familiar. **Renueve** antes de que finalicen sus beneficios de salud.

<https://districtdirect.dc.gov/ua/>



DHCF and MCO Collaboration Ads and Social Media Currently Running on Multiple Social Media Platforms – Spanish and Amharic

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<https://districtdirect.dc.gov/ua/>



DHCF and MCO Collaboration Ads and Social Media Currently Running on Multiple Social Media Platforms

DON'T LOSE YOUR MEDICAID BENEFITS
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<https://districtdirect.dc.gov>



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<https://districtdirect.dc.gov/ua/>



MCO Co-branded Provider Office Renewal Checklist

IT MAY BE TIME TO RENEW YOUR HEALTHCARE COVERAGE.

We want to make sure you and your family stay covered for all your healthcare needs. Here's what you need to do now.

| ACT NOW | HERE'S HOW |
|---|---|
|  Confirm your household information and report any changes | Online: https://districtdirect.dc.gov/ua/ Mobile App: District Direct In Person: At a Service Center . To find a location near you, visit www.dhs.dc.gov/service/find-service-center-near-you |
|  Recertify and renew your benefits | Online: https://districtdirect.dc.gov/ua/ Mobile App: District Direct In Person: Drop your completed renewal documents off at a Service Center . Mail: Mail completed renewal documents to: Department of Human Services Economic Security Administration Case Record Management Unit P.O. Box 91560 Washington, DC 20090 |



Need more information about renewing your benefits?

We are here to help. Call your health plan:

- **Amerigroup DC**
1-800-600-4441
- **AmeriHealth Caritas DC**
1-800-408-7511
- **Health Services for Children with Special Needs, Inc.**
1-866-937-4549
- **MedStar Family Choice District of Columbia**
1-888-404-3549

- **MCO Co-branded Provider Office Renewal Checklist Guide**
 - Encourages enrollees to visit District Direct to confirm and/or update their contact information.
 - Provides renewal options for enrollees who have been notified that it is now time for them to respond to the renewal letter they may have received.



English: If you do not speak and/or read English, please call your health plan 24 hours a day, seven days a week. A representative will help you.

Español: Si no habla o lee inglés, llame a su plan médico las 24 horas del día, los siete días de la semana. Un representante le ayudará.

አማርኛ: እንግሊዝኛ ቋንቋን መናገር እና/ወይም ማንበብ የማይችሉ ከሆነ፣ እባክዎ በቀን 24 ሰዓት፣ በሳምንት ሰባት ቀናት ለጤና እቅድ ማእከል ይደውሉ። ተወካይ ይረዳዎታል።

- Amerigroup DC: 1-800-600-4441 DC (TTY 711)
- AmeriHealth Caritas DC: 1-866-937-4549 (TTY 1-202-467-2709)
- Health Services for Children with Special Needs, Inc.: 1-866-937-4549 (TTY 202-467-2709)
- MedStar Family Choice District of Columbia: 1-888-404-3549 (TTY 711)

MCO Co-branded Provider Office Renewal Checklist Spanish and Amharic Translated Versions

PUEDE QUE SEA EL MOMENTO DE RENOVAR SU COBERTURA DE ATENCIÓN MÉDICA

Queremos asegurarnos de que usted y su familia sigan cubiertos para todas sus necesidades de atención médica. Esto es lo que debe hacer.

| ACTÚE AHORA | DE ESTA FORMA |
|--|--|
| <input checked="" type="checkbox"/> Confirme la información de su grupo familiar e informe cualquier cambio | En línea: https://districtdirect.dc.gov/ua/ Aplicación móvil: District Direct En persona: En un centro de servicios . Para encontrar un centro cercano, visite www.dhs.dc.gov/service/find-service-center-near-you |
| <input checked="" type="checkbox"/> Recertifique y renueve sus beneficios | En línea: https://districtdirect.dc.gov/ua/ Aplicación móvil: District Direct En persona: Entregue los documentos de renovación completados en un centro de servicios . Correo: Envíe por correo los documentos de renovación completos a: Department of Human Services Economic Security Administration Case Record Management Unit P.O. Box 91560 Washington, DC 20090 |



¿Necesita más información sobre cómo renovar sus beneficios?

Estamos aquí para ayudar. Llame a su plan médico:

- **Amerigroup DC**
1-800-600-4441
- **AmeriHealth Caritas DC**
1-800-408-7511
- **Health Services for Children with Special Needs, Inc.**
1-866-937-4549
- **MedStar Family Choice District of Columbia**
1-888-404-3549

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| <input checked="" type="checkbox"/> በጽንጫ ያረጋግጡ እና ጥቅማጥቅሞቹዎን ያድሉ | በመለመር ላይ: https://districtdirect.dc.gov/ua/ የሞባይል መተግበሪያ: District Direct በሌላ ሁኔታ: የተመሉ የእድሳት ሰነዶችዎን ወደ አገልግሎት ማዘዛል ያምጡ። በጽሑፍ ይላኩ: የተመሉ የእድሳት ሰነዶችን ለሚከተለው በፖስታ ይላኩ፡- የሰብአዊ አገልግሎቶች የኢኮኖሚ ደህንነት አስተዳደር መምሪያ የጉዳይ መዝገብ አስተዳደር ክፍል P.O. ሰጥን 91560 Washington, DC 20090 |



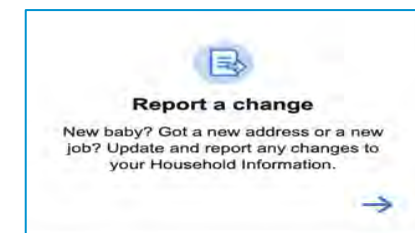
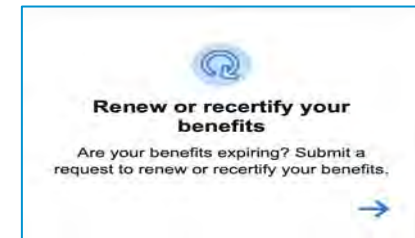
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- **አሜሪግብን DC**
1-800-600-4441
- **አሜሪካልካ ካርታል DC**
1-800-408-7511
- **Health Services for Children with Special Needs, Inc.**
1-866-937-4549
- **ሜዲስተር ኤሚሊ ቶዌዝ ዶላትሊካት ሌፍ ካሎመሪያ**
1-888-404-3549

AmeriHealth Caritas DC Renewal Activities

- **Enrollee Education on the “Need to Renew” Will Be Eligibility Discussed on all Inbound and Outbound Calls**
 - Enrollees are educated about the need to renew and confirm their contact information on District Direct on all inbound and outbound calls.
- **Integrated and Interactive SMS/IVR Renewal Reminder Campaign to Those Who Cannot Passively Renew**
 - Each month, AmeriHealth Caritas DC works closely with our multi-platform technology and outreach vendor to send SMS and IVR (automated call) reminders to those enrollees who were not able to passively renew in a given month.
 - Initially a SMS message is sent, and the recipient has the option to click on a link to District Direct, click to call AmeriHealth directly, opt out of the SMS campaign, indicate that we have reached them in error, or respond that they have already renewed.
 - If the recipient does not interact with the SMS message, a week later they receive an automated interactive IVR call, which presents similar information and response options to those sent in the SMS text message.
 - This process is repeated each month to each new cohort of enrollees slated to lose eligibility within 60 days as well as those who still have not renewed or interacted with the SMS or IVR message from the last 60 days
- **Integrated and Interactive SMS/IVR Demographics / Contact Information Update Campaign**
 - In similar fashion to the renewal campaign, our multi-platform technology and outreach vendor sends a “District Direct Report a Change” SMS message and IVR message to those who are due to renew 90-120 days out. This message is also repeated each month to a new cohort of enrollees who have not interacted with the SMS or IVR message in the last 60 days.



AmeriHealth Caritas DC Activities Provider and Community Focus

- **Provider Panel-Specific Renewal Lists and Alerts**

- Each month, AmeriHealth is creating a provider panel-specific list of all enrollees who need to renew within the next 60 days, broken down by PCP organization and location. This list also shows those that have lost eligibility within the last 60 days.
- AmeriHealth is prepared to proactively share these lists with our largest PCP providers (e.g. FQHCs, etc.) in terms of panel size. It will be available to all PCPs upon request.
- **NaviNet, the AmeriHealth provider portal, launched (2) new redetermination features on 5/11 for all providers**
 - **New Alert to Display Member's Redetermination Dates:** Once an enrollee is pulled up on the Eligibility & Benefits (E&B) area of NaviNet, an indicator will pop up alerting the user that the enrollee has a redetermination date within 60 days.
 - **New Redetermination Report:** This will be TIN level report to show all enrollees with a redetermination date/last date of eligibility within the next 60 days. The file format is MS Excel and it can be downloaded/exported.

- **Embedded AmeriHealth Caritas DC Community Health Workers (CHWs) at Large Provider Locations**

- AmeriHealth has collaborated with multiple providers to have an AmeriHealth Caritas DC CHW onsite to assist their AmeriHealth patients with health and benefits navigation as well as questions related to renewal and eligibility.

- **AmeriHealth Caritas DC Wellness and Opportunity Center**

- AmeriHealth recently launched a new Wellness and Opportunity Center in Ward 8 for AmeriHealth Caritas DC enrollees.
- In addition to the many care coordination and health promotion activities available at this location, AmeriHealth Enrollees can also utilize a member kiosk (laptop computers) with a direct link to the District's Medicaid Renewal portal, District Direct.

[<https://districtdirect.dc.gov/ua/>]

QUESTIONS?

CONTACT INFORMATION

Keith Maccannon

kmaccannon@amerihealthcaritasdc.com

(703) 343-0611

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Stephanie Hafiz

Director Member Engagement, ACDC

Leginia Driscoll

Director, Quality Management, ACDC



About the CAHPS Survey

- 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:



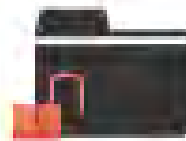
Good communication with health care providers



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 pat'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
- Benchmarked: SPH Book of Business and NCQA perspectives



Survey Topics

- **Annual Flu Vaccine:** If they had the Flu shot since July the previous year
- **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

1. How would you rate your ease and timeliness of getting the care, tests, or treatment you needed?
 2. 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?
 3. On a scale of 0-10, how would you rate your – overall health care? – overall personal doctor? – overall specialist seen most often?
 4. On a scale of 0-10, how would you rate how often your personal doctor listen carefully to you?




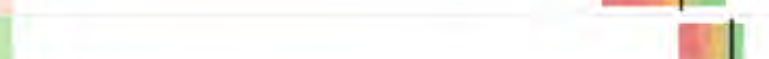






Survey Results

Health Plan Domain Performance

Your plan's performance on measures that are typically considered to be in the domain of the health plan.

Significance Testing Current score is significantly higher/lower than the 2021 score (↑/↓) or benchmark score (▲/▼).

Adult

| MEASURE | SUMMARY RATE | | CHANGE | 2022 SPH BOOK OF BUSINESS BENCHMARK | | | | | | | |
|---|--------------|-------|--------|---|----|----|-----------------|---------|------------------|---------|--|
| | 2021 | 2022 | | PERCENTILE DISTRIBUTION | | | PERCENTILE RANK | BoB SRS | | | |
| | | | | 0 | 20 | 40 | 60 | 80 | 100 | | |
| Health Plan Domain | | | | | | | | | | | |
| Rating of Health Plan % 9 or 10 | 65.2% | 61.6% | -3.6 |  | | | | | 34 th | 64.0% | |
| Getting Needed Care % Usually or Always | 81.8% | 82.7% | 0.9 |  | | | | | 48 th | 82.3% | |
| Customer Service + % Usually or Always | 91.3% | 90.4% | -0.9 |  | | | | | 56 th | 89.7% | |
| Ease of Filling Out Forms + % Usually or Always | 94.4% | 97.6% | ↑ 3.2 |  | | | | | 91 st | 95.6% ▲ | |
| Health Care Domain | | | | | | | | | | | |
| Rating of Health Care % 9 or 10 | 57.5% | 57.3% | -0.2 |  | | | | | 51 st | 57.0% | |
| Getting Care Quickly % Usually or Always | 76.8% | 73.2% | -3.6 |  | | | | | 10 th | 80.9% ▼ | |
| How Well Doctors Communicate + % Usually or Always | 92.7% | 95.9% | 3.2 |  | | | | | 96 th | 92.7% ▲ | |
| Coordination of Care % Usually or Always | 82.8% | 83.2% | 0.4 |  | | | | | 34 th | 85.0% | |
| Rating of Personal Doctor % 9 or 10 | 69.8% | 71.1% | 1.3 |  | | | | | 60 th | 69.5% | |
| Rating of Specialist % 9 or 10 | 72.9% | 70.0% | -2.9 |  | | | | | 63 rd | 68.4% | |

Survey Results

Effectiveness of Care Performance

Your plan's performance on HEDIS measures collected through the CAHPS 5.1H survey

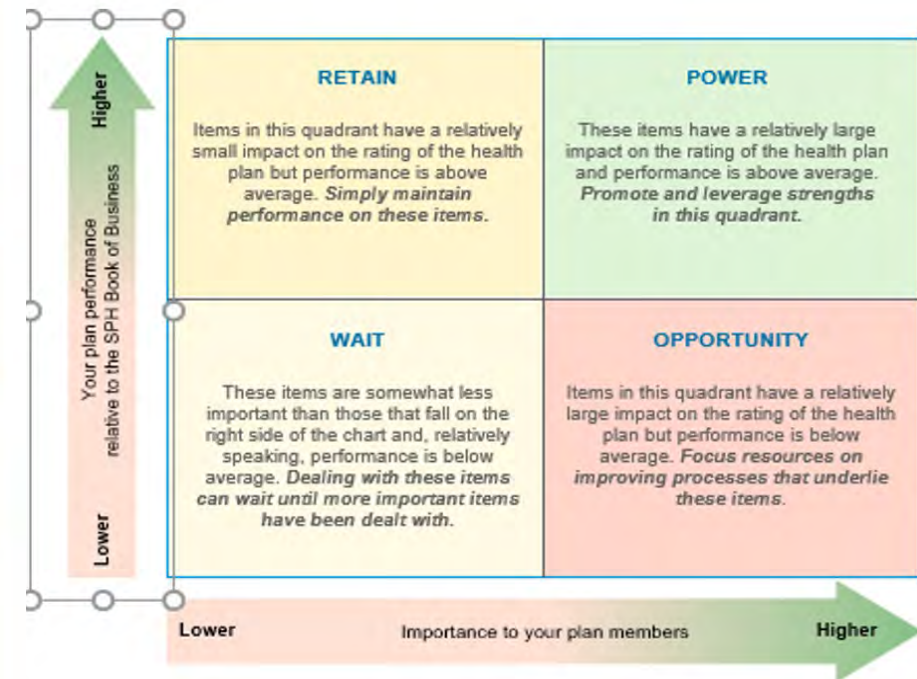
Adult

| MEASURE | SUMMARY RATE | | CHANGE | 2022 SPH BOOK OF BUSINESS BENCHMARK | | | | | PERCENTILE RANK | BoB SRS |
|---|--------------|-------|--------|-------------------------------------|----|----|----|----|------------------|---------|
| | 2021 | 2022 | | PERCENTILE DISTRIBUTION | | | | | | |
| | | | | 0 | 20 | 40 | 60 | 80 | | |
| Effectiveness of Care | | | | | | | | | | |
| Flu Vaccine: 18-64 % Yes | 39.9% | 43.8% | 3.9 | | | | | | 66 th | 41.2% |
| Advised to Quit Smoking: 2YR % Sometimes, Usually, or Always | 78.2% | 75.7% | -2.5 | | | | | | 64 th | 74.1% |
| Discussing Cessation Meds: 2YR + % Sometimes, Usually, or Always | 54.9% | 52.1% | -2.8 | | | | | | 58 th | 51.9% |
| Discussing Cessation Strategies: 2YR + % Sometimes, Usually, or Always | 47.0% | 48.8% | 1.8 | | | | | | 65 th | 46.4% |

Survey Results: SatisAction Model

Adult

| SURVEY MEASURE | | SRS | SPH %tile |
|--------------------|-----------------------------------|-------|------------------|
| POWER | | | |
| Q8 | Rating of Health Care | 57.3% | 51 st |
| Q22 | Rating of Specialist | 70.0% | 63 rd |
| Q9 | Getting care, tests, or treatment | 86.4% | 62 nd |
| Q18 | Rating of Personal Doctor | 71.1% | 60 th |
| Q12 | Dr. explained things | 96.4% | 94 th |
| OPPORTUNITY | | | |
| Q4 | Getting urgent care | 72.0% | 8 th |
| Q6 | Getting routine care | 74.5% | 20 th |
| Q20 | Getting specialist appointment | 78.9% | 43 rd |
| WAIT | | | |
| Q25 | Treated with courtesy and respect | 93.8% | 28 th |
| Q17 | Coordination of Care | 83.2% | 34 th |
| RETAIN | | | |
| Q24 | Provided information or help | 87.0% | 67 th |
| Q15 | Dr. spent enough time | 94.9% | 91 st |
| Q13 | Dr. listened carefully | 95.4% | 88 th |
| Q27 | Ease of Filling Out Forms + | 97.6% | 91 st |
| Q14 | Dr. showed respect | 96.9% | 90 th |



Results: CAHPS vs Pulse Survey

1. How satisfied were you with how carefully the doctor/care provider listened to you?

| Question 1 | | | | |
|-------------------|-------------|---------|-----------|-------------|
| Rating | Count | Percent | Aggregate | Agg Percent |
| Very Satisfied | 1049 | 74.82% | 1262 | 90.01% |
| Satisfied | 213 | 15.19% | | |
| Neutral | 50 | 3.57% | 90 | 6.42% |
| Dissatisfied | 35 | 2.50% | | |
| Very Dissatisfied | 55 | 3.92% | | |
| Total | 1402 | | | |

N/A

Dr. Listened Carefully

A: Retain (95%)

C: Opportunity (94%)

CCC: Wait (91%)

2. How satisfied were you with how much respect the doctor/care provider showed for what you had to say?

| Question 2 | | | | |
|-------------------|-------------|---------|-----------|-------------|
| Rating | Count | Percent | Aggregate | Agg Percent |
| Very Satisfied | 913 | 78.37% | 1080 | 92.70% |
| Satisfied | 167 | 14.33% | | |
| Neutral | 38 | 3.26% | 47 | 4.03% |
| Dissatisfied | 14 | 1.20% | | |
| Very Dissatisfied | 33 | 2.83% | | |
| Total | 1165 | | | |
| N/A | 13 | | | |
| (blank) | 257 | | | |

Dr. Showed Respect

A: Retain (97%)

C: Opportunity (92%)

CCC: Wait (93%)

Results: HE CAHPS Culturally Responsiveness Report

Q6- How often did you get an appointment for a routine care as soon as you needed?

- Overall, in 2021 ACDC showed an increase in satisfaction.
- The White/Caucasian group saw a +14.8% increase in satisfaction, African Americans saw a +2.8% increase in satisfaction, and non-Hispanics saw a +5.5% increase in satisfaction. This is an overall increase for the specified subgroups when compared to MY2020.
- The Hispanic group saw a slight decrease of (-5%) in satisfaction when compared to MY2020 survey results.

Q15- How often did your personal doctor spend enough time with you?

- ACDC's White/Caucasian (+4%), African American (+6.7%), 'Other' (+7.7%), and non-Hispanic (+6.5%) populations saw an increase in satisfaction which also displays an increase when compared to MY2020 survey results.
- ACDC's Hispanic population (-5.8%) saw a decrease in satisfaction when compared to MY2020 survey results.

Our campaign: Spread the word

CAHPS SURVEY 2023 FROM SPH ANALYTICS

YOUR VOICE MATTERS

WHAT IS THE CAHPS SURVEY?

6 THINGS TO KNOW ...

- 1** The CAHPS survey is an opportunity to share your honest feedback about your health care experiences as an AmeriHealth Caritas DC enrollee.
- 2** Enrollees are chosen randomly to participate.
- 3** The survey can be taken by mail or phone.
- 4** Questions can be answered in English or Spanish.
- 5** Your responses are completely anonymous.
- 6** Your feedback will help us become a better health plan.







**SPEAK UP.
BE HEARD**

CAHPS SURVEY 2023 FROM SPH ANALYTICS

TELL US WHAT YOU REALLY THINK.

When you receive the 2023 CAHPS survey from SPH Analytics, please take the time to complete it as soon as possible. Your answers help us identify new services that may benefit you as an enrollee. How can we become a better health plan for you?

Tell us what you really think.



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www.amerhealthcaritasdc.com

English:
If you do not speak and/or read English, please call 1-800-448-7311 (TTY 1-800-474-0294), available 24 hours a day, seven days a week. A representative will assist you.

Español:
Si no habla y/o lee inglés, llame al 1-800-448-7311 (TTY 1-800-474-0294), fuera de horario las 24 horas del día, los siete días de la semana. Un representante le ayudará.

한국어:
이 프로그램은 한국어로 제공되며, 필요 시 1-800-448-7311 (TTY 1-800-474-0294)에 전화하여 도움을 받으실 수 있습니다. 24시간 언제든지 도움을 받으실 수 있습니다.

繁體中文:
本服務提供繁體中文服務，如有需要，請電 1-800-448-7311 (TTY 1-800-474-0294) 或電傳 1-800-474-0294。

한국어:
이 프로그램을 한국어로 제공하며, 필요 시 1-800-448-7311 (TTY 1-800-474-0294)에 전화하여 도움을 받으실 수 있습니다. 24시간 언제든지 도움을 받으실 수 있습니다.

English:
If you are unable to read or speak English, please call 1-800-448-7311 (TTY 1-800-474-0294), available 24 hours a day, seven days a week. A representative will assist you.

Ending Points

- This is an Experience Survey: Perception ~ Process ~ Interpersonal
- We are here to partner with you ~ Let's keep the communication lines open
- Case Management: Bright Start and Complex Case Management
- Community Outreach team ready to assist
- Spread the word: Encourage patients to let their voice be heard

WE ARE ALL IN THIS
together



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Questions & Answers



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



MEETING MINUTES



PROVIDER ADVISORY COMMITTEE

MEETING MINUTES

Thursday, May 18, 2023

5:30pm – 7:00pm

FACILITATOR:

- Jeff Welch, Facilitator, Provider Advisory Committee

SPEAKERS:

- Skye Porter, Team Lead – Provider Enrollment Services for Credentialing, AmeriHealth Caritas
- Taylor Woods, Special Projects Office, Department of Health Care Finance (DHCF)
- Keith Maccannon, Director of Marketing, Community Relations and Outreach, AmeriHealth Caritas DC (ACDC)
- Leginia Driscoll, Director, Quality Management, ACDC
- Stephanie Hafiz, Director, Member Engagement, ACDC

AGENDA:

- Welcome and Agenda
- Credentialing Process for New Enrollments
- Restarting Medicaid Renewals
- Medicaid Unwinding and Redetermination Strategy and Plan
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Questions & Answers

DISCUSSION:

- Welcome and Agenda – Jeff Welch, Facilitator
 - Meeting instructions and the agenda were discussed.
- Credentialing Process for New Enrollments – Skye Porter, AmeriHealth Caritas
 - **Topics Covered:** Credentialing Process and Needed Documents.
 - AmeriHealth Caritas DC (ACDC) participates with the Council for Affordable Quality Healthcare (CAQH) to offer providers a universal data source to allow a streamlined way to collect data for the credentialing and re-credentialing process.
 - We re-credential Providers every 36 months; it is repetitive, we ask for the same basic information and, if necessary, any new updates.



- Question by Bobbie Monagan, ACDC: How soon do we notify Providers that they need to be re-credentialed?
 - Response by Skye Porter, AmeriHealth Caritas: We notify them no later than 90 days before their re-credentialing cycle ends.
- Question by Stephanie Hafiz, ACDC: How do we notify Providers of the process, and how do we respond to their application?
 - Response by Skye Porter, AmeriHealth Caritas: Providers will receive an email that not only has the notification but also includes what documents are needed for the process.
- Question by Christy Respress, Pathways to Housing DC: If the Provider is billing as part of a nonprofit (not as an individual practitioner), can they use the agency's liability policy as proof of coverage?
 - Response by Skye Porter, AmeriHealth Caritas: Yes, but we need a roster from the agency showing that the practitioner is covered under said policy. If the practitioner needs to get on the insurance space sheet, the agency can submit a letter on their letterhead stating that the practitioner is covered.
- Restarting Medicaid Renewals – Taylor Woods, DHCF
 - Topics Covered: Medicaid Renewals and Key Messages.
 - Renewals are happening right now because it has been three (3) or four (4) years since it has been required to be completed. April 2023 is when the mailings started going out letting beneficiaries know their coverage is expiring. Coverage expirations will be spaced out over the next 12 months, with some enrollees not having to take action until June 2024.
 - Messaging to beneficiaries has been focused on them using the online portal District Direct to renew their coverage. The in-person centers and phone lines will always be available, but with the online portal, there is no waiting in line.
 - DHCF expects many who receive Medicaid based on income will not be required to take action and will renew passively. Those that receive it based on other eligibility requirements will need to take steps for their renewal.
 - Beneficiaries that were enrolled in CareFirst Community Health Plan will transition to the new managed care plan Amerigroup DC.
 - It is important to note that enrolling into a managed care plan is not renewing Medicaid eligibility.
 - Our default messaging campaign is to mail the beneficiaries, but we are also reaching out by text, phone, email, and city-wide advertising and outreach. Beneficiaries need to be aware that there are scams out there asking for money to apply for Medicaid. We are doing dedicated outreach to special populations, i.e., beneficiaries that were or are



facing homelessness and senior beneficiaries that may not be tech-savvy and need assistance.

- We have a “Stakeholder Toolkit” to allow us to work with Providers and get the message out to the beneficiaries. There are fliers for Providers to print or download for placement on bulletin boards, tables, or sent within emails. There are also pre-drafted texts with accurate Medicaid information that can be sent out.
- Our key message is “Don’t wait to update.” We want their up-to-date information and for them to check their mail and take action.
- We hold public meetings every other week to help better communicate and explain the Medicaid renewal process . We provide training for those that are likely to be in contact with beneficiaries about these issues; these are in person and online. Email Medicaid.renewal@dc.gov for more information.
- Question by Bobbie Monagan, ACDC: What happens if DHCF has a bad address on file for the enrollee? What happens if the enrollee moves outside of the District of Columbia to Virginia or Maryland?
 - Response by Taylor Woods, DHCF: We will do our best to contact them if they have another contact method available. We are not targeting people who are now ineligible and living in a different state. However, we do receive a list of those that moved out of the District of Columbia and joined Medicaid in their new state. For those that are still living in the District of Columbia, there is still some difficulty finding everyone if they moved, which is why in-person outreach, advertising, and spreading the word the old-fashioned way on the street is a way to go.
- Question by Jerome Schorr, ACDC: Based on the volume and the backlog, how long is the processing time for digital submissions?
 - Response by Taylor Woods, DHCF: We do not have clear data on that currently. Since the backlog issue was brought up and flagged a month ago at our community meeting, we have had active communication between the Department of Human Services (DHS) and DHCF. We also have 12 new employees working that started a few weeks ago. We are hoping that a backlog will be avoided.
- Medicaid Unwinding and Redetermination Strategy and Plan – Keith Maccannon, ACDC
 - Topics Covered: Eligibility Renewal and Communication Campaigns.
 - The current Continuous Enrollment Unwinding, sometimes known as Medicaid Unwinding, is leading us to a situation where the District of Columbia is entering into a period where everyone must be redetermined for their eligibility for benefits under Medicaid. The word used more often is renewal, but renewal, recertification, or redetermination all mean the same thing.

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- The key question is, are they still eligible? People will either be passively renewed, meaning there is enough information in the government databases for eligibility, or they will need to submit sufficient documentation for eligibility to be renewed.
- Managed Care Organizations (MCO) find out around the first week of the month which individuals will lose eligibility within 60 days. But letting individuals know of their status this early could alarm people unnecessarily because they could end up being passively renewed. This information will be shared through a new report feature in NaviNet. We will deliver reports to Providers of patients on their panel that were not passively renewed.
- The Department of Health Care Finance (DHCF) has been working with MCO's to work on getting updated beneficiary contact information. Bi-weekly, MCO's share any updated contact information from enrollees after verifying their identity. The District of Columbia has received a waiver where they can theoretically get the information to ESA to update the Enrollees' records, which should be synced with District Direct. The more direct path is for the Enrollee to go to District Direct and input their information there.
- The MCO's are working together to host events where representatives from the Ombudsman's Office, DC Healthy Families, and the Health Benefits Exchange help show how recertification/renewal works. MCO's have also collaborated and co-branded social media advertising to help get the message out and have enrollees update their contact information and renew.
- AmeriHealth Caritas DC has two campaigns happening. The first is for those that will lose eligibility in the next 60 to 90 days. The second is to encourage all Enrollees to confirm their contact information online. AmeriHealth Caritas DC has a complimentary campaign that started in May 2023 focused on those 90 to 120 days out and obtaining their contact information.
- Working in tandem with the District of Columbia, on all our inbound and outbound calls, we talk about the need to renew and update their information on District Direct. We have integrated an interactive SMS and IVR (automated call) reminder campaign that goes out to those that cannot passively renew. The cadence is that they first get a text message. If there is no response, they receive a follow-up automated call (IVR).
- For larger Providers, ACDC will provide onsite support to make outbound calls and assist the front desk to help fill gaps of care and any benefits eligibility issues and or questions that may come up at the point of care.
- Our new Wellness and Opportunity Center is in Ward 8 on the corner of Good Hope Road SE and Martin Luther King Jr. Ave SE. The Opportunity Center component was added so beneficiaries that are enrolled can come in and use the computer to do things like apply for jobs, print out resumes, update their information on District Direct, etc.

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- Question by Bobbie Monagan, ACDC: Is there only one notification being sent or are multiple notifications going out?
 - Response by Keith Maccannon, ACDC: The District of Columbia has a mailing that goes out to Modified Adjusted Gross Income (MAGI) enrollees 60 days ahead of their potential loss of eligibility. Letters are also going out stating whether they were passively renewed or what steps they need to take to renew their eligibility. There is also a 90-day letter for some of the Supplemental Security Income (SSI) population and other enrollees that are not considered MAGI enrollees. We at ACDC will not get any information until the 60-day out mark. At that time, we will send out text messages to let them know they will lose their eligibility on, “said date.” We will continue contacting enrollees by text, and phone up until 60 days past their expiration date.
- Question by Bobbie Monagan, ACDC: What is passive renewal?
 - Response by Keith Maccannon, ACDC: That means if enrollees are applying for Medicaid and pay taxes, or sign other government forms, Federal and State agencies have a lot of available information about the enrollee. If the information is current, and they can validate the enrollee’s residency and income, they will use that information to automatically renew the enrollee without any action.
- Question by Bobbie Monagan, ACDC: Will DHCF retroactively reinstate a policy once it has terminated and if so, how far back do they go?
 - Response by Keith Maccannon, ACDC: Yes, the simple answer is you can go 90 days past your eligibility expiration; upon return, they will try and match the enrollee back with their same MCO.
- Consumer Assessment of Healthcare Providers and System (CAHPS) – Leginia Driscoll and Stephanie Hafiz
 - Topics Covered: CAHPS Survey Purpose, Types of Survey Questions, and Messaging.
 - CAHPS was created in 1995 by the Agency for Healthcare and Quality (AHRQ) to advance our scientific understanding of the patient’s experience. It is considered a national standard for measuring and reporting on consumers’ experience with health plans, providers, and services throughout the healthcare industry.
 - The CAHPS survey looks at the entire experience, from the beginning, when the patient makes their appointment, to the interactions with the Provider and staff. It encompasses the whole range of interactions that the patient has had with the healthcare system. Everything from when and how they set up the appointment to any follow-up calls/interactions.
 - The survey does not ask you about specific Provider’s; it asks “blanket” type questions. If the enrollee saw three providers prior to the survey, they may only remember one



bad experience, but that could be reflected in their responses. This is an experience-based survey, it is all-encompassing, and we need to work together as a health plan.

- There survey covers three main populations: adults, children, and children with chronic conditions. We only survey a sample size of our population, and those results are sent to our vendor SPH. Everyone that is part of the sample is contacted by way of mail, internet, and telephone. Those that have not responded after four (4) or five (5) weeks, will get a phone call and be given an opportunity to complete the survey over the phone.
- The survey occurs each year around February or May, but the period being asked about is six (6) to eight (8) months prior, depending on the question.
- The results of the survey provide us with a couple of benchmarks. One is called the SPH Book of Business, essentially how we, as an MCO, measure against others that contract with SPH. The other is the National Committee for Quality Assurance (NCQA) perspective which provides a more national comparison.
- The survey topics covered include did they get their annual flu vaccine, and how often it was easy to make an appointment to get the care they needed. Are they getting care quickly? How often did they get non-urgent appointments as soon as needed? How were the staff? Were they helpful and courteous? What was the patient's overall satisfaction with their experience? How often was it easy to get prescribed medications?
- Within the SPH Book of Business, our Spring 2022 results showed in the adult population, "how well doctors communicated" was in the highest ranking at the 96th percentile, as was "ease of filling out forms." Getting care quickly was ranked as our lowest performance measure, but this was during the pandemic in 2021, so it was a challenge that we are still working on improving. In the "Effectiveness of Care," we made improvements, but the numbers are still low and need improvement. This is where we would like to have a better partnership and collaboration with our Provider partners to see where and how we can improve.
- Another set of results ACDC receives from SPH is their SatisAction Model. This is a statistical model used to identify which key drivers are needed to help the ratings go up for the health plan. The results are presented in a power chart (4x4 box) with each quadrant labeled; Power, Opportunity, Wait, and Retain. The X-axis is the importance to the members, and the Y-axis on the chart is our performance as a plan.
- While the CAPHS survey focuses on the overall experience; we wanted to be able to get more immediate feedback from our enrollees. This is where the Pulse Survey comes in. This survey is administered in partnership with a texting company where we send text messages to our enrollees after a recent doctor's visit to inquire about their satisfaction level with the visit; how long did they have to wait, did the Provider listen to them, did they feel respected, etc. Overall, our CAPHS Survey and Pulse Survey results line up.

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- The CAPHS Survey allows us also to see the data grouped by race and nationality. This data helps us decrease any found disparity(ies) and increase equity in our health plan.
- AmeriHealth Caritas DC sends out flyers and text messages about completing the survey, but we also ask our enrollee service representatives to remind enrollees to complete the survey when they encounter them. Providers are also sent faxes during the CAPHS Survey season to let them know the survey is out and to encourage their patients to fill it out.
- Question by Bobbie Monagan, ACDC: If an enrollee misplaces a survey, is there a way they can get a duplicate/replacement?
 - Response by Leginia Driscoll, ACDC: They receive multiple touch points to do their survey. Initially, they receive a postcard with information, then the survey in the mail, and if they don't respond to any of the communications, they will get another postcard, then another survey in the mail. If, after all that they have not responded, they will receive phone calls and can complete the survey over the phone.
- Questions & Answers
 - All questions and answers were handled in real-time after each presentation. No further questions were asked.

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 - Phone: (281) 635-2439



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RESOURCES



IT MAY BE TIME TO RENEW YOUR HEALTHCARE COVERAGE.

We want to make sure you and your family stay covered for all your healthcare needs. Here's what you need to do now.

| ACT NOW | HERE'S HOW |
|--|---|
|  <p>Confirm your household information and report any changes</p> | <p>Online: https://districtdirect.dc.gov/ua/ Mobile App: District Direct In Person: At a Service Center. To find a location near you, visit www.dhs.dc.gov/service/find-service-center-near-you</p> |
|  <p>Recertify and renew your benefits</p> | <p>Online: https://districtdirect.dc.gov/ua/ Mobile App: District Direct In Person: Drop your completed renewal documents off at a Service Center. Mail: Mail completed renewal documents to: Department of Human Services Economic Security Administration Case Record Management Unit P.O. Box 91560 Washington, DC 20090</p> |



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- **Amerigroup DC**
1-800-600-4441
- **AmeriHealth Caritas DC**
1-800-408-7511
- **Health Services for Children with Special Needs, Inc.**
1-866-937-4549
- **MedStar Family Choice District of Columbia**
1-888-404-3549

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English: If you do not speak and/or read English, please call your health plan 24 hours a day, seven days a week. A representative will help you.


Español: Si no habla o lee inglés, llame a su plan médico las 24 horas del día, los siete días de la semana. Un representante le ayudará.

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Amerigroup DC: 1-800-600-4441 DC (TTY 711)
 AmeriHealth Caritas DC: 1-866-937-4549 (TTY 1-202-467-2709)
 Health Services for Children with Special Needs, Inc.: 1-866-937-4549 (TTY 202-467-2709)
 MedStar Family Choice District of Columbia: 1-888-404-3549 (TTY 711)

PUEDE QUE SEA EL MOMENTO DE RENOVAR SU COBERTURA DE ATENCIÓN MÉDICA

Queremos asegurarnos de que usted y su familia sigan cubiertos para todas sus necesidades de atención médica. Esto es lo que debe hacer.

| ACTÚE AHORA | DE ESTA FORMA |
|--|--|
|  <p>Confirme la información de su grupo familiar e informe cualquier cambio</p> | <p>En línea: https://districtdirect.dc.gov/ua/ Aplicación móvil: District Direct En persona: En un centro de servicios. Para encontrar un centro cercano, visite www.dhs.dc.gov/service/find-service-center-near-you</p> |
|  <p>Recertifique y renueve sus beneficios</p> | <p>En línea: https://districtdirect.dc.gov/ua/ Aplicación móvil: District Direct En persona: Entregue los documentos de renovación completados en un centro de servicios. Correo: Envíe por correo los documentos de renovación completos a: Department of Human Services Economic Security Administration Case Record Management Unit P.O. Box 91560 Washington, DC 20090</p> |



¿Necesita más información sobre cómo renovar sus beneficios?

Estamos aquí para ayudar. Llame a su plan médico:

- **Amerigroup DC**
1-800-600-4441
- **AmeriHealth Caritas DC**
1-800-408-7511
- **Health Services for Children with Special Needs, Inc.**
1-866-937-4549
- **MedStar Family Choice District of Columbia**
1-888-404-3549

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Cumplimos con las leyes federales de derechos civiles vigentes y no discriminamos por motivos de raza, color de piel, nacionalidad, edad, discapacidad ni sexo.

English: If you do not speak and/or read English, please call your health plan 24 hours a day, seven days a week. A representative will help you.

Español: Si no habla o lee inglés, llame a su plan médico las 24 horas del día, los siete días de la semana. Un representante le ayudará.

አማርኛ: እንግሊዝኛ ቋንቋን መናገር እና/ወይም ማንበብ የማይችሉ ከሆነ፣ እባክዎ በቀን 24 ሰዓት፣ በሳምንት ሰባት ቀናት ለጤና እቅድ ማእከል ይደውሉ። ተወካይ ይረዳዎታል።

Amerigroup DC: 1-800-600-4441 DC (TTY 711)

AmeriHealth Caritas DC: 1-866-937-4549 (TTY 1-202-467-2709)


Health Services for Children with Special Needs, Inc.: 1-866-937-4549 (TTY 202-467-2709)

MedStar Family Choice District of Columbia: 1-888-404-3549 (TTY 711)



የጤና እና ነቁነታት ጥገና ለሁሉም የጤና እንክብካቤ ፍላጎቶች ሽፋን አግኝተው መቆየትን ማረጋገጥ እንፈልጋለን። ማወቅ የሚያስፈልግዎት ነገር ይህ ነው።

እርስዎ እና ቤተሰብዎ ለሁሉም የጤና እንክብካቤ ፍላጎቶች ሽፋን አግኝተው መቆየትን ማረጋገጥ እንፈልጋለን። ማወቅ የሚያስፈልግዎት ነገር ይህ ነው።

| አሁኑ ፎካው ያጽርጉ | እንዴት እንደሆነ አሳውቁ |
|--|--|
|  <p>የቤተሰብ መረጃዎን ያረጋግጡ እና ማንኛውንም ለውጥ ያሳውቁ</p> | <p>በመላከት ላይ፡- https://districtdirect.dc.gov/ua/ የምርመራ መተግበሪያ፡- District Direct በሌላ ሁኔታ፡- በ አገልግሎት ማእከል። በአቅራቢያዎ ያለውን ጣቢያ ለማግኘት፣ www.dhs.dc.gov/service/find-service-center-near-you ይጎብኙ።</p> |
|  <p>በድንበይ ያረጋግጡ እና ጥቅም ላይ የዋለውን ያጽሱ</p> | <p>በመላከት ላይ፡- https://districtdirect.dc.gov/ua/ የምርመራ መተግበሪያ፡- District Direct በሌላ ሁኔታ፡- የተሟሉ የእድሳት ሰነዶችዎን ወደ አገልግሎት ማእከል ያምጡ። በፖስታ ይላኩ፡- የተሟሉ የእድሳት ሰነዶችን ለሚከተለው በፖስታ ይላኩ፡- የሰብአዊ አገልግሎቶች የኢኮኖሚ ደህንነት አስተዳደር መምሪያ የጉዳይ መዝገብ አስተዳደር ክፍል P.O. ሳጥን 91560 Washington, DC 20090</p> |



ጥቅም ላይ የዋለውን ማዘጋጀት ለመገኘት ተጨማሪ መረጃ ይፈልጋሉ?

እዚህ ያለው እርስዎን ለመርዳት ነው። ወደ ጤና እቅድ ማዕከል ይደውሉ።

- **አሜሪግፕ DC**
1-800-600-4441
- **አሜሪካል ያልድ ያልድ**
1-800-408-7511
- **Health Services for Children with Special Needs, Inc.**
1-866-937-4549
- **ሜዲካል ካርት ተገቢ ለደህንነት ልጅ ካሎ መሆን**
1-888-404-3549

ሁሉም ምስሎች ለማሳያ ዓላማዎች ብቻ በፍቃድ ጥቅም ላይ ይውላሉ። ምስሎች ላይ የሚታዩት ማንኛውም ግለሰብ ሞዴል ሊሆን ይችላል።

እኛ የሚመለከቱትን የፌዴራል ሲቪል ህጎችን እንከተላለን እና በዘርፍ ቀለም፣ የብሄራዊ አመጣጥ፣ እድሜ፣ አካል ጉዳተኝነት፣ ወይም ያህን መሠረት አድርገን አድሎ አንፈጽም።



Amerigroup
District of Columbia

AmeriHealth Caritas
District of Columbia

THE HSC HEALTH CARE SYSTEM
Health Services for Children with Special Needs, Inc.

MedStar Family Choice
DISTRICT OF COLUMBIA

DHCF This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

English: እንግሊዝኛ ቋንቋን መናገር እና/ወይም ማንበብ የማይችሉ ከሆነ፣ እባክዎ በቀን 24 ሰዓት፣ በሰዓት ሰዓት ቀናት ለጤና እቅድ ማዕከል ይደውሉ። አንድ ተወካይ ይረዳዎታል።

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አሜሪግፕ DC፡- 1-800-600-4441 DC (TTY 711)
አሜሪካል ያልድ ያልድ ካርት ተገቢ DC 1-866-937-4549 (TTY 1-202-467-2709)
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ሜዲካል ካርት ተገቢ ለደህንነት ልጅ ካሎ መሆን 1-888-404-3549 (TTY 711)