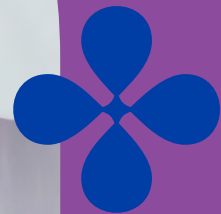




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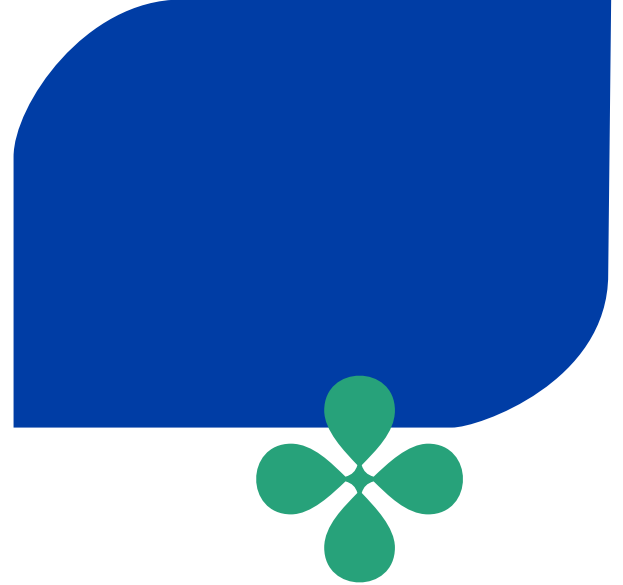
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PROVIDER ADVISORY COMMITTEE REPORT



SEPTEMBER 14, 2023
5:30PM - 7:00PM

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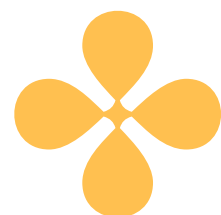
- Presentation Slides
- Meeting Minutes

PROGRAM 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.

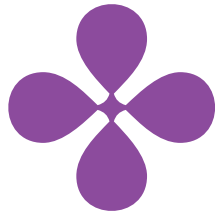
The mission of the AmeriHealth Caritas DC (AmeriHealth) Provider Advisory Committee is to create a partnership with provider organizations and community-based organizations who share the same goals and values. Our main focus is helping DC residents obtain access to care, staying well, and building healthy 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 **September 14, 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 transition. 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, September 14, 2023**, to a virtual audience of **37** 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 and slides.



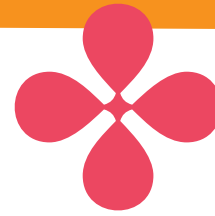
AGENDA

- Welcome and Agenda
- What's New
- Provider Satisfaction Survey
- New Diabetes Drugs: Humira Biosimilar Conversion
- Contract Credentialing for Behavioral Health Carve In
- Maternal Dental Health
- Questions & Answers

SPEAKERS

- **Bobbie Monagan** - Director Provider Network Management
- **Tracey Davis, PharmD** - Director of Pharmacy
- **Yavar Moghimi, MD** - Chief Psychiatric Medical Officer
- **Donna Fisher** - Corporate Dental Liaison/Account Executive

SUMMARY



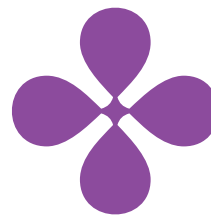
The primary focus of the **Provider Advisory Committee** meeting was to inform providers of upcoming changes.

- Humira will be removed from the formulary with new biosimilar options available as its replacement.
- ACDC is integrating behavioral health.
- Maternal Dental Health Incentives.

Highlights

- ✿ Contact Kelli Johnson for access to the new database created by 3M and all other value-based programs that are available.
- ✿ The Annual Provider Satisfaction Survey has been mailed out. The preferred completion method is to use the QR code on the letter. Completing the survey online allows for faster analysis of the data.
- ✿ Adalim-fkjp (unbranded Hulio) and Hadlima will replace Humira; they are available to prescribe to patients. Humira prescriptions will be honored until October 16, 2023.
- ✿ April 1, 2024, is the official transition date for behavioral health integration.
- ✿ Credentialing for the Behavioral Health Carve In has a turnaround time of 30-40 days for packages that are accurate and complete.
- ✿ OB providers will receive an incentive payment of \$50 when a dental claim is noted and paired with an OB/GYN claim that is within 60 days prior to the dental appointment.

PARTICIPANTS



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

The attendees were made up of three (3) general practices, one (1) pediatric practice, one (1) general hospital, five (5) social service centers, three (3) behavioral health centers.

Participant List

- Siobhan Burke, MD | Unity HealthCare
- Jorge Cabrera | City Care Home
- Michelle Cook | Prestige HealthCare Resources
- Teddra Chamberlain | Gerald Family Care
- Kim Dickerson-Daniels | Prestige HealthCare Resources
- Sheandinita Dyson | McClendon Center
- Sonja Gerald | Gerald Family Care
- Tracy Harrison | Unity HealthCare
- Kumapley Lartevi | Absolute Health & Wellness Solutions
- Quiana Mitchell | Costal Healthcare
- Gail Nunlee-Bland | Howard University Hospital
- Victoria Roberts | Community of Hope
- Steve Toglia | Prestige HealthCare Resources
- Candace Vanderwater | Volunteers of America Chesapeake & Carolinas
- Unknown | Arising Behavioral Health & Services



CONTACT US

PROGRAM CHAIR

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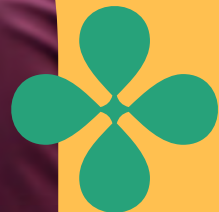


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ADDENDUM

- PRESENTATION SLIDES
- MEETING MINUTES



PRESENTATION SLIDES





Delivering the Next
Generation
of Health Care



**CARE IS THE HEART
OF OUR WORKSM**

Provider Advisory Committee Meeting

September 14, 2023

Our Agenda

1. Welcome & Agenda

- Jeff Welch, Facilitator, MMI Consulting Group

2. What's New

- Bobbie Monagan, Director Provider Network Management

3. Provider Satisfaction Survey

- Bobbie Monagan, Director Provider Network Management

4. New Diabetes Drug: Humira Biosimilar Conversion

- Tracey Davis, PharmD, Director of Pharmacy

5. Contract Credentialing for Behavioral Carve In

- Yavar Moghimi, MD, Chief Psychiatric Medical Officer

6. Maternal Dental Health

- Donna Fisher, Corp Dental Liaison/Account Executive

7. Question & Answers

- Jeff Welch, Facilitator, MMI Consulting Group

What's New?

Bobbie Monagan

Director Provider Network Management



Provider Satisfaction Survey

Bobbie Monagan

Director Provider Network Management



QUESTIONS?

CONTACT INFORMATION

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New Diabetes Drug: Humira Biosimilar Conversion

Tracey Davis

Director of Pharmacy



Humira Biosimilar Conversion

New Products Available:

- Adalim-fkjp (unbranded Hulio)
- Hadlima
- FDA approved as biosimilar will need a new prescription
- Manufacturers are seeking interchangeability status
- No PA will be needed
- This change affects just over 200 unique enrollees

Effective Dates:

September 5, 2023, for new starts

October 16, 2023, delete Brand Humira

QUESTIONS?

CONTACT INFORMATION

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Contract Credentialing for Behavioral Health Carve in

Yavar Moghimi, MD

Chief Psychiatric Medical Officer



Carve-In of Behavioral Health Services

- Redesign and transformation of DC behavioral health system underway in support of whole person care
- Key component of redesign includes the carve-in of BH services into managed care contracts
- **Implementation Date:** April 1, 2024
- Opportunity to improve coordination of care and service integration for enrollees with BH needs, leading to improved outcomes

Credentialing Efforts in Advance of Carve-In of BH Services

- Currently Credentialing all DBH Certified Providers of:
 - Mental Health Rehabilitative Services (MHRS)
 - Free Standing Mental Health (FSMH)
 - Health Home (HH)
 - Substance Use Disorders (SUD)
 - Clubhouse
- Please contact Brenda Peterson, BH Provider Network Account Executive at bpeterson@amerihealthcaritasdc.com for questions regarding this process

Improving Member Outcomes: BH HEDIS Metrics

- Follow Up after Hospitalization for Mental Health
- Follow Up after ED visit for Mental Health
- Medication Adherence/Follow Up (Acute & Continuation)
 - Antidepressants
 - Antipsychotics
 - ADHD
- Pharmacotherapy for Opioid Use Disorder
- Diabetes Screening for people with Schizophrenia or Bipolar Disorder on Antipsychotics
- Metabolic Monitoring for Youth on Antipsychotics

QUESTIONS?

CONTACT INFORMATION

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Maternal Dental Health

Donna Fisher

Corp Dental Liaison/Account Executive



Oral Care Connect Maternal Health Initiative



Purpose and Program Overview

Purpose:

The goal of the **program aims to raise awareness** for OB/GNY's, Family providers and Primary Dental Provider's (PDP) **of the connection between maternal outcomes and oral health** and help our members attain optimal overall health before, during and after pregnancy.

Furthermore, we aspire **for the physicians and their staff to have oral-health-focused conversations** relating to maternal health **and refer pregnant members to dentists** within the network of participating providers.

Vice versa, we hope to have dentists who may have a patient that indicates they are pregnant on their health history to inquire about their perinatal status and OB engagement with appropriate referrals when necessary.

Program Overview:

For pregnant members, an incentive payment will be made to OB providers when a dental claim is noted and paired with an OB/GYN claim within 60 days prior to the date of the initial dental appointment. Once an eligible member receives an initial exam that corresponds with a specific dental (D) code, a 60-day look-back will be initiated. If an OB/GYN claim is identified within this 60-day time frame, an incentive payment of \$50 per qualifying member will be paid out to the OB/GYN provider.

Program Objectives and Outcomes

Program Objectives

- Conducting a broad-based education and awareness campaign
- Executing a focused outreach plan to members and providers
- Incentivizing OB/GYN's providers for referring pregnant enrollees to dentists.

Program Outcomes

- In 2019, only 3.7% of pregnant enrollees received dental care
- In 2023, there are 1,487 pregnant enrollees of which 73 have received dental care in Q1

Oral Care Connect 2023Q1 Settlement



	Oral Care Connect 2023a		
	ACDC		
	5400		
Type:	Value Based Dental Referral Program		
Target Providers:	OBGYNs		
Target Membership:	Pregnant Members		
Payment Date:	August 2023		
Dental Reporting Period:	1/1/2023 - 3/31/2023		
Claims Reporting Period (^^60 days prior to Dental Reporting Period):	11/1/2022 - 1/1/2023		
<u>Program Year1--Aug '23 Settlement</u>	<u>Actual: \$3,650</u>	-	
<u>Incentivized Providers</u>	<u>15</u>	-	
<u>Incentivized Membership</u>	<u>73</u>	-	

Oral Care Connect 2023Q1 OB Payments

PAYEE NAME	Qualifying Members Served	Incentive Payment	Total Earned Payment
GEORGE WASHINGTON-MFA	22	\$50	\$1,100
HOWARD UNIVERSITY FACULTY PRACTICE PLAN	13	\$50	\$650
MOORE OBGYN LLC	7	\$50	\$350
WHC MEDSTAR PHYSICIANS LLC	6	\$50	\$300
UNITY HEALTHCARE	5	\$50	\$250
MEDSTAR MEDICAL GROUP AT MMMC-OB/GYN	4	\$50	\$200
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL	4	\$50	\$200
UNITY HEALTH CARE	2	\$50	\$100
MGMC LLC	2	\$50	\$100
MARYS CENTER FOR MATERNAL AND CHILD CARE INC	2	\$50	\$100
WHC PHYSICIAN GROUP LLC	2	\$50	\$100

Next Steps

- We want to begin to coordinate training opportunities with OB offices and FQHCs to maximize the reach for training.
 - We would like to know the contact person for each entity to set up training.
 - There may be an opportunity to provide CME for the training.
 - The AmeriHealth Caritas DC point of contact is Donna Fisher at:

Email: DFisher@amerihealthcaritas.com

Telephone: (302) 362-1655

QUESTIONS?

CONTACT INFORMATION

Nathan Fletcher, MD

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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, September 14, 2023

5:30pm – 7:00pm

FACILITATOR:

- Jeff Welch, Facilitator, Provider Advisory Committee

SPEAKERS:

- Bobbie Monagan, Director Provider Network Management
- Tracey Davis, PharmD, Director of Pharmacy
- Yavar Moghimi, MD, Chief Psychiatric Medical Officer
- Donna Fisher, Corporate Dental Liaison/Account Executive

AGENDA:

- Welcome and Agenda
- What's New
- Provider Satisfaction Survey
- New Diabetes Drug: Humira Biosimilar Conversion
- Contract Credentialing for Behavioral Carve In
- Maternal Dental Health
- Questions & Answers

DISCUSSION:

- Welcome and Agenda – Jeff Welch, Facilitator
 - Meeting instructions and the agenda were discussed.
- What's New – Bobbie Monagan, ACDC
 - AmeriHealth Caritas DC is currently focusing on Value-Based Programs. Kelly Johnson is our Value-Based Program Manager, and they have been working at making sure the community is aware of what programs we have to offer.
 - We are bringing Douala services on board, and we want to include them in our incentive programs.



- There are new faces within our account executive staff with more coming on board soon. During this transition, if necessary, you can Bobbie Monagan, who will be able to direct you to who can assist you.
- Provider Satisfaction Survey – Bobbie Monagan, ACDC
 - Please take note that phone calls and mailings have started going out regarding our Annual Provider Satisfaction Survey. As a health plan we want to hear from Providers what we are doing right and what we have an opportunity to work on. This cannot happen unless the surveys are completed.
 - The preferred way for Providers to complete the survey is to scan the QR code included in the mailed letter and complete it online. Submitting your application in this manner will allow AmeriHealth Caritas DC the ability to get the results back faster for analysis.
- New Diabetes Drug: Humira Biosimilar Conversion – Tracey Davis, PharmD
 - Most people are only aware of brand drugs and generic drugs. Biosimilar products in the pharmacy world can be looked at the same way.
 - There are new products in the market that will replace Humira. AmeriHealth Caritas DC will be using Adalim-fkjp (unbranded Hulio) and Hadlima to replace Humira. They are already in our formulary and available for Providers to prescribe to their patients. No prior authorization is needed when using either of these two biosimilars.
 - Patients that are currently on Humira will have their prescription honored up until October 16, 2023. After that time their Provider will need to write a new prescription for its replacement, as Humira will be deleted from the formulary.
 - Question by Bobbie Monagan, ACDC: Off topic, but in regard to Ozempic, what as a health plan what are we doing since there has been an increase in interest in taking this drug?
 - Response by Tracey Davis, ACDC: This is a product used for Diabetes Type II. To get access to this drug in the health plan, the patient would have to have used Metformin first. If Metformin failed them or did not work as well as it should, the patient could add on another product. Patients are not able to use Ozempic for weight management through our health plan benefit. CMS does not allow Medicaid to pay for weight management.
 - Question by Teddra Chamberlain, Gerald Family Care: What will the price difference be for the generic product that started September 5, 2023?
 - Response by Tracey Davis, ACDC: Biosimilar or generic drugs are not typically priced the same as a brand product. Generally, brand products have a patent held for about 17 years to allow the manufacturer time in the market to recoup the money they spent developing the drug. Once the patent goes away biosimilars or generic brands become available and flood the market. Humira

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has been an incredibly expensive drug, these biosimilars will be a cost savings for the health plan. I do not have the exact pricing information with me today.

- Contract Credentialing for Behavioral Health Carve In – Yavar Moghimi, MD, ACDC
 - The DC Behavioral Health System is in support of whole person care. The current system is fragmented with Managed Care Organizations (MCO) handling the physical health, hospitalizations, dental, pharmacy, and minor behavioral health issues; then there is a carve out for mental health, rehabilitative services, and addiction support and recovery. This current model makes it difficult to ensure that integrated whole person care is happening.
 - It is known that behavioral health conditions, if not managed well, can have a ripple effect on the person's physical health. Typically, the highest cost, highest needs patients that are in and out of the hospital and emergency rooms, are those dealing with behavioral health and substance use disorders.
 - Physical health and behavioral health need to be under one umbrella. The official transition date for that is April 1, 2024.
 - AmeriHealth Caritas DC is in the process of credentialing the following Department of Behavioral Health (DBH) certified providers: Mental Health Rehabilitative Services, Free Standing Mental Health, Health Home, Substance Use Disorders, and Club House. DBH was certifying and managing this network, but each individually licensed provider was not always showing up in our network the same way. At times they showed up on the facility level.
 - Mental health access can be delayed causing patients to not get the services they need, affecting their whole health. Network adequacy and access to care standards are becoming a higher priority for health plans across the country. Bringing behavioral health in-house will allow us to know exactly who our providers are, where they are based, and what their meeting access and care standards are like. Our network will include non-licensed providers like Peer Recovery Specialists or Community Support Workers.
 - We will be able to work more closely with our network and make sure that quality is built into the conversations so we can help providers understand value-based care, as well as see what opportunities we have to improve in quality measures.
 - There are national standards from National Committee for Quality Assurance (NCQA). Many of those measures are currently part of quality enhancement programs we have with our behavioral health providers that have 50 or more members on their panel.
 - DBH is asking all providers and MCO's to be using functional assessment tools that dive more into the daily living and functioning of enrollees.
 - Question by Bobbie Monagan, ACDC: Will this change allow additional benefits for the enrollees?

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- Yavar Moghimi, MD, ACDC: Many of these services are services that currently exist and are funded through either local dollars or through DBH. There are a couple of new additional services that were added into an at rate study. The Department of Healthcare Finance (DHCF) has taken part in at rate studies because there is an understanding that these services need to be updated over a period of time.
- Question by Bobbie Monagan, ACDC: Can you discuss the credentialing turn around for providers that are being added or that are new to the process?
 - Brenda Peterson, ACDC: All providers must file their credentialing paperwork with accurate up to date information. Once their information has been submitted it can take 30-40 days. Inaccuracies in CAQH is the main delay for providers and can cause it to take longer than 40 days.
 - Bobbie Monagan, ACDC: It is important to submit a completed and accurate credentialing application. Visit the website to ensure that you are submitting all necessary documents for the process to avoid delays.
- Question by Steve Toglia, Prestige HealthCare Resources: Can you speak to the reimbursement model (is it still going to resemble fee for service) and will reimbursement for care coordination and other administrative tasks necessary to achieve outcomes be carved in for behavioral health providers?
 - Yavar Moghimi, MD, ACDC: There is an updated rate study where a lot of the services that previously existed and a few additional new services are being added that are all set to the Medicaid fee schedule. Hopefully the rate is more adequate towards the cost of the care that is needed. With this transition there is an opportunity to do more advanced alternative payment models. This is because we can see the total cost of care, we will see the full picture of what can be done to manage the whole person's health.
- Question by Michell Cook, Prestige HealthCare Resources: Will the traditional community support providing skill building still be a reimbursed service?

Yavar Moghimi, MD, ACDC: Community support as it is currently written as a benefit in the DBH regulations, and the guidance we have gotten from our integrated care forums, is that it will no longer be a benefit as it is currently defined. The thought is there will be other codes and services that would fall under community support that are covered, like non-clinical care coordination, recovery support services, peer support services, etc. Many states have moved away from community support as a benefit, for many reasons but one may be that there is a better way to define what is actually happening.
- Oral Care Connect Maternal Health initiative – Donna Fisher, ACDC
 - The purpose and goal of the program is to raise awareness for OB/GYNs, family providers and primary dental providers, of the connection between maternal outcomes



and oral health and help our members attain optimal overall health before during and after pregnancy.

- For pregnant members, an incentive payment will be made to OB providers when a dental claim is noted and paired with an OB/GYN claim that is within 60 days prior to the date of the initial dental appointment. Once an eligible member receives an initial exam that corresponds with a specific dental (D) code, a 60-day look-back will be initiated. If an OB/GYN claim is identified within this 60-day time frame, an incentive payment of \$50 per qualifying member will be paid out to the OB/GYN provider.
- In 2023, there are 1,487 pregnant enrollees, 73 of those received dental care in Q1.
- We want to start coordinating training opportunities with OB offices and Federally Qualified Health Centers (FQHC) to maximize the reach for training. To do this we need to know the point of contact for each entity. There may be an opportunity to provide Continuing Medical Education credit (CME) for the training.
- Question by Siobhan Burke, MD, Unity HealthCare: Can pregnant patients who already had a cleaning/dental visit in the last six months go again because they're pregnant, and still have it covered?
 - Brenda Peterson, ACDC: This is a question we will have to pass over to Dr. Nathan Fletcher, and we can get this answer at a later date.
- Last Call Items – Bobbie Mongan, ACDC
 - Any OB/GYN providers that are on the call, please send us your contact information so we can contact you directly about this incentive program.
 - Make sure as a provider you are updating your demographic information with AmeriHealth Caritas DC. As a health plan we cannot keep our database up to date without your help. Enrollees cannot contact you and schedule appointments or get to the correct location for their appointments if your information is not correct.
 - We are reengaging our providers regarding using NaviNet. This is a platform that will be a one stop shop to get information about an enrollee's eligibility, benefits, claims status, etc. There has not been a lot of participation in using it, but we now will be working with providers to try and change that. This platform will help make engagement and care tasks easier.
- Provider Opportunities – Kelli Johnson, ACDC
 - With 3M we have developed a dashboard that gives credentialed providers access to an overview of patients who are attributed to you; seen by you or not. AmeriHealth Caritas DC has paid for unlimited access to this information.
 - 3M did a great job in bringing all your patients together in one single sign-on. It will help you in closing care gaps, as well as help providers in finding which patients need their outreach and engagement.

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- Questions & Answers
 - No official Q&A occurred as questions were asked throughout the meeting.

POINTS OF CONTACT:

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