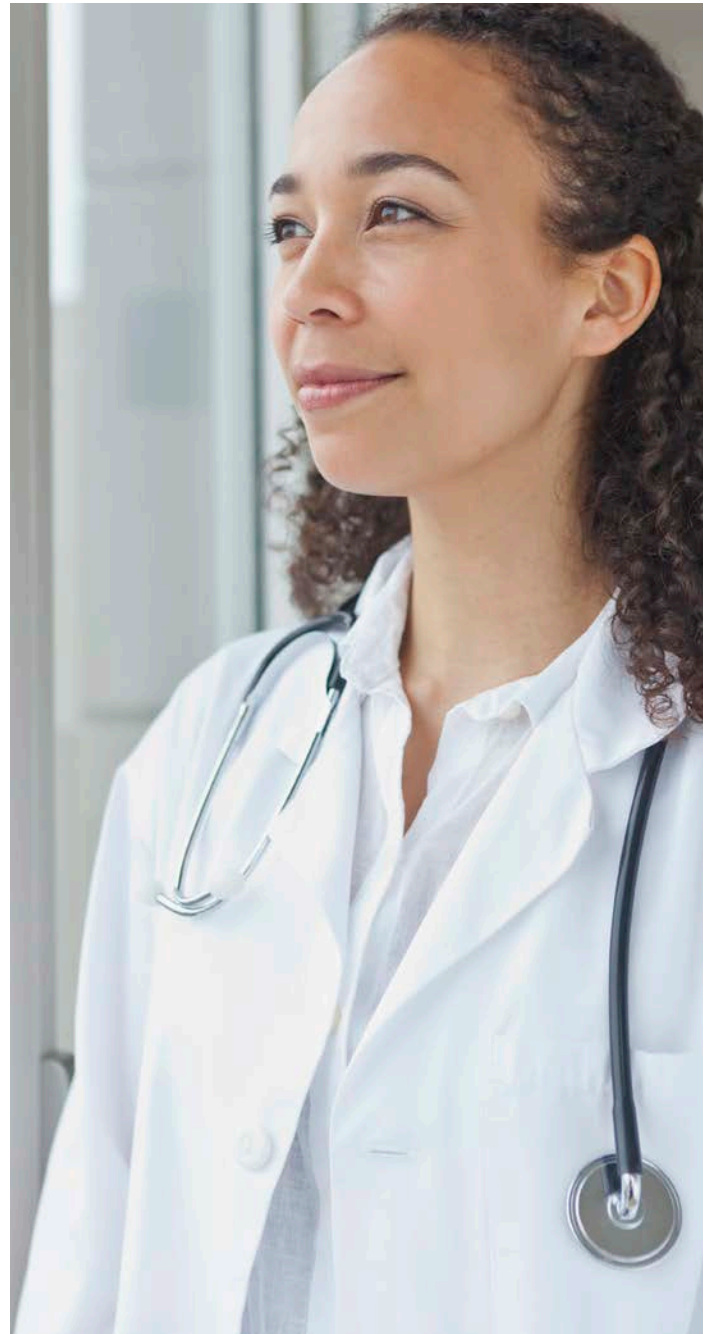


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The content presented within this newsletter is for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information presented and accompanying materials to substitute independent clinical judgment.

www.amerihealthcaritasdc.com



A message from the Market President

Cultural responsiveness

AmeriHealth Caritas District of Columbia (DC) strives to help our providers coordinate culturally responsive health care services for underserved and vulnerable enrollees. Health care services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patient populations are more effective at improving the quality of life of our enrollees — your patients.

For some, language is the first barrier to health care. But along with language, an individual's culture influences:

- An individual's health, healing, and wellness belief systems
- How a patient perceives an illness or disease and its causes
- The behaviors of patients who are seeking health care and their attitudes toward health care providers

A provider who looks at the world through his or her own limited set of values or experiences can compromise the delivery of services to patients from other cultures. Providers must instead understand and respect people's differences when determining treatment options.

To support culturally responsive care, the Education Development Center recommends the following practices:

- Respect each client's individual experiences: Providers should consider the unique experiences that shape a person's overall health.
- Recruit diverse staff: Many patients want to see people who look like them and may have shared the same experiences as them.
- Partner with the community: The best way to build patient trust is for providers to be closely involved in the communities they serve.
- Listen and learn: Empathy is key as it builds confidence in the patient-provider relationship.

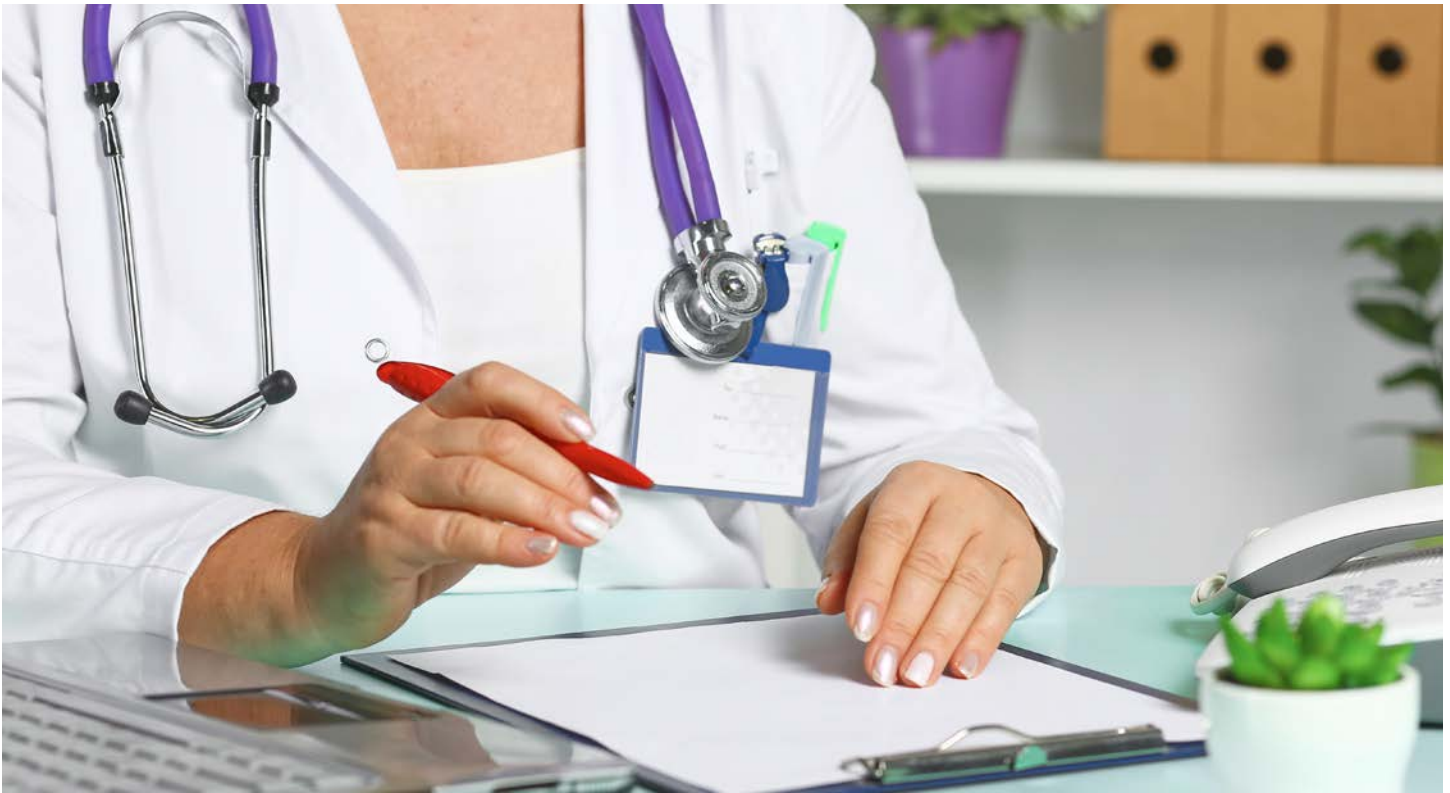
With an aim to increase sensitivity, awareness, and knowledge, and to help decrease potential disparities, we offer [culturally responsive care trainings and resources](#). Please check back often for updated information and trainings. Later in this newsletter, we discuss the importance of collecting providers' race, ethnicity, and language (REL) data to help us further promote equitable care for all.

As always, thank you for your continued support and commitment to the care of our enrollees.

Sincerely,

Karen Dale

Market President, AmeriHealth Caritas District of Columbia
Chief Diversity, Equity, and Inclusion Officer, AmeriHealth CaritasSM Family of Companies



General updates

Complete the 2024 provider satisfaction survey

To gain insight on how we impact your practice on a daily basis, AmeriHealth Caritas DC is conducting the annual provider satisfaction survey. If your practice is randomly selected to receive the survey, we encourage you to complete it.

Results from the survey will be used to help direct administrative and operational changes to our health plan and to point out areas that might need improvement. Press Ganey is an independent research firm that is helping us conduct the survey. If you have questions, please contact Press Ganey at **1-800-588-1659**.

Your opinion is crucial to us. Thank you in advance for taking the time to participate.

Prior authorization changes

AmeriHealth Caritas DC routinely reviews our prior authorization requirements which can result in the removal of select codes. We recently removed a select list of codes and these changes became effective on September 15, 2024.

Changes to prior authorization requirements and medical necessity review for these services are part of AmeriHealth Caritas DC's continued dedication to supporting providers in our shared commitment to high quality health care for our enrollees.

To verify whether a service requires prior authorization, use the prior authorization lookup tool on the provider website at www.amerihhealthcaritasdc.com/provider/resources/prior-authorization-lookup.aspx. If you have questions, please contact your Provider Account Executive or call Provider Services at **202-408-2237**.

Collecting provider REL data 101

AmeriHealth Caritas DC collects, stores, and reports race, ethnicity, and language (REL) data from providers that may be made available to enrollees upon request. This data is used to assess gaps in resources. While data collection alone cannot eliminate or reduce racial and ethnic health disparities, collecting valid and reliable REL data from providers, and REL preferences from the enrollees they serve, is an essential first step in assessing and identifying health care gaps.

Race is a classification of humans based on genetic characteristics, such as lineage, which is when a group is connected by common descent. Although the National Human Genome Research Institute confirms, along with other research, that race is a political and social construct, the federal government still uses these seven racial categories when collecting data about race:

- American Indian or Alaska Native
- Asian
- Black/African American
- Hispanic
- Non-Hispanic
- Pacific Islander/Native Hawaiian
- White/Caucasian

Ethnicity is a classification of humans based on historical connection by a common national origin or language. Ethnicity could also be defined as a person's roots, ancestry, heritage, country of origin, or cultural background. The two ethnicity categories as defined by the federal government are:

- **Hispanic:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **Non-Hispanic:** All other ethnic identities that do NOT include a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Language is a system of words and grammar used by a group of people. To better help us identify the communication preference of an individual, we collect the following language types:

- **Spoken language**, which refers to the language in which an enrollee prefers to speak about their health care.
- **Written language**, which refers to the language in which an enrollee prefers to read or write about their health care.



Why is collecting REL data important?

- To tackle health disparities: The first step to help end health disparities is consistent REL data collection by health care providers and enrollees. Reliable data is crucial in identifying and tracking health care disparities. When we know the population that is disparately affected, we can develop effective programs to address that specific population.
- To promote equitable care: Offering provider REL data is an equitable service for patients. By promoting diversity among health care providers, we can better accommodate a diverse patient population and thus improve health outcomes for disenfranchised groups.
- To empower patients: Sharing REL data gives patients the tools and autonomy to choose a provider who meets their preferences.
- To encourage a sense of accordance: Research shows that marginalized patients initially engage more with physicians with whom they feel some sort of compatibility (gender, race, language, ethnicity, etc.).
- To promote values of cultural and linguistic competency: For some patients, racial and ethnic concordance with their physician allows for greater physician understanding of the social, cultural, and economic factors that influence their patients. This enhances the patient-physician relationship by promoting trust and communication.

(continued on page 5)

Collecting provider REL data 101

(continued from page 4)

How do we collect this information?

- AmeriHealth Caritas DC requires that its contracted provider network share their language data which includes their office support staff's languages. We strongly encourage sharing your race and ethnicity data although it is not required.
- AmeriHealth Caritas DC requests and collects network provider REL data using the same U.S. Office of Management and Budget categories it uses to collect enrollees' REL data.

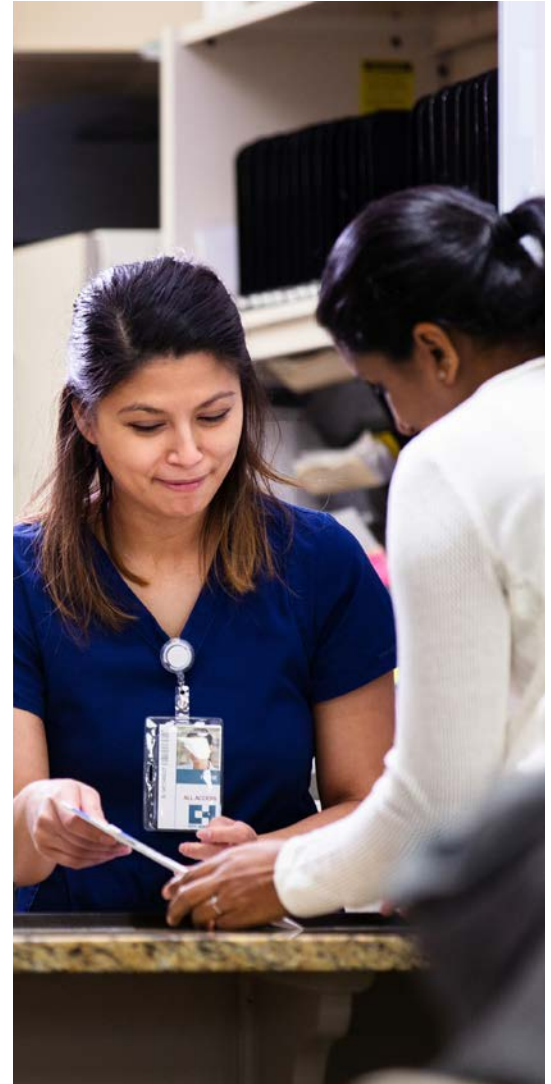
How do we store and share this information?

- REL data is housed in a database that is made available to enrollees.
 1. Gender data is available through the AmeriHealth Caritas DC provider directory.
 2. Provider's language, staff's language, and additional language services are also available through the provider directory.
 3. Information on race and ethnicity is only made available to enrollees upon request.

Demystifying common provider concerns:

- **My race and ethnicity do not impact the care I give.** Research shows that race, culture, and/or ethnicity concordance between patient and provider are not strong indicators of overall quality care. However, cultural competence and awareness are critical to build rapport, comfort, and trust with patients from diverse backgrounds. REL data is one essential tool that health plans use to establish, enhance, and promote cultural competence.¹
- **My practice is equipped to support language services, so why does it matter what languages I or my staff speak?** When the health plan is able to share other languages spoken by the provider network, enrollees have the autonomy to select a provider that matches their cultural and linguistic preferences.

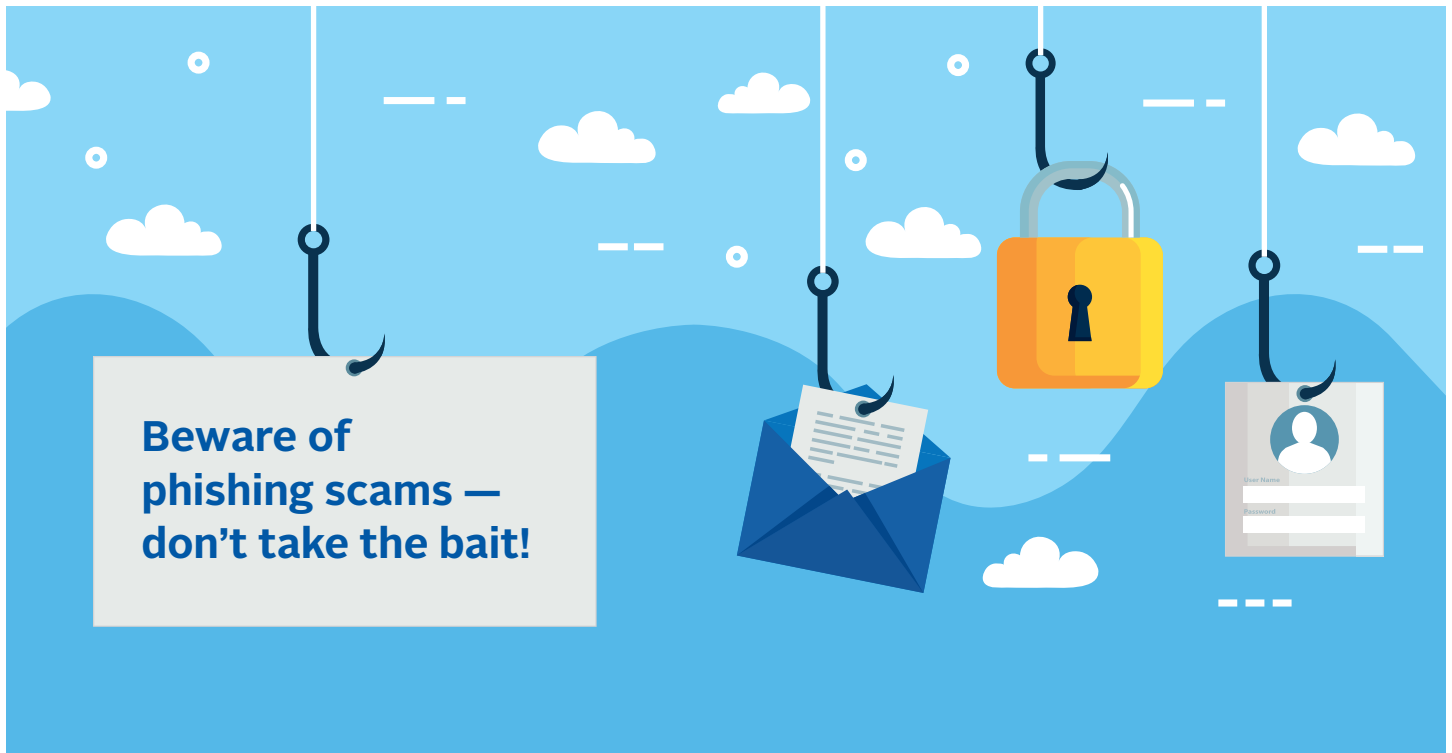
Sharing your race, ethnicity, and language with AmeriHealth Caritas DC may feel uncomfortable at first. However, this is an important piece of provider-patient shared decision-making. Racial or ethnic concordance has been shown to have a positive impact on health outcomes² and reduce health expenditures.³



¹ Megan Johnson Shen et al, "The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature," *J Racial Ethn Health Disparities*, Vol. 5, No. 1, 2018, pp. 117 - 140, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5591056/>

² Patrick Boyle, "Do Black Patients Fare Better With Black Doctors?" Association of American Medical Colleges, <https://www.aamc.org/news/do-black-patients-fare-better-black-doctors>

³ "Shared Decision-Making and Racial or Ethnic Concordance Reduces Health Expenditures," *NIHCM.org*, https://nihcm.org/assets/articles/FINAL_RI-PDF-Tim-Brown_2023-07-12-032727.pdf



One of the biggest information security risks for most organizations occurs when an associate opens a phishing email and clicks on the link. It only takes one associate clicking a phony link to impact an organization's cybersecurity efforts.

Why it's important:

Phishing scams are emails that look real but are designed to steal important information. A phishing email with malicious software can allow cybercriminals to take control of your computer and put your protected health information and personally identifiable information, as well as a company's confidential and proprietary information, at risk.

It may be a phishing email if it:

- Promises something of value (e.g., "Win a free gift card").
- Asks for money or donations.
- Comes from a sender or company you don't recognize.
- Links to a site that is different from that of the company the sender claims to represent.
- Comes from a trusted business partner that has experienced a security incident. All emails sourced from outside your organization should be scrutinized.
- Asks you for personal information, such as your username and password/passphrase.
- Includes misspelled words in the site's URL or subject line.

If you suspect an email may be phishing, here are some tips:

- Do not click any links in the email.
- Do not provide your username and password. You should never share your username or password, even if you recognize the source. Phishing scams frequently mimic well-known companies, such as retailers (like Amazon) or banks.
- Do not reply or forward the email to anyone within your organization.
- Familiarize yourself with your organization's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- Your practice's information security department may have additional information and guidance on how to protect yourself from phishing scams.

Behavioral health updates

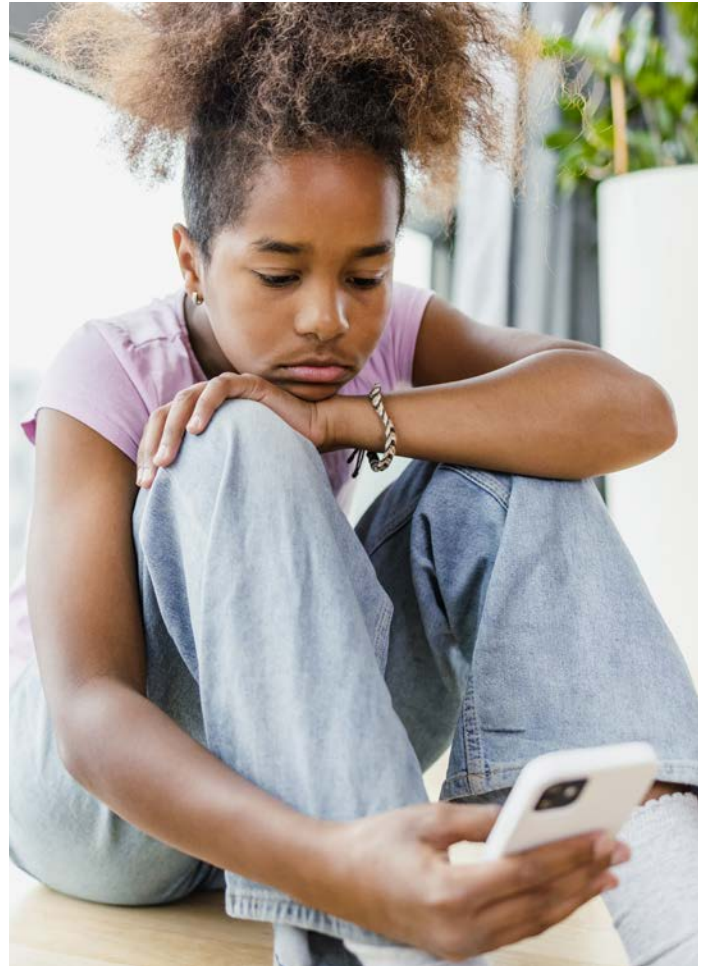
Youth mental health

According to the U.S. Surgeon General, we've seen a [significant increase](#) in recent years of certain mental health disorders in youth, including depression, anxiety, and suicidal ideation. Changes in mental health and signs of distress in young people can manifest in various ways. Some examples of mood changes are irritability, anger, and withdrawal. Other signs can be changes in their thoughts, appearance, performance at school, and sleeping or eating patterns.

While the exact causes of this increase are not fully understood, there are [growing concerns](#) about the effects of social media on youth mental health. One study found that adolescents who spent more than three hours a day on social media had double the risk of experiencing poor mental health outcomes — including symptoms of depression and anxiety. Another study found that limiting social media usage to 30 minutes a day over a three-week period led to improvements in symptoms of depression.

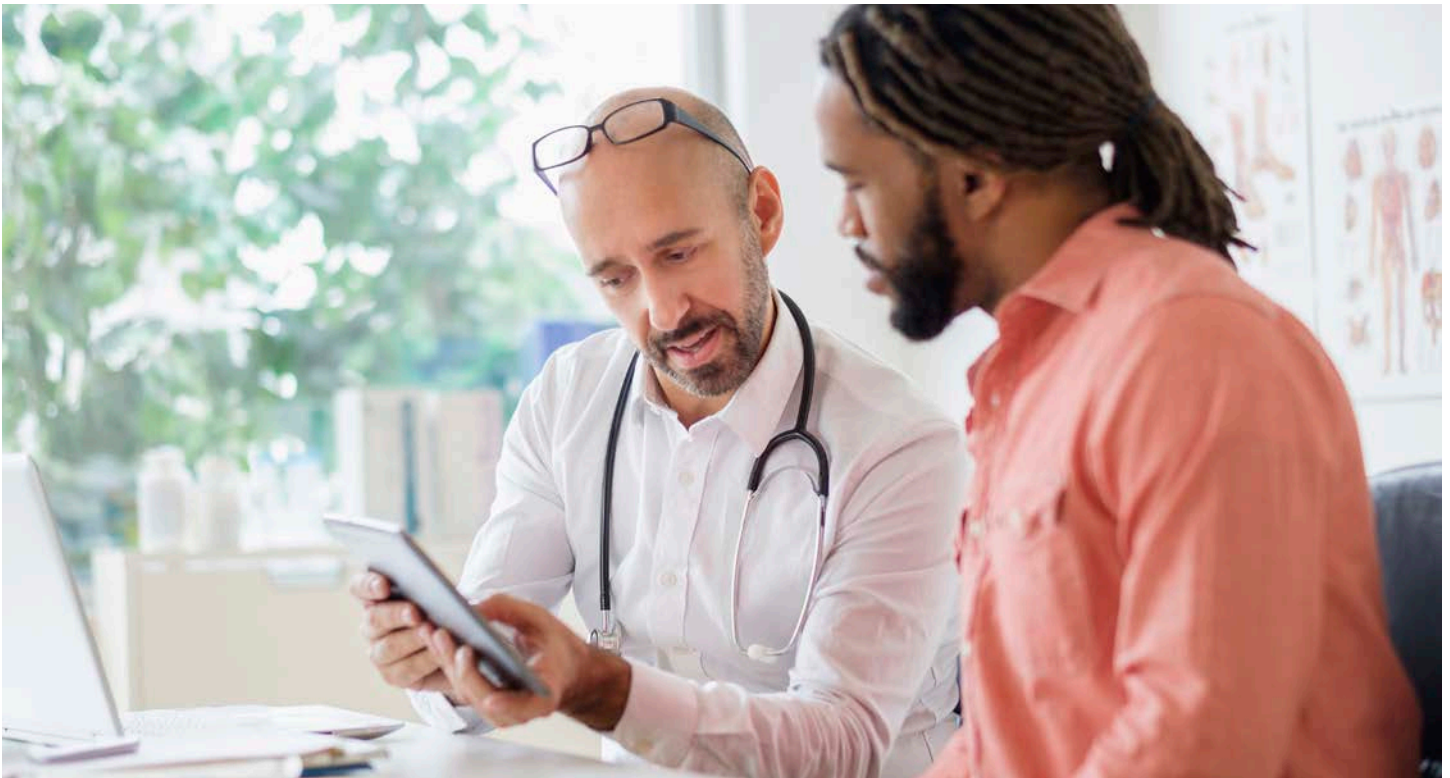
AmeriHealth Caritas DC seeks your assistance in advising parents and caregivers on how to protect their children against the potential harms of social media. Here are some key tips:

- **Create a family media plan:** A family media plan can promote open family discussion and rules about media use and include topics such as balancing screen/online time, content boundaries, and not disclosing personal information. For information on creating a family media plan, visit www.healthychildren.org/mediauseplan.
- **Create tech-free zones and encourage children to foster in-person friendships:** Caregivers should consider restricting the use of phones, tablets, and computers for at least one hour before bedtime and through the night. They can also designate family mealtimes and in-person gatherings as a device-free zone. This can help children develop social skills and nurture in-person relationships.
- **Model responsible social media behavior:** Parents can set a good example of what responsible and healthy social media use looks like.
- **Teach children about technology and empower them to be responsible online participants:** Caregivers may discuss with children the benefits and risks of social media as well as the importance of respecting privacy and protecting their personal information. Having conversations with children about who they are connecting with, their privacy settings, their online experiences, and how they are spending their time online can empower and encourage them to seek help should they need it.



- **Report cyberbullying and online abuse and exploitation:** Children should be educated about their reporting options and feel supported to share if they (a) are being harassed through email, text message, online games, or social media or (b) have been contacted by an adult seeking private images or asking them to perform intimate or sexual acts. Children and/or their caregivers can report cyberbullying to the school and/or the online platform, or local law enforcement.
- **Work with other parents to help establish shared norms and practices and to support programs and policies around healthy social media use:** Such norms and practices among parents facilitate collective action and can make it easier to set and implement boundaries on social media use for children.

If parents are concerned about their child or adolescent's mental health, access to treatment is readily available, even in their child's school. District of Columbia Public Schools (DCPS) has launched a new website, [School Mental Health](#), with mental health and special education resources for students, teachers, and families. The website includes a [directory](#) with behavioral health providers in the school system. The website can be found at www.dcpsmentalhealth.org.



Shared decision-making and medication management

Shared decision-making is an emerging best practice in behavioral and physical health that aims to help people in treatment and recovery have informed, meaningful, and collaborative discussions with providers about their health care services.¹

Using medications can be a dynamic and sometimes difficult journey, especially for those with long-term behavioral health conditions. Therefore, it is important that patients feel empowered and in control of the medications that they are on. Shared decision-making allows the provider to give their expertise while permitting the patient to be active in their own treatment.

The Agency for Healthcare Research and Quality recommends the SHARE approach,² which can lead to improved quality of care for the patient and build trust in the provider-patient relationship:

Step 1 — Seek your patient’s participation.

Step 2 — Help your patient explore and compare treatment options.

Step 3 — Assess your patient’s values and preferences.

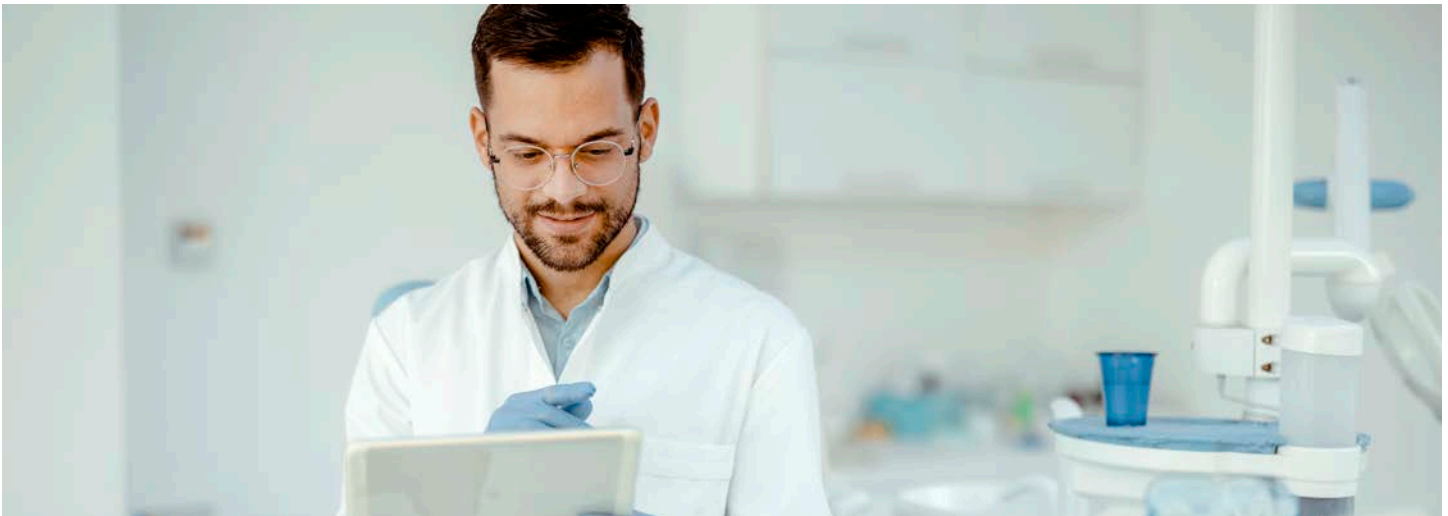
Step 4 — Reach a decision with your patient.

Step 5 — Evaluate your patient’s decision.

Shared decision-making embraces the unique concerns, values, and life context of the individual patient, and can help ensure the patient gets the treatment that is best for them. When patients partake in open dialogue with their providers and are involved in decisions about their care, they will be more likely to follow the agreed upon course of treatment and take their medications as prescribed.

¹ “Shared Decision-Making Tools,” Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making>

² “The SHARE Approach: A Model for Shared Decisionmaking — Fact Sheet,” Agency for Healthcare Research and Quality, <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tools/factsheet.html>



Dental updates

The SKYGEN Dental Hub

On July 15, 2024, AmeriHealth Caritas DC and SKYGEN introduced a new and improved provider portal experience to providers who participate in our dental programs. The SKYGEN Dental Hub is the exclusive dental provider portal tool for AmeriHealth Caritas DC government dental programs, replacing the previously used provider web portal.

With the new dental hub, you get the benefit of some very powerful enhancements, such as:

- The ability for provider groups with multiple practices or multiple locations to see and manage all their business through a single login. No more logging in and out.
- Streamlined claim submission, with instant edits to avoid submitting claims in error.
- Real-time claims processing.
- Instant Patient Responsibility Reports. Submit your claim, have it adjudicated in real time, and collect the exact amount your patient owes before they leave the office. No more relying on estimates.
- The ability to convert determined prior authorization requests into claims in one click of a button.
- Automated notifications that inform you when important processes or events happen.

We strive to provide an easy and efficient provider experience, and hope you enjoy the new features of the dental hub.

Dental emergency referrals

AmeriHealth Caritas DC providers can now refer patients with dental emergencies to the full-service dental centers at Howard University College of Dentistry, Howard University Hospital, and Community of Hope dentistry.

The dental centers can assist AmeriHealth Caritas DC enrollees with emergency and urgent oral health care — in lieu of emergency room care — at the following locations. Patients will be referred to their primary dental care providers for follow-up care.

Howard University College of Dentistry
600 W. St. NW
Washington, DC 20060
Monday – Friday
8:30 a.m. – 3 p.m.
202-806-0007

Community of Hope
4 Atlantic St. SW
Washington, DC 20032
Monday – Saturday
8:30 a.m. – 5 p.m.
202-540-9862

Howard University Hospital Oral Surgery Clinic
2041 Georgia Ave. NW
Washington, DC 20060
Open 24 hours
202-865-1361

Community of Hope
2250 Champlain St. NW
Washington, DC 20009
Monday – Saturday
8:30 a.m. – 5 p.m.

Howard University Hospital General Practice Residency
2041 Georgia Ave. NW
Washington, DC 20060
Open 24 hours
202-865-7677

If you have questions, please contact Dental Provider Services at **1-855-609-5170**.

Pharmacy updates

Dose rounding policy exception criteria

At AmeriHealth Caritas DC, our goal is to provide enrollees with access to quality care while reducing health care costs. In alignment with the position statement from the Hematology/Oncology Pharmacy Association, we have an established dose rounding policy to prevent drug waste, ensure accuracy during drug preparation, and minimize costs. Under the existing policy for drugs or biologic agents subject to dose rounding, the dose of the requested agent may be rounded down to the nearest whole vial size if the rounded dose falls within 10% of the prescribed dose. This policy applies to adult patients only.

AmeriHealth Caritas DC's Pharmacy and Therapeutics Committee approved the following exception criteria for requests for drugs exceeding our dose rounding policy limits. The new exception criteria apply to the drugs and/or biologic agents below:

- Avastin (bevacizumab)
- Mvasi
- Zirabev
- Vegzelma
- AlymSYS (for oncologic indications)

Exception criteria

- If the requested medication is subject to other clinical prior authorization criteria, the enrollee must also meet criteria for approval.
- The provider has submitted justification why the dose rounding will be inadequate based on the enrollee's condition and treatment history. Exceptions may include but are not limited to:
 - Enrollee is a pediatric patient (< 18 years).
 - Enrollee previously demonstrated a suboptimal or partial response to therapy at a rounded dose.
 - Rounded dose is unavailable due to manufacturer supply/shortage issues.
 - Provider has a documented medical reason why dose rounding is inappropriate for the enrollee.
- Medical director/clinical reviewer may override criteria when, in their professional judgement, the requested item is medically necessary.

If you have questions regarding this policy or the exception criteria, please contact your Provider Account Executive or Provider Services at **202-408-2237** or **1-888-656-2383**.





Searchable drug formulary and pharmacy benefits

The AmeriHealth Caritas DC searchable drug formulary is available online. You may search the drug formulary in several ways:

- You can use the alphabetical list to search by the first letter of your medication.
- You can search by typing part of the generic (chemical) or brand (trade) names.
- You can search by selecting the therapeutic class of the medication you are looking for.

PerformRxSM is the delegated manager of pharmacy services covered by the AmeriHealth Caritas DC health plan. You can find more information about pharmacy benefits at www.amerhealthcaritasdc.com/provider/resources/pharmacy.aspx.

If you have questions, please contact Pharmacy Provider Services at **1-888-602-3741**.

Seasonal vaccines

Seasonal vaccines are available for the three viruses responsible for most hospitalizations — COVID-19, RSV, and the flu. We are reaching out to our enrollees to encourage them to protect themselves and their loved ones by getting vaccinated, and we ask that you help spread the word to your patients.

The updated COVID-19, RSV, and flu vaccines are available at no cost to all AmeriHealth Caritas DC enrollees through their primary care provider or a pharmacy in our network.

Please visit www.cdc.gov for the latest guidelines and recommendations related to COVID-19, RSV, and the flu.

Important reminders

Complex and Bright Start care management programs

Did you know that AmeriHealth Caritas DC has teams of registered nurses (RNs) ready to help your patients? We are available to meet with your patients both in person and virtually.

What do our RN care managers do?

- Provide support and one-to-one health coaching
- Help enrollees understand their health condition(s)
- Help enrollees understand their medicine(s)
- Connect enrollees with the health care services and information they need
- Listen to enrollees' health concerns
- Help enrollees understand and address any barriers in care
- Provide guidance on how to navigate the health care system

Who should you refer to us for care management?

- Enrollees who need help understanding their health condition(s)
- Enrollees who have chronic health conditions, including physical and behavioral health diagnoses
- Enrollees who need help understanding their medication(s) and improving medication adherence
- Pregnant enrollees
- Infants who were recently discharged from the NICU

How can you refer an enrollee for care management?

- Call:
 - Complex care phone line: **1-833-805-2233**
 - Bright Start phone line (maternity): **1-877-759-6883**
- Email: dlacfccmreferrals@amerihealthcaritas.com



National Imaging Associates has become Evolent

Evolent, formerly National Imaging Associates, Inc. (NIA), has consolidated its various companies (Evolent Care Partner, NIA Magellan, Vital Decisions, Evolent Health Services, IPG, and New Century Health) under a single brand: Evolent.

This new branding has minimal impact on providers. Day-to-day operations and services remain the same. Only the branding, name of the company, and some URLs have changed. Prior authorization requests should still be submitted at www.radmd.com.

Evolent has changed the company name and logo from NIA to Evolent in the following:

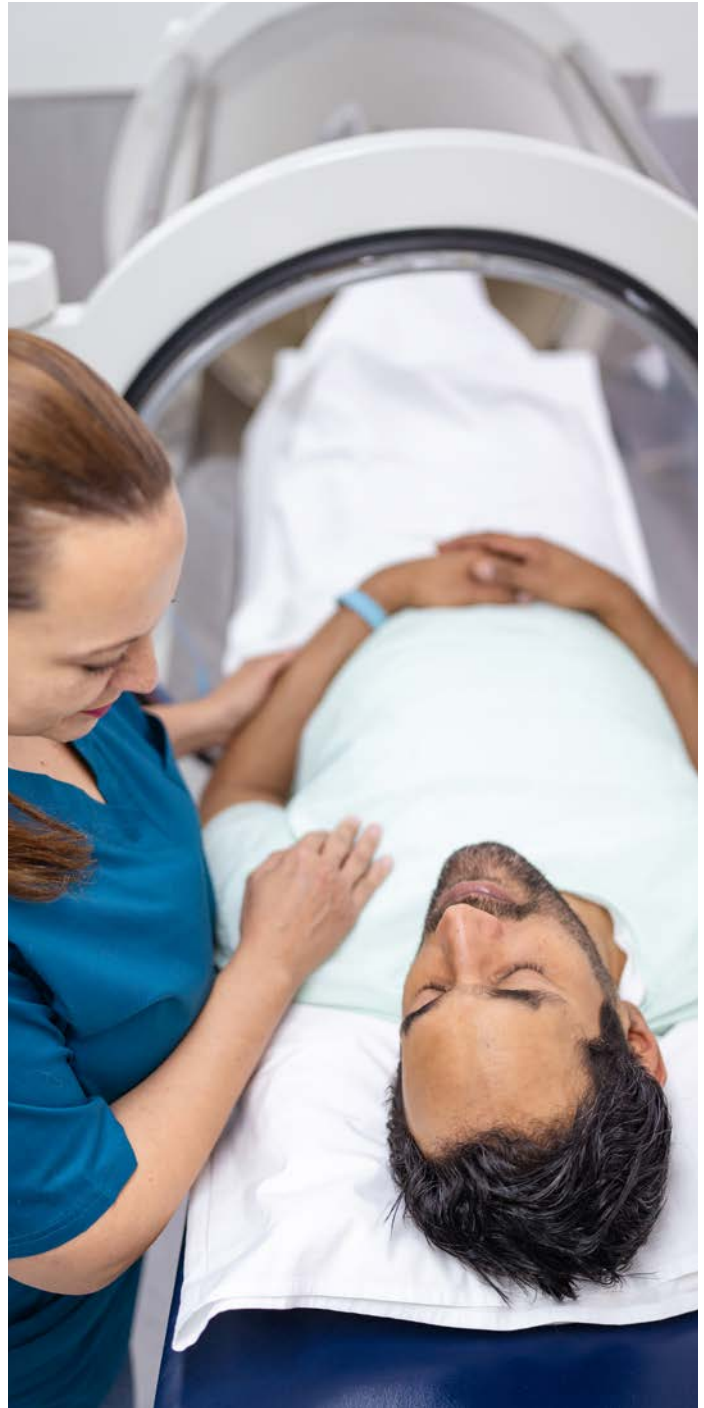
- Company name and logo for clinical policies and procedures, education and training materials, and utilization management (UM) letters
- Naming in various customer service channels (interactive voice response and in-app scripts)
- Names and logos in some portals, apps, and platforms
- Reporting look and feel
- Application URLs (with redirects in perpetuity)

What has not changed (except for branding):

- Content of clinical policies, UM letters, in-app scripts, and other materials
- Health plan logos, branding, and contact information
- Evolent phone and fax numbers, unless otherwise noted (e.g., corporate headquarters)
- File naming conventions and file shares
- The process for obtaining prior authorization requests

Evolent continues to provide the same radiology review services offered by NIA:

- CT/CTA
- CCTA
- MRI/MRA
- PET SCAN
- MUGA SCAN
- MPI



Please note the change in branding from NIA to Evolent in existing NIA materials is happening gradually. If you have questions, please contact your Provider Account Executive or Provider Services at **202-408-2237**.

Practitioner credentialing rights

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

- Review their credentialing information obtained from outside sources with the exception of references, recommendations, and peer-protected information obtained by the plan.
- Correct erroneous information. Corrections may be submitted in writing at any time during the review process by mail, email, or fax.
- Be informed of the status of credentialing or recredentialing applications, upon request. The Credentialing department will share all information with the provider with the exception of references, recommendations, or peer-review protected information. Requests can be made via phone, email, or in writing. The Credentialing department will respond to all requests within 24 business hours of receipt. Responses will be communicated via email or phone call to the provider.
- Receive notification within 60 calendar days of the credentialing committee's decision.
- Appeal any credentialing or recredentialing denial within 30 calendar days of receiving written notification of the decision.

To request or provide information for any of the above, please contact AmeriHealth Caritas DC's Credentialing department.

Mailing Address:

Attn: Credentialing Department
AmeriHealth Caritas District of Columbia
200 Stevens Drive
Philadelphia, PA 19113

Email: credentialingdc@amerihealthcaritasdc.com

Phone: 1-877-759-6186

Fax: 215-863-6369

Improving appointment wait times

Efficiently managing patient wait times in a provider's office is important for improving patient satisfaction and creating better health outcomes. Long appointment wait times can lead to patient frustration as well as a decline in health if medical attention is not received in a timely manner.

Below, we recommend several strategies for providers to improve efficiency and reduce delays for scheduled appointments:

- Use effective appointment scheduling systems.
- Set realistic durations for patient appointments based on the type of visit and the patient's medical history.
- Openly communicate to patients about expected wait times and delays through phone calls, text messages, or emails.
- Provide real-time updates and appointment reminders.
- Offer telehealth options for non-urgent health care needs.
- Ensure staff are trained on office procedures and time management.
- Encourage patients to complete any paperwork prior to their visit.
- Leverage technology by using automated systems for patients to check in before coming to the office in person.

Streamlining the operations of your office and effectively communicating appointment wait times with patients can help ease patients' frustrations and manage their expectations. By adopting these strategies, you can decrease appointment wait times and improve patient experiences. Improving efficiency will also encourage patients to engage in recommended routine and follow-up care.



AmeriHealth Caritas[™]
District of Columbia

www.amerihealthcaritasdc.com

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DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR