



PROVIDER ADVISORY COMMITTEE

REPORT - QUARTER 1

MARCH 7, 2024

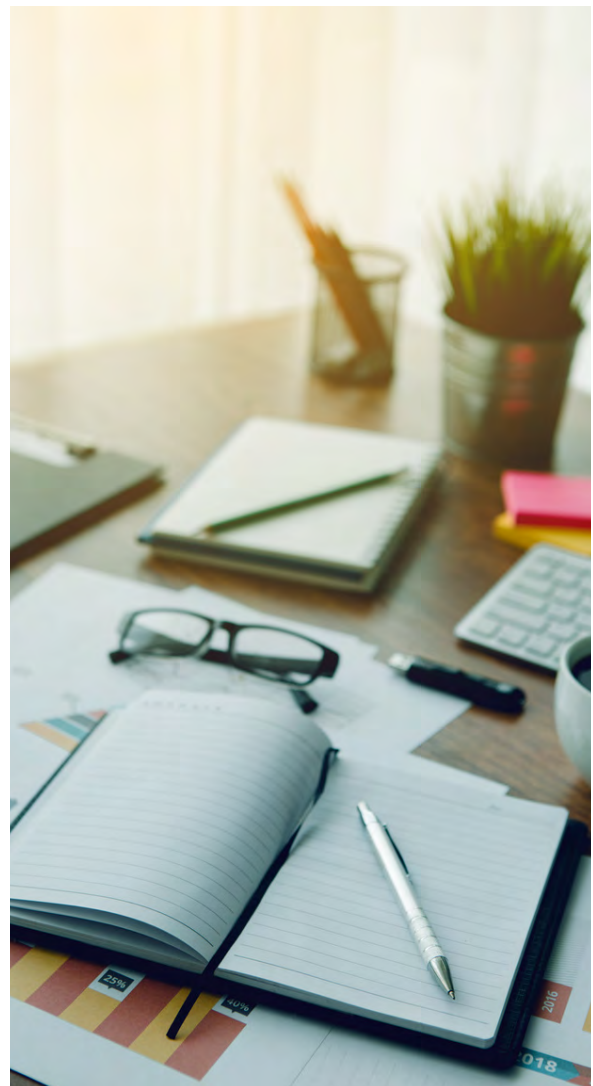
**PROGRAM CHAIRPERSON:
BOBBIE MONAGAN**

Director Provider Network Management

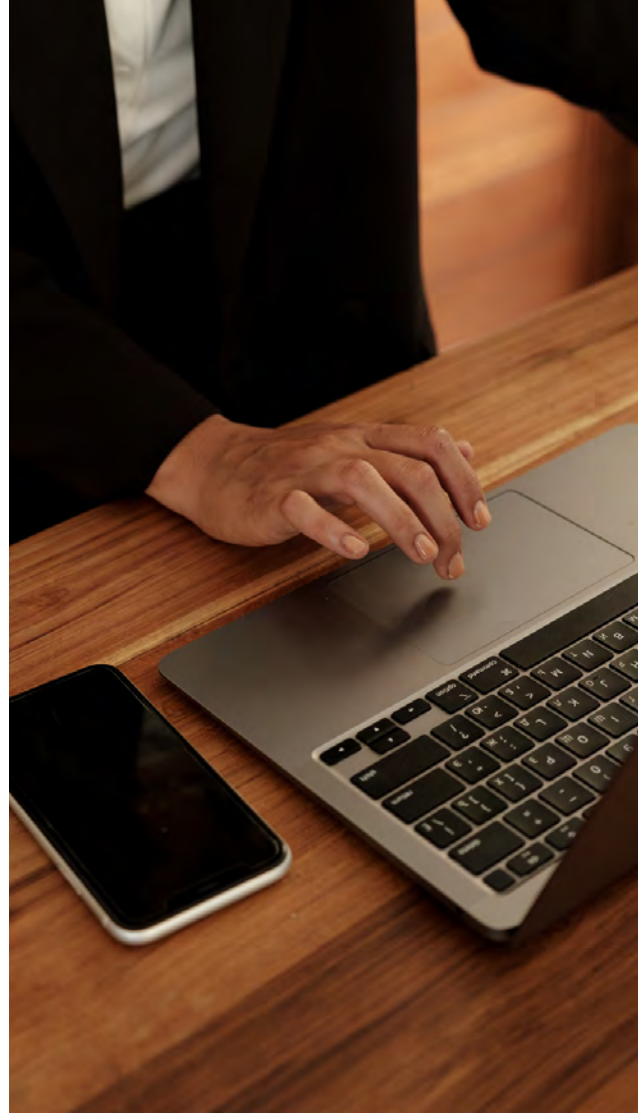
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COMMITTEE EXECUTIVE SUMMARY



COMMITTED TO QUALITY HEALTH CARE AND OUTSTANDING ENROLLEE SERVICES

AmeriHealth Caritas DC (AmeriHealth) 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.

OVERVIEW

AmeriHealth Caritas DC held its Provider Advisory Committee meeting on Thursday, March 7, 2024, to a virtual audience of **48 Providers, 14 ACDC representatives and speakers, one (1) representative from DHCF, and one (1) representative from HMA**. 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.

SPEAKERS

- Suzanne Daub, Health Management Associates (HMA) Representative
- Jaculin Jones, Account Executive II, ACDC
- Kelli Johnson, Value Based Program Manager, AC
- Dr. Yavar Moghimi, Medical Director, Behavioral Health, AC
- Brenda Peterson, Provider Network Account Executive II, ACDC
- Lauren Swank, Behavioral Health Operational Manager, AC

AGENDA

- Behavioral Health Transition
- Whole-Person Care | SDOH
- Credentialing
- Claims & Billing
- Prior Authorizations
- Access to Care Standards & Provider Referrals
- PerformPlus True Care
- Integrated Care DC
- CAHPS & Echo Survey
- Questions & Answers

SUMMARY

The PAC meeting began with Bobbie Monagan expressing gratitude for the turnout and introducing the focus on behavioral health services. Lauren Swank provided an update on the pause in the transition of behavioral health services into managed care, acknowledging the impact on providers and the need for further guidance.

Dr. Yavar Moghimi presented an extensive overview of the whole person care model of care, emphasizing the integration of various healthcare services and the addressing of social determinants of health. Ms. Swank delivered a comprehensive update on the outreach to members, data collection, and the credentialing process for behavioral health providers. Brenda Peterson presented detailed information about claims and billing, emphasizing the availability of resources on the company's website and the use of Change Healthcare for claims processing.

The meeting concluded with a focus on the importance of prompt responses to credentialing requests. Lauren Swank and Brenda Peterson provided detailed insights into the onboarding process and the significance of notifying the credentialing team about new hires and departures.



PROVIDER PARTICIPANTS

- Arlene Asante | First Class Smiles of Bethesda
- Sadie Bianco | PSI Family Services
- Ann Chauvin | Woodley House
- Frederick Clark | Dental Management & Consulting
- Michelle Cook | Prestige HealthCare Resources
- Calvin Dalrymple | Spring Leaf Solutions
- Kim Dickerson-Daniels | Prestige HealthCare Resources
- Sheandinita Dyson | McClendon Center
- Theresa Faldet | Mindflower Group
- David Fenton | District Amputee Care Center
- Pamela Khumbah | Doors of Hope
- Kumapley Lartevi, MD | Absolute Health & Wellness Solutions
- Keisha Mack, MD | The MECCA Group
- Loral Patchen | MedStar Health Research Institute
- Tusar Pattanayak | Better Morning
- Ambrose Phillips | Prestige HealthCare Resources
- Jack Pitrone | Mindflower Group
- P. Shannon | Mindflower Group
- John Smith | Prestige HealthCare Resources
- Candace Vanderwater | Volunteers of America Chesapeake & Carolinas
- Tanya Wilson, MD | Institutional Dental Care

HIGHLIGHTS

- **Behavioral Health Services Transition** - DHCF, in partnership with DBH, has paused the planning for the April 1, 2024, carve-in of behavioral health services into the managed care program due to budgetary issues.
 - **CAHPS & ECHO Survey** - The CAHPS & Echo Survey's are being sent out to a random sample of our enrollees. These Survey's are an anonymous tool used to gather feedback about the services they received. Providers are asked to encourage enrollees to fill out the survey if they receive it. The information gathered is used to improve the services and support we offer.
 - **Claims Submissions** - Due to a recent cyber incident, an alternative vendor has been selected for claim submissions. Providers will receive updated information about the new vendor.
 - **Claims Processing** - Providers are concerned about potential issues processing claims due to frequent code changes and the new BH carve-in. A "soft launch" approach is recommended where providers can start submitting claims for currently accepted BH services to identify and address any problems before full implementation.
 - **Credentialing of Individual Practitioners** - Staff types requiring credentialing: APRN, Board Certified Behavioral Analyst, CAC I, CAC II, LICSW, LMFT, LPC, NP, MD, Psychologist. Groups that are less than 10 need to complete an ACDC Provider Data Intake Form for each practitioner. For groups that are 10 or greater, the ACDC Staff Roster template can be used in place of the provider intake form. ACDC uses CAQH for credentialing.
 - **Credentialing Process** - Providers should respond promptly to requests for additional documentation during the credentialing process. Amera Health Caritas DC cannot process claims for newly hired providers until they are credentialed. Providers should give as much notice as possible when onboarding new staff and notify Amera Health Caritas DC when a credentialed clinician leaves the practice.
-



CONTACT US

**PROGRAM CHAIRPERSON:
BOBBIE MONAGAN**

Director, Provider Network Management
bmonagan@amerihealthcaritasdc.com
(202) 821-8083



ADDENDUM

- MEETING MINUTES
- PRESENTATION SLIDES





MEETING MINUTES

PROVIDER ADVISORY COMMITTEE

MEETING MINUTES

Thursday, March 7, 2024

5:30pm – 7:00pm

FACILITATOR:

- Jeff Welch, Facilitator, Provider Advisory Committee

SPEAKERS:

- Suzanne Daub, Health Management Associates (HMA)
- Jaculin Jones, Account Executive II, AmeriHealth Caritas DC (ACDC)
- Kelli Johnson, Value Based Programs Manager, AmeriHealth Caritas (AC)
- Dr. Yavar Moghimi, Medical Director, Behavioral Health, AC
- Brenda Peterson, Provider Network Account Executive II, ACDC
- Lauren Swank, Behavioral Health Operational Manager, AC

AGENDA:

- Behavioral Health Transition
- Whole-Person Care | SDOH
- Credentialing
- Claims & Billing
- Prior Authorizations
- Access to Care Standards & Provider Referrals
- PerformPlus True Care
- Integrated Care DC
- CAHPS & Echo Surveys
- Questions & Answers

DISCUSSION:

- Welcome and Agenda – Jeff Welch, Facilitator
 - Meeting instructions and the agenda were discussed.
 - The Behavioral Health Team introduced themselves.



- Behavioral Health Transition to Managed Care Update – Lauren Swank
 - Due to budgetary issues, the Department of Health Care Financing (DHCF) announced a pause on the previously planned April 1, 2024, transition date. There is no new target date, but further guidance regarding gap policies is expected; especially as it pertains to the gap policies that were in place between October 1, 2023, and April 1, 2024.
 - DISCUSSION:
 - Kim Dickerson-Daniels (Prestige HealthCare Resources) raised a concern about the gap in coverage for behavioral health services under managed care. Traditionally, local funds could be used to cover individuals without insurance or during lapses in coverage. However, managed care systems typically don't allow for such flexibility. Ms. Dickerson-Daniels inquired about the process for verifying coverage beforehand and how providers should handle situations where verification isn't possible. Since managed care requires coverage for service delivery, she wanted to know if there have been any considerations for addressing these gaps and how Providers can manage such situations moving forward.
 - Dr. Yavar Moghimi (ACDC) clarified that AmeriHealth Caritas DC can only speak to processes for their enrolled members or those needing re-enrollment. For individuals who lose benefits and require local service dollars, Dr. Moghimi believes the process for accessing those resources remains unchanged due to the paused behavioral health transition. He advised Ms. Dickerson-Daniels to contact the Department of Behavioral Health (DBH) or DHCF directly for further clarification on how to handle such situations as AmeriHealth Caritas DC does not manage local funding.
- Whole-Person Care: Addressing SDOH – Yavar Moghimi, MD
 - The Whole-Person Care model focuses on integrating various services including medical care, behavioral health, pharmacy, non-emergency transportation, care management, dental care, and addressing Social Determinants of Health (SDOH). Dr. Moghimi highlighted that SDOH can significantly impact health outcomes and ACDC addresses these through internal supports, strategic partnerships, and collaboration with community-based organizations.
 - Care Management and Care Coordination services are available to any actively enrolled ACDC member on an opt-in basis. There are specific programs for common conditions like asthma, diabetes, and heart disease, as well as for pregnant women (Bright Start maternity program) and high-risk infants (NICU graduate program). Additionally, there's a Strong Start program for children aged 0 to 3 to coordinate therapies and address developmental needs. For all other needs, there's a complex case management program. Referrals can come from providers, members themselves, or through ACDC's community health workers. These community health workers have various roles including outreach to new members, preventive care coordination, and post-emergency room follow-up



support. They are also embedded in some hospital systems to connect with hospitalized members. Another outreach team uses targeted campaigns (e.g., flu season) to identify members who may benefit from case management referrals.

- ACDC recognizes food insecurity as a SDOH that can negatively impact health outcomes. To address this, we leverage partnerships (i.e. Mom's Meals, Food & Friends, DC Greens, etc.) to connect members with medically tailored home-delivered meals. This can be particularly helpful for those with uncontrolled diabetes or who are recovering from hospitalization. We offer referrals to both meal delivery programs and initiatives like Produce RX, which allows Providers to prescribe fruits and vegetables to patients.
- We also offer non-emergency medical transportation services. This benefit allows members to utilize services like Lyft or Uber to get to and from their medical appointments.
- AmeriHealth Caritas DC collaborates with various partners to address housing insecurity. We work with Woodley House and Prestige to provide temporary respite and transitional housing for those at high risk of behavioral health readmission and needing social support. Additionally, partnerships with Volunteers of America, Pathways to Housing, and Unity Health offer a medical respite program for members with physical health needs requiring a safe recovery space. Finally, the Children's Law Center collaborates with ACDC to support families facing housing issues that contribute to unhealthy living conditions and trigger health problems like asthma attacks.
- We offer a variety of benefits to help members navigate the healthcare system and address Social Determinants of Health. We work to ensure members understand the appropriate level of care needed, whether it's urgent care, nurse line, or telehealth. We provide resources and education to help ACDC members distinguish between urgent care and emergency room visits. The 24/7 nurse call line is available to all ACDC enrollees, and referrals to case management are made when appropriate. ACDC also promotes healthy living through educational materials, a monthly wellness calendar with activities, and integration of behavioral health services into primary care settings. We collaborate with school-based providers and specialty care providers to offer a continuum of care from outpatient to residential treatment. Emotional support via text message is also available through partnerships with Headspace where you can text with a MindRight Support Coach. Additionally, ACDC offers fitness programs and helps connect members with the right behavioral health providers.
- The Behavioral Health Experience of Care and Health Outcomes (ECHO) survey is a random survey sent to ACDC members. The survey gathers feedback on experiences with behavioral health services received in the past year across various categories. The results are compiled into an ECHO report submitted to the National Committee for Quality Assurance (NCQA). ACDC uses this report to identify any gaps or deficiencies in our Provider Network and determine areas where communication with Providers needs to be improved. In addition to the ECHO survey, we also use pulse surveys. These are short surveys delivered via text message to members after recent medical or behavioral health visits. The pulse surveys ask basic questions about the visit experience, such as wait times

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and whether the Provider met the member's needs. We use the real-time feedback from pulse surveys to assess Provider performance and identify any urgent issues that need to be addressed.

- DISCUSSION:
 - Loral Patchen (MedStar Health Research Institute), asked for clarification on whether the food support program for diabetic patients also applies to gestational diabetics. Dr. Moghimi (ACDC) confirmed that pregnancy itself is considered a qualifying condition for the home meal delivery program. Therefore, any member with gestational diabetes would also be eligible for this program.

- Credentialing – Lauren Swank
 - For groups seeking credentialing and contracting, they need to submit a facility application, insurance information, current state licenses, disclosure of ownership forms, and current accreditation information to credentialingdc@amerihealthcaritasdc.com. Applications should also be copied to Lauren Swank and Brenda Peterson for follow-up.
 - Independently licensed practitioners can also be submitted for credentialing, including APRNs, board certified behavioral analysts, CAC 1 & 2, LCSWs, LMFTs, LPCs, NPs, MDs, and psychologists. Credentialing is still ongoing for these providers despite the previously announced pause for the BH transition, as there may be existing services they can bill for.
 - Smaller groups can submit a provider data intake form per practitioner, while larger groups with 10 or more staff can use a staff roster. All applications must be submitted with up-to-date and open CAQH profiles for each provider to avoid delays. We also encouraged providers to keep their demographic information current with ACDC, including phone numbers, office suites, and fax numbers.
 - The credentialing process for non-licensed or non-credentialed staff types is currently on hold due to the paused BH transition to managed care. However, groups that have already submitted rosters for these staff will be notified when the process resumes.

- Claims and Billing – Brenda Peterson
 - Our claims and billing information is readily available on our website (www.amerihealthcaritasdc.com/provider/claims/index.aspx). AmeriHealth Caritas DC was using Change Healthcare to process claims, but Bobbie Monagan (ACDC) clarified that due to a recent cyber incident, an alternative vendor has been selected for claim submissions. Providers will receive updated information about the new vendor.
 - Claim payments are being processed, with some EFT payments going out this week for services rendered through February 19, 2024. More information on future payments will be forthcoming.
 - We encourage providers to submit electronic claims whenever possible, this is a faster process. Paper claims are accepted, but electronic submissions are preferred. Our website

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also has a claims and billing manual available for download. Providers are advised to check the website for updates to the manual.

- Providers can choose their preferred method of receiving reimbursements. The default option is virtual credit cards through ECHO, but providers can opt for EFT or paper checks by contacting ECHO directly. They can also enroll on www.providerpayments.com to access their explanation of payments (EOP).
- DISCUSSION:
 - Tanya Wilson, MD (Institutional Dental Care) asked for additional information about the recent cyberattack and whether it impacted all Providers. Bobbie Monagan (ACDC) responded that ACDC has not identified any negative impact on their plan from the attack. There was a fax blast that was sent out on March 6, 2024, regarding this incident. As a precaution, ACDC has disconnected from Change Healthcare while we investigate the potential impact on our system. Because of this, we have identified an alternative vendor for providers to submit claims in the meantime. We are also working on establishing relationships with additional vendors to create a more streamlined claims submission process. The goal is to provide Providers with two (2) reliable options for submitting claims within the next few weeks.
- Prior Authorizations – Lauren Swank
 - Providers can find a prior authorization lookup tool at www.amerhealthcaritasdc.com/provider/resources/prior-auth.aspx to determine which codes require pre-approval.
 - Due to the pause in the behavioral health transition to managed care, authorization requests for specialty outpatient behavioral health services will not be moving to ACDC at this time. However, future managed care services expected to require authorization include ACT services (Assertive Community Treatment), CBI (Community Based Intensive Treatment), Rehab Day, and intensive day treatment programs.
 - Behavioral health services currently requiring prior authorization: intensive outpatient and partial hospitalization programs, inpatient psychiatric hospitalization, inpatient detox, adult and children's psychological and neuropsychological testing, electroconvulsive therapy (ECT), and transcranial magnetic stimulation (TMS).
- Access to Care Standards and Provider Referrals – Yavar Moghimi, MD
 - Even though the behavioral health carve-in is on hold, ACDC is still required to meet network access standards set by regulators. These standards include timeframes for appointments based on urgency. Ideally, routine behavioral health appointments should be available within seven (7) days of a request. Providers should also strive to avoid wait times exceeding 45 minutes for scheduled appointments and communicate any scheduling changes to consumers in advance. Interpreter services must be offered upon request.



- After-hours accessibility is important, Providers should have messaging systems or on-call staff available to direct consumers with urgent or non-urgent after-hours needs. ACDC conducts secret shopper surveys to monitor after-hours access, and Providers who fail to meet standards may be subject to corrective action or termination from the network.
- The role of the Access Helpline in linking consumers to providers in the network is currently unclear due to the paused BH transition to managed care. ACDC is exploring alternative referral methods and is encouraging Providers to claim their program listings on the Find Help Tool. This would allow ACDC to initiate closed-loop referrals and track appointments made through this system.
- PerformPlus True Care BH Program and Dashboard – Kelli Johnson
 - Any practice with at least 50 members attributed to them is automatically opted into our Behavioral Health Value-based Program. The program offers incentive payments on top of fee-for-service claims based on quality measures. This year, the program particularly emphasizes follow-up care for members who have been hospitalized or visited the emergency room. Providers can earn \$50 for closing gaps in care by following up with these members within the first seven (7) days, and \$25 for follow-up between 8 and 30 days after the hospitalization or emergency room visit.
 - ACDC's new behavioral health dashboard for Providers is designed to give Providers information about their patients, allowing them to provide more comprehensive wrap-around services. For example, the dashboard can help providers identify members with chronic conditions, such as pregnancy, who may benefit from additional support. The emphasis is on leveraging the strong trusted relationship that behavioral health providers often have with their patients to improve overall health outcomes. The dashboard will allow Providers to track their performance in the value-based program and see how their patients are progressing over time. It will include both behavioral health measures and some claims data, providing a more holistic view of patient health.
 - ACDC utilizes a tool called 3M; this tool evaluates a patient's health status and categorizes them into one of nine (9) categories based on clinical risk burden. This allows Providers to identify high-risk members within their patient population through the ACDC behavioral health dashboard. The 3M tool is free and available to all credentialed Providers. ACDC encourages providers to take advantage of this tool to improve patient outcomes and reduce potentially preventable emergency room visits. The presentation highlighted a specific example of a member with a high number of emergency room visits in the past year, emphasizing the potential impact of early intervention.
 - Feedback from Providers on how ACDC can improve care coordination and reduce preventable admissions and readmissions would be greatly appreciated. Depression, psychosis, and substance use disorder (SUD) diagnoses are key areas where improvement is needed. ACDC understands the importance of ensuring members receive appropriate



follow-up care after discharge to promote stability and safety in the community. We are interested in collaborating with Providers to develop creative solutions to address these challenges.

- Integrated Care DC – Suzanne Daub

- Health Management Associates (HMA) is a national firm that provides technical support for the Integrated Care DC initiative. This initiative offers a variety of resources to help providers prepare for value-based care services, including a total cost of care learning collaborative. The collaborative helps Providers understand the financial aspects of their work. The next session of the collaborative is next week, and recordings of prior sessions are available online. This program is open to all Medicaid providers, including physical health providers, hospitals, behavioral health providers, and primary care providers.
- HMA offers technical assistance to Providers in several ways, including coaching and webinars. Coaching involves a needs assessment and the creation of a work plan to address those needs. Webinars and trainings are available online and offer CME/CEU credits.
- DISCUSSION:
 - John Smith (Prestige HealthCare Resources), inquired about practical workflows for implementing integrated care in a clinic setting. Ms. Daub (HMA) acknowledged the importance of workflows but emphasized that they should be customized to each organization's needs. HMA can provide coaching to help develop workflows that consider both physical and behavioral health integration as well as collaboration with community partners.
 - Mr. Smith stressed the need for clear and actionable steps for implementing integrated care. He used the example of a patient needing a behavioral health referral during a primary care visit. Ms. Daub responded by highlighting the concept of a "no wrong door" approach, where patients receive comprehensive care regardless of their entry point into the healthcare system.
 - Mr. Smith then raised a concern about potential anti-kickback rule violations when referring patients for behavioral health services. Ms. Daub clarified that this is a legal matter best addressed by someone else. However, she offered two (2) general strategies to comply with regulations: employing behavioral health staff directly within the clinic or partnering with a community organization, ensuring any financial arrangements are carefully structured to avoid violating anti-kickback rules.

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- Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Jaculin Jones
 - It is that time of year where the CAHPS and Echo surveys are being sent out to a random sample of ACDC enrollees. The surveys are anonymous, and Providers are encouraged to remind their members to complete the survey if they receive one. The goal is to gather enrollee feedback to help ACDC improve its services and support for members.
- Questions & Answers
 - Bobbie Monagan (ACDC) asked about Providers' preparedness if the April 1 Behavioral Health Carve-In date was still in place. Providers stated they are concerned about a lack of information regarding the new systems and processes under the revised program. Ann Chauvin (Woodley House), acknowledged that contracting and credentialing are straightforward but there is significant uncertainty about how the government will manage the program. Ms. Chauvin expressed frustration with the lack of clarity from the District. Ms. Monagan reassured providers that ACDC is actively communicating with the District to encourage transparency and obtain information as quickly as possible.
 - John Smith (Prestige HealthCare Resources) asked about the availability of test claims to ensure Providers can submit claims successfully before the Behavioral Health transition. He expressed concerns about potential issues processing claims due to frequent code changes. Lauren Swank (ACDC) recommended a "soft launch" approach. Once providers are credentialed, they can begin submitting claims for currently carved-in services (services already provided by ACDC) using the provider's Medicaid Provider Identifier (MPI) number. This will allow ACDC to identify and address any processing issues before the full program launch. Bobbie Monagan (ACDC) agreed with this suggestion and acknowledged the challenges caused by a recent cyber event. She stated that the event highlighted the importance of developing contingency plans.
 - Bobbie Monagan (ACDC), reminded Providers of the importance of responding promptly to requests for additional documentation during the credentialing process. This will help speed up getting them loaded into the system. Sadie Bianco (PSI Family Services), inquired about the onboarding process for new clinicians after their organization is credentialed. She expressed concern about potential delays in credentialing new hires, which could limit access to care for patients. Lauren Swank (ACDC) explained that providers should submit a completed ACDC Provider Intake Form for any new staff member that needs to be credentialed. She advised that using the CAQH (Council for Affordable Quality Healthcare) system will streamline the process. Once a complete application is received, the credentialing team can process it relatively quickly. Ms. Swank also emphasized the importance of notifying ACDC when a credentialed clinician leaves the practice. This will allow them to update their records and avoid any confusion or service disruptions. Brenda Peterson (ACDC) confirmed Ms. Swank's explanation and added that the credentialing timeframe can vary depending on whether the CAQH file is complete. She advised providers to give as much notice as possible when onboarding new staff.
 - Sheandinita Dyson (McClendon Center) asked about billing for services before a new provider is credentialed. Bobbie Monagan (ACDC) clarified that providers cannot bill for



services until they are approved by ACDC. This is to ensure the provider has gone through the configuration process and is properly loaded into our system. Otherwise, claims submitted will be rejected. Once a Provider is approved, they will receive an initial credentialing approval letter followed by a welcome letter that includes the Provider Identification Number and account executive information. The account executive will then contact the provider directly.

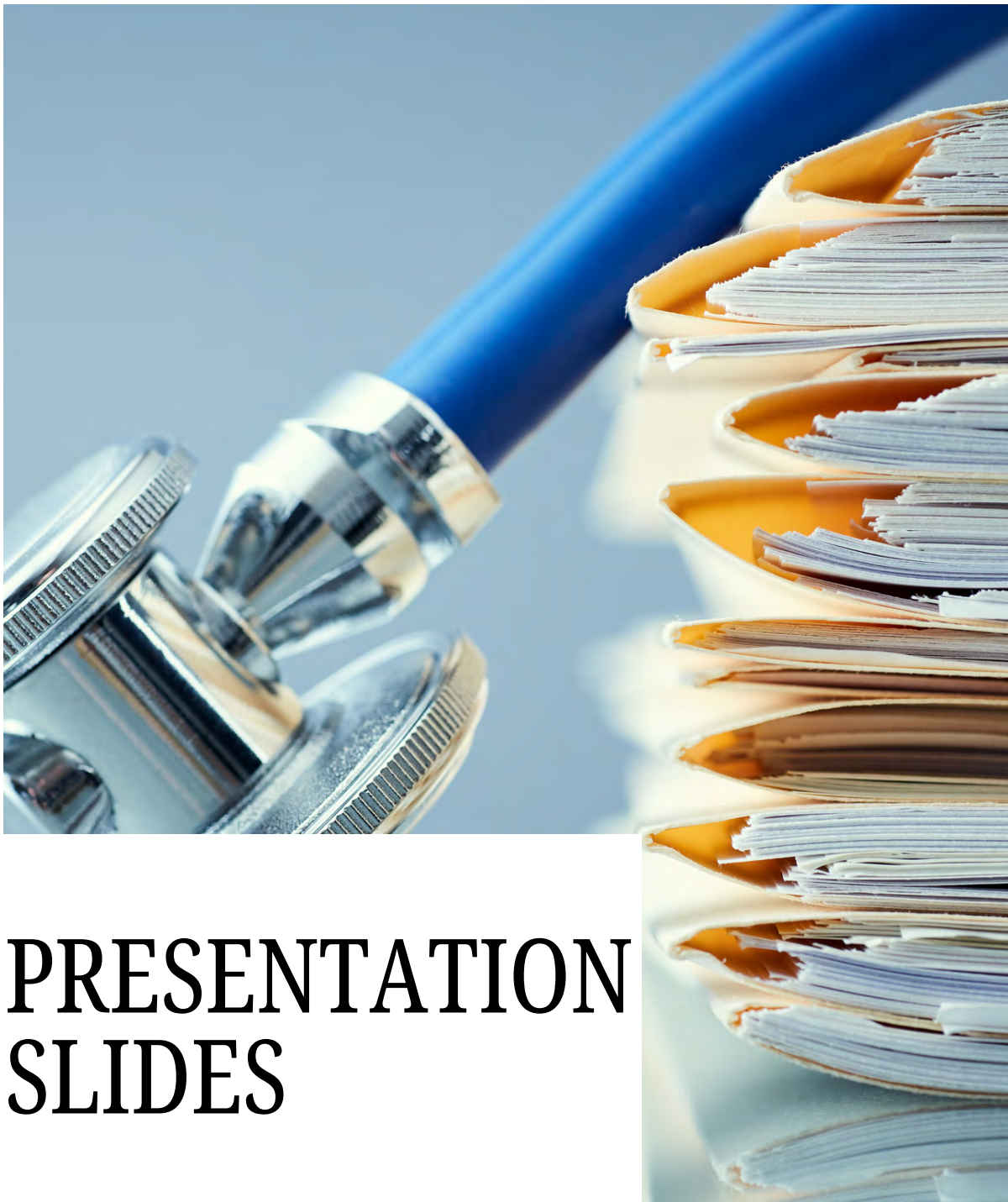
1250 Maryland Avenue SW, Suite 500, Washington, DC 20024



POINTS OF CONTACT:

- Bobbie Monagan, Director, Provider Network Management (Program Chairperson)
 - Email: bmonagan@amerihealthcaritasdc.com
 - Phone: (202) 821-8083
- Jaculin Jones, Account Executive II, ACDC
 - Email: jjones18@amerihealthcaritasdc.com
 - (771) 233-2463
- Kelli Johnson, Value Based Program Manager, AC
 - Email: kjohnson3@amerihealthcaritas.com
 - Phone: (202) 360-8386
- Yavar Moghimi, MD, Medical Director, Behavioral Health, AC
 - Email: ymoghimi@amerihealthcaritas.com
 - Phone: (202) 326-8992
- Brenda Peterson, Provider Network Account Executive II, ACDC
 - Email: bpeterson@amerihealthcaritasdc.com
 - Phone: (703) 326-8757
- Lauren Swank, Behavioral Health Operational Manager, AC
 - Email: lswank@amerihealthcaritas.com
 - Phone: (202) 326-8932

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PRESENTATION SLIDES



Delivering the Next
Generation
of Health Care



**CARE IS THE HEART
OF OUR WORKSM**

Provider Advisory Committee Meeting

March 7, 2024

Our Agenda

- 1. Welcome & Meet the ACDC Behavioral Health Team**
 - Jeff Welch, Facilitator, MMI Consulting Group
- 2. Behavioral Health Transition to Managed Care Update**
- 3. Whole-Person Care | Addressing SDOH**
- 4. Credentialing**
- 5. Claims & Billing**
- 6. Prior Authorizations**
- 7. Access to Care Standards & Provider Referrals**
- 8. PerformPlus True Care | BH Program & BH Dashboard**
- 9. Integrated Care DC**
- 10. Question & Answers**
 - Jeff Welch, Facilitator, MMI Consulting Group

Meet the ACDC Behavioral Health Team

Yavar Moghimi, MD

Medical Director, Behavioral Health

AmeriHealth Caritas DC

P: 202-326-8992 **C:** 571-228-5031

E: ymoghimi@amerihealthcaritas.com

Lauren Swank

Behavioral Health Operational Manager

AmeriHealth Caritas DC

P: 202-326-8932

E: lswank@amerihealthcaritas.com

Brenda D. Peterson

Provider Network Account Executive II

AmeriHealth Caritas DC

P: 202-326-8757 **C:** 202-280-9729

E: bpeterson@amerihealthcaritasdc.com

Behavioral Health Carve-In Update



Behavioral Health Transition to Managed Care Update

- On February 21, 2024, DHCF and DBH provided the following update to regarding the MCO Integration:
 - DHCF, in partnership with DBH, has paused the planning for the April 1, 2024 carve in of behavioral health services into the managed care program due to budgetary issues
 - DHCF/DBH will provide additional information in the coming weeks
- Despite this pause, ACDC remains committed to building strong working relationships with behavioral health providers, including DBH certified providers, to improve access to quality and evidence-based behavioral health services for our enrollees

QUESTIONS?

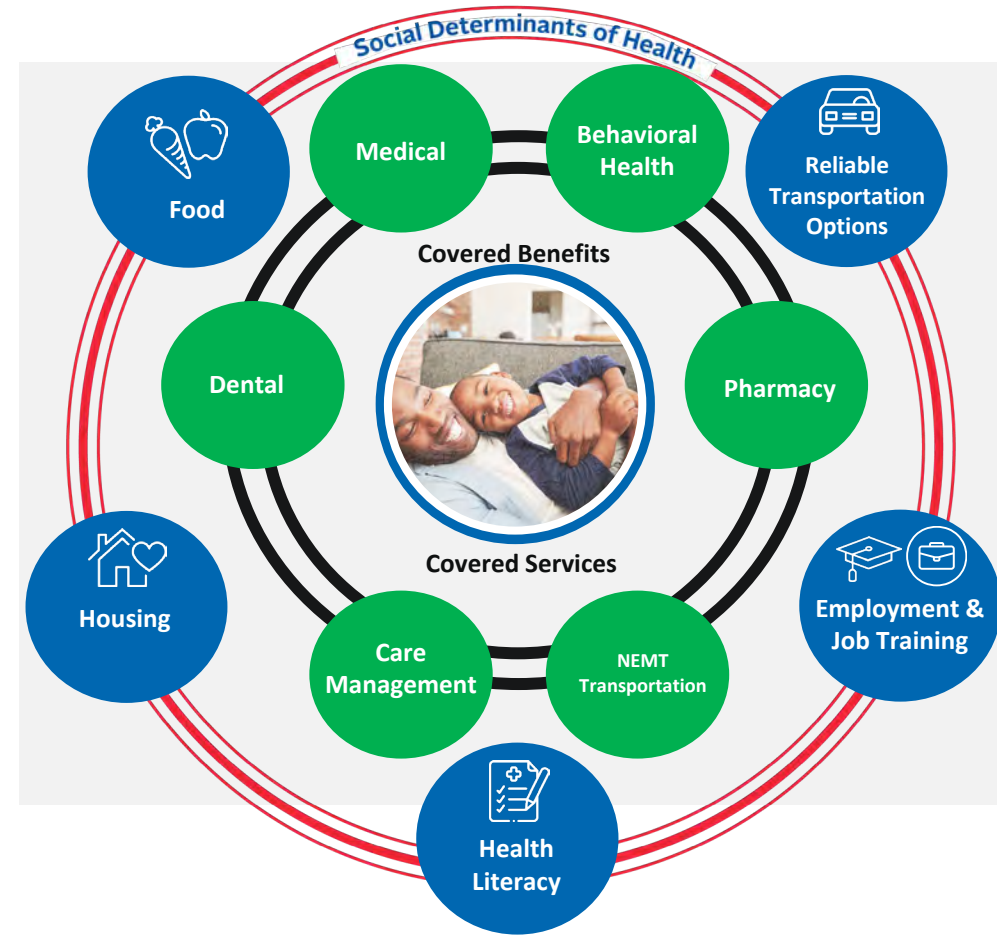
Whole-Person Care: Addressing Social Determinants of Health



AmeriHealth DC's Approach to Care Management

Our Approach: Whole-Person Care

- *Focus on individuals and families*
- *Screen for social determinants of health (SDoH)*
- *Create a broad array of supports and services to address SDoH and barriers to access*
- *Leverage strategic partnerships and the expertise of public and community-based organizations*
- *Assess progress and continuously improve and innovate*



Care Management and Care Coordination

- Case Management and Care Coordination services are available to all actively enrolled AmeriHealth DC members
- Opt-in programs – member must consent to assessment by nurse or social worker care manager
- Key Health Conditions – asthma, diabetes, heart disease, high risk pregnancy, HIV/AIDS, Mental Health, SUD
- **Bright Start Maternity Care Management Program**
 - Coordination of care and community referrals
- **NICU Graduate Program**
 - Coordinate care for high-risk infants during the first year of life
- **Early Intervention *Strong Start* Program**
 - Children 0-3 identified by OSSE for coordination of therapies and other health and social needs
- **Complex Case Management Program**
 - Integrated model of care which includes physical and behavioral health care management as well as addresses social determinants

Care Management and Care Coordination

- **Community Outreach Solutions**

- Community Health Workers conduct in-person (non-pandemic) and telephonic outreach:
 - New member Medicaid/Alliance benefit education
 - Preventive health care reminders (EPSDT)
 - Coordination of benefits such as transportation, value-added benefits

- **Rapid Response Outreach Team**

- Non-clinical Care Coordinators receive inbound calls and conduct outbound telephonic outreach:
 - Seasonal Campaigns, such as back-to-school, flu season, dental health reminders
 - Referrals to case management

Our Focus on Social Determinants of Health



Economic stability

Income
Employment
Bills



Physical environment

Transportation
Recreational areas
Housing
Safety



Education and language

Spoken and understood languages
Literacy
Higher education

Social determinants of health¹



Health care

Health care coverage
Provider cultural competency
Health care quality
Provider availability



Food

Food security
Access to healthy food options



Community and social context

Community engagements
Discrimination
Social supports

¹ Kaiser Family Foundation. "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity." Accessed October 6, 2017. www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity.



Food Insecurity

Community programming and access to healthy options

Our Care Managers, Community Health Workers, and Contact Center associates can help members find donation centers in their area.

Our Food is Medicine program incorporates:

- Produce Rx program.
- Condition-appropriate home meal delivery.
- Nutrition counseling.





Transportation

National broker and rideshare
partnerships

We partner with national brokers and rideshare companies to offer our members transportation to and from their medical appointments.





Housing Insecurity

Safe, affordable housing and
healthy housing advocacy

Our associates and community partners can help members locate affordable housing; access housing with supports; find respite care; and address housing conditions such as poor ventilation, rodents, and mold and other respiratory triggers.

 **Pathways** to Housing DC



ER/Hospital Diversion



Care When You Need It
24 HOURS A DAY, 7 DAYS A WEEK

24/7 NURSE LINE
CALL 1-877-759-6279

24/7 TELEMEDICINE ACCESS
CALL 1-855-879-4332 OR VISIT
WWW.AMERIHEALTHCARITASDC.COM/TELEHEALTH

24/7 RIDES TO WALK-IN HEALTH CENTERS
CALL 1-800-315-3485

24/7 HOUSE CALLS FOR CARE
CALL 202-602-0814 OR VISIT
WWW.GETREADY.COM

The health centers in this brochure can provide care you need within 24 hours when it is **NOT AN EMERGENCY**.

Some medical needs include:



A SPRAIN OR STRAIN



A CUT OR SCRAPE



A SORE THROAT



A COUGH OR COLD



THROWING UP



LICE, SCABIES, OR RINGWORM



AN EARACHE



A MINOR BURN



A MILD FEVER



A MILD HEADACHE



DIARRHEA



DIAPER RASH



PRESCRIPTION MEDICATION REFILLS



A MILD ALLERGIC REACTION



AN INSECT OR ANIMAL BITE

ER/Hospital Diversion



These health centers offer same-day care **without an appointment.**

Call the Rapid Response Outreach Team at 1-877-759-6224 for help finding the health center closest to you or arranging a ride.

WARD 1

MedStar Promptcare Adams Morgan

1805 Columbia Road NW
Washington, DC 20009
Phone: 202-797-4960

Save time in the waiting room with online check-in.

HOURS:

Everyday
8 a.m. – 8 p.m.

<https://www.medstarhealth.org/mhs/urgent-care/adams-morgan/>

Medics USA Columbia Heights

2750 14th Street NW
Suite C
Washington, DC 20009
Phone: 202-595-8813

Call or book your same-day appointment online.

HOURS:

Monday – Tuesday
9 a.m. – 4 p.m.
Wednesday – Sunday
Closed

<https://www.medicsusa.com/washington-dc-columbia-heights/>

WARD 2

GW Medical Faculty Associates Immediate and Primary Care McPherson Square

1101 15th Street NW
Washington, DC 20005
Phone: 202-798-0100

HOURS:

Monday – Friday
7 a.m. – 7 p.m.
Saturday
8 a.m. – 4 p.m.
Sunday
Closed

<https://gwdocs.com/locations/immediate-primary-care-mcpherson-square>

Medics USA Dupont Circle

1700 17th Street NW
Suite A
Washington, DC 20009
Phone: 202-483-4400

Call or book your same-day appointment online.

HOURS:

Monday – Friday
9 a.m. – 7 p.m.
Saturday

More options for same-day care



Get House Calls for Care

Ready's Responders are trained health care professionals who will visit you in the safety of your home or community. If needed, you and the Ready Responder will video chat with a doctor or nurse practitioner who will provide non-emergency care.

Ready helps with non-emergent symptoms, such as:

Common complaints: cough, cold, flu, fever

Ear/Nose/Throat: eye infection/irritation, laryngitis, pink eye, sinusitis, sore throat, strep throat, tonsillitis

Skin issues: abscess, cellulitis, poison ivy/oak, rash

Respiratory issues: COVID-19 testing, allergies, asthma, bronchitis, croup, respiratory infection

Gastrointestinal issues: abdominal pain/cramps, acid reflux, bowel/digestive issues, constipation, diarrhea, gas

Ready is an AmeriHealth Caritas DC provider that offers our enrollees access to health care professionals 24/7 for non-emergency care.

Please visit www.getready.com or call 202-602-0814.

How Ready Works:

1 Call

Call Ready at 202-602-0814 and describe your symptoms. You can also request a visit through the app.

2 Wait

Ready will send a Responder directly to your door.

3 Get Care

Your Responder will assess your condition and treat it if they can. If you need to see a doctor or nurse practitioner, they'll bring in a certified clinician with video chat. **

Ready is an option for getting care when your primary care provider (PCP) is not available. Ready should not be used for emergencies.

**Standard messaging and data fees may apply. **If Ready cannot treat your condition, your Responder will refer you to the appropriate services or request an ambulance if needed.

ER/Hospital Diversion



Get Medical Care WHEREVER YOU ARE

RelyMD is an AmeriHealth Caritas DC provider that offers our enrollees access to health care professionals 24/7 for care.

Please visit www.relymd.com for details.

Enrollees can access RelyMD three ways:

1. Use your RelyMD app on your mobile device.*
2. Call RelyMD at 855-879-4332.
3. Visit www.relymd.com.

*Message and data rates may apply based on any agreements enrollees have with their network service provider.

A provider will review the medical history you provide and contact you within minutes. The current average callback wait time is around 30 minutes or less.

Common Conditions Treated by RelyMD

- Allergies
- Bronchitis
- Constipation
- Cold/Flu
- Diarrhea
- Ear infection
- Fever
- Joint aches and pains
- Sore throat
- Skin inflammations



24/7 Nurse Call Line

Talk to a medical professional when you can't get in touch with your primary care provider (PCP) at 1-877-759-6279 (TTY 202-216-9885 or 1-800-570-1190).

Stepped-Care Approach for Behavioral Health Care

Level of care increases
with complexity, severity, and risk

Self-Care & Community

Programs, initiatives, resources to promote health literacy and support self-care, healthy lifestyle, wellness, and resilience in the populations and communities we serve

Primary Care

BH integrated into primary care & school settings using established models (e.g., Integrated Care, SBIRT), group programs/classes, short-term evidence-based psychotherapies (EBPs) for mild to moderate MH/SUDs (~8-16 visits)

Specialty Care

Care Coordination to CSA/EBPs for **moderate to severe MH/SUDs treated in outpatient settings**, includes intensive outpatient, and partial hospitalization programs;

Tertiary Care

- Psych hospitalization
- Inpatient and residential care
- Intensive home-based services
- Crisis response teams

Equitable access to quality care across the continuum

Member Mental Wellness Guide



WHAT IS MENTAL WELLNESS?

Mental wellness is part of your overall health. Being mentally healthy allows someone to realize their own abilities, cope with the normal stresses of life, work productively, and make contributions to the community.¹

There are many ways to improve your mental wellness. AmeriHealth Caritas District of Columbia (DC) has programs that can help you achieve your goals.

1. "Mental Health-Strengthening Our Response," World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.



EMOTIONAL SUPPORT VIA TEXT

Emotional support via text allows you to text with a coach any time you need it, 24 hours a day, seven days a week. You can receive support for challenges big or small, such as anxiety, trouble sleeping, relationship problems, grief, pain, and life transitions.

- If you are 21 or older, use **Headspace Care**. Download the **Headspace Care App** from the [Google Play™ store](#) or [Apple App Store®](#). In the app, **tap Get Started, then tap Verify with Name, DOB, and ZIP Code. Follow the instructions sent to your inbox.**
- Enrollees ages 13-20 should text **886-886** and use referral code **"AmeriHealth"** during enrollment to start texting with a **MindRight** support coach now.*

*Standard messaging and data fees may apply.

Member Mental Wellness Guide



FITNESS PROGRAM

People who exercise regularly have better mental wellness.² AmeriHealth Caritas DC offers the Active&Fit program®, which gives you membership to a participating fitness center in the District. The program also gives you access to daily workout classes on Facebook Live, or anytime on YouTube.

To learn more or sign up, visit www.activeandfit.com or call **1-877-771-2746 (TTY: 771)**.

2. "How simply moving benefits your mental health," Harvard Health Publishing, <https://www.health.harvard.edu/blog/how-simply-moving-benefits-your-mental-health-201603289350?msclid=b3191c5fbc0911ec9301c8246382f9c7>.

BEHAVIORAL HEALTH PROVIDERS

Most of us experience times when we need help dealing with problems that cause emotional distress. You may benefit from an experienced, trained behavioral health provider if you are having a problem that is making you feel overwhelmed and/or interfering with normal daily life. As an AmeriHealth Caritas DC enrollee, you have access to a large network of behavioral health providers.

There are three ways to get help:

1. Talk to your primary care provider (PCP) about what you are dealing with. They may be able to help you themselves or will refer you to the right provider.
2. Call **Enrollee Services** at **1-800-408-7511** or **TTY 1-800-570-1190**, available 24 hours a day, seven days a week. They can help you find a provider in your area. They can also help you identify the best type of behavioral health provider for your needs.
3. Find a provider using the AmeriHealth Caritas DC Provider Directory located on our website. Go to www.amerihhealthcaritasdc.com > **Enrollees > Medicaid enrollees > Find a doctor, medicine, or pharmacy.**



BH Experience of Care and Health Outcomes (ECHO)

NCQA standard annual survey about member's (Adult and Child) experiences with behavioral health services, broken down into these composites:

- *Getting Treatment Quickly*
- *How Well Clinicians Communicate*
- *Informed About Treatment Options*
- *Access to Treatment and Information from Health Plan*
- *Office Wait Time*
- *Received Information About Managing Condition*
- *Informed About Patient Rights*
- *Informed About Medication Side Effects*
- *Ability to Refuse Medication and Treatment*
- *Rating of Counseling or Treatment*

QUESTIONS?

Credentialing



Credentialing as a Facility/Group

❖ Application materials to be submitted:

- ❖ Completed ACDC Facility Application
- ❖ Current insurance face sheet
- ❖ Current State License
- ❖ Ownership Disclosure Form
- ❖ Current Organization Accreditation or CMS State Survey (if applicable)

❖ Please send materials to credentialingdc@amerihealthcaritasdc.com,
bpeterson@amerihealthcaritasdc.com and lswank@amerihealthcaritas.com

Credentialing of Individual Practitioners

- ❖ Staff types requiring credentialing: **APRN, Board Certified Behavioral Analyst, CAC I, CAC II, LICSW, LMFT, LPC, NP, MD, Psychologist**
- ❖ For groups of less than 10, please complete an ACDC Provider Data Intake Form (1 per practitioner)
- ❖ For groups of 10 or more, the ACDC staff roster template can be used in lieu of the ACDC Provider Data Intake Form
- ❖ Send completed materials to lswank@amerihealthcaritas.com and bpeterson@amerihealthcaritasdc.com
- ❖ ACDC utilizes CAQH for credentialing – please ensure each practitioners has an up-to-date CAQH profile (current information, re-attested) and is open for ACDC to view to avoid delays to credentialing
- ❖ For support with CAQH: CAQH Help Desk – 1-888-600-9802 or via chat at <https://proview.caqh.org/PO>

Staff Verification of Non-Licensed/Non-Credentialed Staff

Please note that the staff verification of non-licensed staff is on hold until further notice given the pause to the transition of BH services to managed care

QUESTIONS?

Claims and Billing



Claims Submissions

- ACDC participates with Change Healthcare
- To initiate electronic claims:
 - Contact your practice management software vendor or EDI software vendor.
 - Inform your vendor of AmeriHealth Caritas DC's EDI Payer ID# 77002.
 - You may also contact Change Healthcare at 1-877-363-3666 or visit www.changehealthcare.com
- ACDC also accepts paper claims; however, providers are encouraged to submit claims electronically for a faster turn around
- For more information, please visit <https://www.amerihhealthcaritasdc.com/provider/claims/index.aspx> and/or reference the [ACDC Provider Claims and Billing Manual \(July 2023\)](#)

Billing Information

- ACDC contracts with Change Healthcare and ECHO Health Inc. to offer provider electronic payment methods
- Payment Methods Include:
 - Virtual Credit Card (VCC) services (default payment method if not currently registered to receive payments electronically. To opt out of VCC, please contact ECHO Health at 1-888-492-5579)
 - Electronic Funds Transfer (EFT): sign up at <https://enrollments.echohealthinc.com/EFTERAInvitation.aspx?tp=MDAxOTQ=>
 - MedPay
 - Paper check
- Log into www.providerpayments.com to access a detailed Explanation of Payment (EOP) for each payment from ACDC
- For more information, please visit: <https://www.amerihealthcaritasdc.com/provider/claims/billing.aspx>

QUESTIONS?

Prior Authorizations



Prior Authorizations

- The [Prior Authorization Lookup Tool](#) can be used to identify procedure codes which require prior authorization to ACDC
- When a prior authorization is required, it can be requested through [NaviNet](#)
- Prior authorization requests required for specialty outpatient BH services will **NOT** be transitioned to ACDC at this time due to the pause in the BH transition to managed care
- Services anticipated to be carved into managed care at a future date that would require authorization include: ACT, CBI, Rehab Day, Intensive Day Tx

Prior Authorizations for BH

Services that currently require ACDC prior authorization for medical necessity review:

- Intensive Outpatient (IOP) and Partial Hospitalization Programs - **Psychiatric Institute of Washington, Washington Hospital Center, Georgetown University, Shady Grove Medical Center and White Oak Medical Center**
- Inpatient Psychiatric Hospitalization - **All hospitals**
- Inpatient Detoxification – **Psychiatric Institute of Washington, Howard University, RAP**
- Adult Psychological/Neuropsychological Testing - **George Washington University Department of Psychiatry, Mecca Group**
- Children’s Psychological/Neuropsychological Testing - **Children’s National Medical Center and Behavioral and Educational Solutions**
- Electroconvulsive Therapy (ECT) - **Sibley Hospital (1.202.243.5178)**
- Transcranial Magnetic Stimulation - **George Washington Neurology Department (1.202.677.6823), Sibley Hospital (1.202.243.5178)**
- ***Interqual and ASAM are the evidence-based LOC criteria used as first level screenings by LMHP with some cases elevated for physician review***

QUESTIONS?

Access to Care Standards and Provider Referrals



BH Network Access to Care



ACCESS TO CARE GUIDELINES: BEHAVIORAL HEALTH

AmeriHealth Caritas DC providers must meet standard guidelines as outlined in this publication to help ensure that plan enrollees have timely access to behavioral health care.

Providers are required to offer hours of operation that are no less than the hours of operation offered to patients with commercial insurance. Appointment scheduling and wait times for enrollees should comply with the access standards defined below.

Community-based interventions screening for children/youth admitted to an acute care facility

Within 48 hours of admission by contacting the department of behavioral health child/youth care manager

Routine behavioral health appointments

Within seven calendar days of request

Initial service in the follow-up care based on results of an assessment

Within ten (10) business days of completion of the assessment

Waiting time in a provider office

Not to exceed 45 minutes

Use of free interpreter services

As needed upon enrollee request during all appointments

ACCESS TO BEHAVIORAL HEALTH CARE



Emergency psychiatric or mental health care
(An active crisis where the enrollee or others are at risk, or where there is an expected risk in the next 24 hours.)

Within one (1) hour of the need being presented to the provider

Urgent psychiatric or mental health care

Within the same day of the need being presented to the plan or provider

Behavioral health phone crisis triage

Within fifteen (15) minutes over the phone
Must be available on a 24-hour basis, seven days a week.

Psychiatric intervention or face-to-face assessment

Within ninety (90) minutes of completion of phone assessment, as needed
Must be available on a 24-hour basis, seven days a week.

Hospital discharge follow-up care with an outpatient provider
(Care following discharge from a psychiatric inpatient facility or psychiatric residential treatment facility.)

Initial assessment within seven days of discharge to the community
Must include assessment and provision of prescriptions if needed.
Plus subsequent appointment within thirty (30) calendar days of discharge from an acute care facility



AFTER-HOURS ACCESSIBILITY

AmeriHealth Caritas DC enrollees must have access to quality, comprehensive health care services 24 hours a day, seven days a week. Behavioral health providers must have either an answering machine or an answering service for enrollees during after-hours for non-emergent issues. The answering service must forward calls to the behavioral health provider, an on-call provider, and/or instruct the enrollee that the provider will contact the enrollee within 30 minutes. When an answering machine is used after hours, the answering machine must provide the enrollee with a process for reaching a provider after hours. The after-hours coverage must be accessible using the provider's office's daytime phone number.

For emergent issues, both the answering service and/or answering machine must direct the enrollee to **call 911 or go to the nearest emergency room**. AmeriHealth Caritas DC will monitor access to after-hours care on an annual basis by conducting a survey of behavioral health offices after normal business hours.

Non-compliant providers may be subject to corrective action and/or termination from the network, as follows:

- A non-compliance letter will be sent to the provider.
- The non-compliant provider will be re-surveyed within 60 days after the infraction.

If you have any questions, please contact your Provider Network Account Executive or call Provider Services at 202-408-2237 or toll free at 1-888-656-2383.

Provider Referrals and Member Access to Care

- ACDC is awaiting further guidance from DBH and DHCF regarding gap policies, including Access Helpline
- FindHelp - <https://acdc.findhelp.com/>
 - Opportunity for closed loop referrals from ACDC to providers
 - Providers can update their program information by using “Claim Programs” link which can be found on the homepage

PerformPlus™ True Care Behavioral Health Program & Behavioral Health Dashboard

Kelli Johnson

Value Based Program Manager
Kjohnson3@amerihealthcaritasdc.com
202-360-8386



PerformPlus™ True Care Behavioral Health Program

- The PerformPlus™ True Care Behavioral Health Program provides the opportunity to earn performance-based financial incentives beyond a BH provider's base compensation
- Value-based incentive payments are based upon the provider group's performance and may not exceed 25% of the total compensation for medical and administrative services
- Panels must average 50 or more enrollees to be eligible
- Performance components are:
 - Quality metrics (Healthcare Effectiveness Data and Information Set [HEDIS] measures – both BH and Physical health)
 - Potentially preventable events (PPE)
 - Social Determinants of Health (SDOH)
 - Pulse Survey
- Overall results are calculated and paid semi-annually. Providers who meet established targets will qualify for a payment.
- Complete the 3M Dashboard User Form to gain user access to your dashboard

Medical Home Dashboard

3M Home Dashboard

Park County ACO 01/2015-12/2015 (Claims paid through 12/31/2015)

1 Enter text to search...

Total Cost of Care

Key Performance Measure	
Total Actual vs Expected PMPM	\$11.59
Inpatient Actual vs Expected PMPM	(\$4.32)
Outpatient Actual vs Expected PMPM	\$8.17
Provider Actual vs Expected PMPM	\$0.66
Rx Actual vs Expected PMPM	\$7.08

Potentially Preventable Events

Key Performance Measure		
Allowed Potentially Preventable PMPM	\$123.49	
PPR Admits Actual vs Expected PKPY	0.7	Member List
PPA Admits Actual vs Expected PKPY	0.3	Member List
PPV Visits Actual vs Expected PKPY	72.7	Member List
PPS Actual vs Expected PKPY	356.4	Member List

Utilization

Key Performance Measure		
Inpatient Admits Actual vs Expected PKPY	0.8	Member List
ER Visits Actual vs Expected PKPY	97.6	Member List
Rx Scripts Actual vs Expected PKPY	(174.2)	Member List
% Generic Rx Scripts	82.78 %	Member List

Population Data

All Members: 33,196

- 46.17% Healthy & Non Users
- 1.69% Pregnancy/Delivery
- 6.98% Significant Acute
- 14.64% Minor Chronic
- 18.62% Moderate Chronic
- 10.95% Dominant Chronic
- .94% Malignancies & Catastrophic

Reports

- Care Management Patient List
- Recorded Gap: Chronic Fallout
- Recorded Gap: Jump in Illness Burden
- Recorded Gap: Lack of Discharge Follow-up
- Recorded Gap: Newly Chronic
- Recorded Gap: No Office Visit in Last 6 Months

Supporting Resources

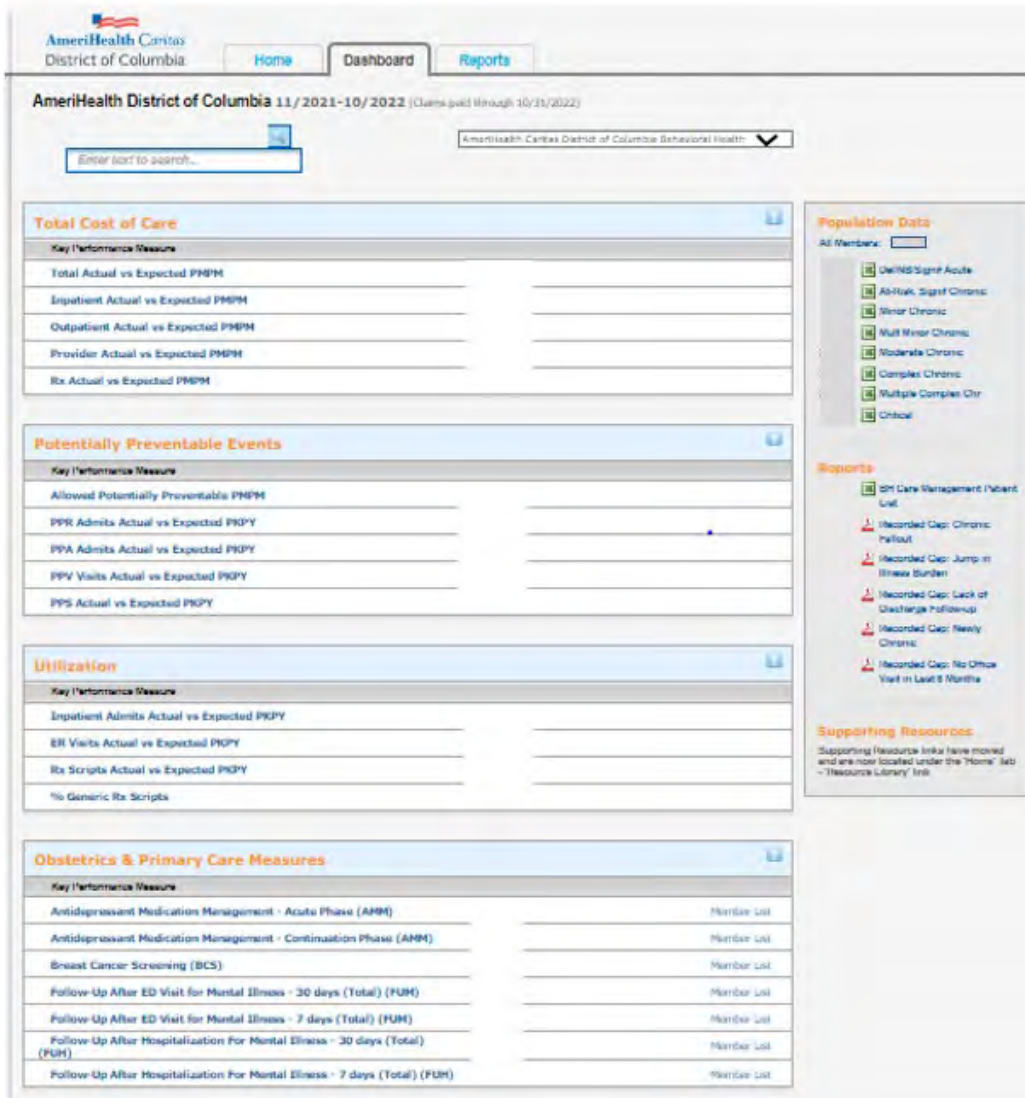
Supporting Resource links have moved and are now located under the "Home" Tab "Resource Library" link

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The AmeriHealth Caritas Behavioral Health Dashboard supports the implementation of programs by providing users with quick, easy access to critical key performance indicators.

1. Provider Search
2. Key Performance Indicators
3. Population Data
4. Reports
5. Supporting Resources
6. Member Lists

AmeriHealth Caritas Behavioral Health Dashboard



Population Data:

- Member list

Key Performance Indicators:

- Potentially Preventable Admissions (PPA)
- Potentially Preventable ER Visits (PPV)
- Potentially Preventable Readmissions (PPR)

BH Care Management Patient List

Behavioral Health and Primary Care Measures

BH Care Management Patient List

Found in the report section



Care Management Patient List:

An excel spreadsheet that provides a list of patients who have at least one of the identified gaps noted below and is useful for identifying at-risk patients. This report provides an additional way to sort, manage, and organize all of the information in the report.

Report fields include:

- Chronic Fallout
- Jump in Illness Burden
- Lack of Discharge Follow-up – 7 Day and 30 Day
- Missing Office Visit
- Newly Chronic

Clinical Risk Groupers:

The relative illness burden of a population, risk-adjusted to a standard population.

- Patient-centric data, focusing on the total burden of illness rather than one disease or service, and use a categorical approach to patient classification that provides clinicians with actionable data
- Demonstrate the health status and burden of illness of individuals and can help identify medically complex individuals
- Account for co-morbidities and measure the health status of an individual over time

Risk Weight or CRG Weight:

The relative illness burden of a patient population, risk-adjusted to a normative population for an “apples to apples” comparison. CRG weights above 1 indicate higher than network average risk burden, and CRG weights below 1 indicate lower illness burden.

Clinical Risk Groupers

Clinical Risk Groups (CRGs) are a classification system that uses inpatient and ambulatory diagnosis and procedure codes, pharmaceutical data and functional health status to assign each individual to a single, severity-adjusted group.

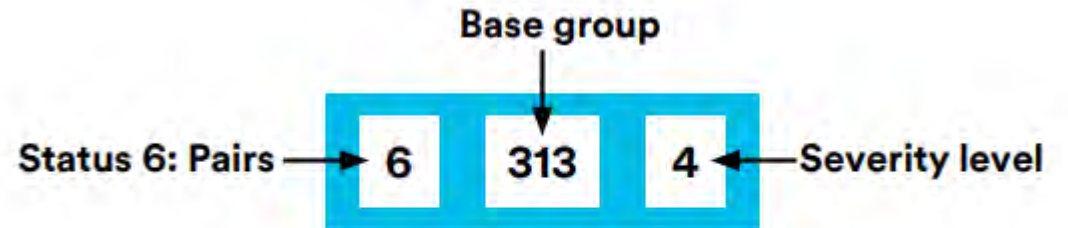


Figure 1. Sample of the **3M CRG for diabetes and hypertension** and its component parts

Jump in Illness Burden: This report identifies those patients whose CRG score has jumped significantly in status. A significant jump in status could entail moving from having one chronic condition to having multiple conditions or showing an increase in the severity of an existing condition.

Lack of Discharge Follow-up – 7 Day and 30 Day: This report presents all patients who had an admission to the hospital for any cause during the reporting period but who did not have seven day and/or thirty-day follow-up visits to any provider.

Missing Office Visit: This report identifies chronically ill patients who have not had a provider visit in the last 6 months.

Newly Chronic: This report identifies patients that are now considered chronic but were previously not chronic. These could be previously healthy patients or newly attributed/enrolled patients.

3M™ Core Health Status Groups

3M CRG Core health status groups (1-9)	Description and Example	Severity Levels
9 – Catastrophic Conditions	Catastrophic conditions include long term dependency on a medical technology (e.g., dialysis, respirator, total parenteral nutrition) and life-defining chronic diseases or conditions that dominate the medical care required (e.g., acquired quadriplegia, severe cerebral palsy, cystic fibrosis, history of heart transplant).	4
8 – Malignancy, Under	A malignancy under active treatment.	4
7 – Dominant Chronic Disease in three or more organ systems	Three or more (usually) dominant Primary Chronic Condition (PCDs). In selected instances, criteria for one of the three PCDs may be met by selected moderate chronic PCDs. Example: Diabetes mellitus, congestive heart failure and chronic obstructive pulmonary disease.	6
6 – Significant Chronic Disease in Multiple Organ Systems	Two or more dominant or moderate chronic PCDs. Example: Diabetes mellitus and CHF.	6
5 – Single Dominant or Moderate Chronic Disease	A single dominant or moderate chronic PCD. Example: Diabetes mellitus.	4
4 – Minor Chronic Disease in Multiple Organ Systems	Two or more minor chronic PCD. Example: Migraine and benign prostatic hyperplasia.	4
3 – Single Minor Chronic Disease	A single minor chronic PCD. Example: Migraine	2
2 – History of Significant Acute Disease	Example: Chest pains.	None
1 - Healthy	The absence of any significant acute Episode Diagnostic Category (EDCs) or Episode Procedure Categories (EPCs) occurring within the last twelve months of the analysis period along with the absence of any validated PCDs reported at any time during the analysis period.	None

**What are the
opportunities for
this data?**

Population Data: All members

Found in the report section



Population Data:

- By understanding your panel and the patient's disease burden, you can greatly increase the likelihood of positive impact on the health of a population. The Population Data section includes data for all members attributed to your group.
- There are four components of the Population Data section:
- The date reflects the most recent 12-month period
- All Members reflects the number of patients attributed to your tax id

Population Data

All Members:

- Del/NB/Signif Acute
- At-Risk, Signif Chronic
- Minor Chronic
- Mult Minor Chronic
- Moderate Chronic
- Complex Chronic
- Multiple Complex Chr
- Critical

Population Health Segment Indicators and Explanations:

- **Healthy User:** Health status individuals have no significant acute Episode Diagnostic Categories (EDC) or Episode Procedure Categories (EPC) in the most recent six-month analyzed period and no Primary Chronic Diseases (PCD) reported at any time during the analysis period.
- **Non-User:** Non-users have no healthcare system encounters during the analysis period.
- **Del/NB/Significant Acute:** Individuals have no PCD, but had at least one significant acute EDC or significant EPC or a Delivery in the most recent six-month analyzed period. Also includes Newborns, Delivery or Pregnancy without Delivery.
- **At Risk, Significant Chronic:** Individuals with a history of a significant acute disease, have a significant prescription and may or may not have another significant illness.
- **Minor Chronic:** Individual has a single minor chronic PCD that can usually be managed effectively with typically few complications; however, they can become serious in advanced stages or be a precursor to a more serious disease.
- **Multiple Minor Chronic:** Individual has two or more Minor Chronic PCDs in multiple organ systems.
- **Moderate Chronic:** Individuals with a single dominant or moderate chronic PCD that would be expected to require substantial amounts of medical care and resources.
- **Complex Chronic:** Individuals with a single dominant and a moderate chronic PCD that would be expected to require substantial amounts of medical care and resources.
- **Multiple Complex Chronic:** Individuals with two or more dominant chronic PCD that would be expected to require substantial amounts of medical care and resources.
- **Critical:** Individuals with malignancy under active treatment or a catastrophic condition.

Member list

- Population Health Segment
- ACRG3 Base
- ACRG3 Description
- CRG Weight
- Total Cost of Care Allowed % Difference
- PPA Admits
- PPR Admits
- PPV Visits

**What are the
action items you
feel can be taken
to use the ALL-
MEMBER data we
discussed?**

Potentially Preventable Events

Downloadable member list for all hospital utilization measures



Potentially Preventable Events

You can download the member list that have possible preventable events.

Potentially Preventable Events



Key Performance Measure

Allowed Potentially Preventable PMPM

PPR Admits Actual vs Expected PKPY

Member List

PPA Admits Actual vs Expected PKPY

Member List

PPV Visits Actual vs Expected PKPY

Member List

PPS Actual vs Expected PKPY

Member List

Preventable Events

Potentially Preventable Admissions (PPA) - Hospital admissions that could potentially have been dealt with in the outpatient setting and avoided with adequate monitoring and follow-up. May result from hospital and or ambulatory care inefficiency, lack of adequate access to outpatient care, or inadequate coordination of ambulatory care services.

Potentially Preventable ER Visits (PPV) – Visits that could have been treated by a care provider in a non-emergency setting and could have been prevented by adequate patient monitoring and treatment.

Potentially Preventable Readmissions (PPR) – Return hospitalizations within a 30-day readmission time interval that is clinically-related to a previous hospital admission and may result from incomplete treatment of the underlying problem, or the development of complications that become evident after discharge.

Behavioral Health Population Data Dashboard: Preventable ED Visits

Member List (limited to 1,000 members)

(11/2021-10/2022) - This list includes all patients who are attributed to the provider and who have had one or more Potentially Preventable Emergency Room Visits during the latest 12 months for which data is available.

Export All Members

Search:

Show 10 entries

Member ID	Member Name	Age	Gender	Base Risk Group	Physician Name	Active Member	PPV Visits
		46	F	Other - M144		Y	21
		62	M	Chronic Obstructive Pulmonary Disease - 2 or More Other Dominant Chronic Diseases		Y	14
		62	M	Diabetes - 2 or More Other Dominant Chronic Diseases		Y	12
		34	M	Chronic Obstructive Pulmonary Disease - 2 or More Other Dominant Chronic Diseases		Y	11
		36	F	Other - M146		Y	11
		33	M	Other - M127		Y	8
		31	M	Other - M129		Y	7
		55	M	Other - M142		Y	6
		33	F	Other - M148		Y	6
		62	M	Congestive Heart Failure and Other Moderate Chronic		Y	6

Potentially Preventable Events (PPE)

These include avoidable hospital admissions and readmissions and unnecessary emergency room visits. Identifying Potentially Preventable Events is a credible, quantifiable way to link provider performance on care quality and patient outcomes with payment.

- **Potentially Preventable Admissions (PPA)** - Hospital admissions that could potentially have been dealt with in the outpatient setting and avoided with adequate monitoring and follow-up. May result from hospital and or ambulatory care inefficiency, lack of adequate access to outpatient care, or inadequate coordination of ambulatory care services.
- **Potentially Preventable ER Visits (PPV)** – Visits that could have been treated by a care provider in a non-emergency setting and could have been prevented by adequate patient monitoring and treatment.
- **Potentially Preventable Readmissions (PPR)** – Return hospitalizations within a 30-day readmission time interval that is clinically-related to a previous hospital admission and may result from incomplete treatment of the underlying problem, or the development of complications that become evident after discharge.

What are the workflows with CRISP? Do you think this data could augment that work or provide additional opportunities?

Quality Measures

HEDIS measures from your scorecard-percentile rank for the previous 12 months. Downloadable member files available for each measure.

Behavioral Health and Primary Care Measures

Obstetrics & Primary Care Measures



Key Performance Measure

Antidepressant Medication Management - Acute Phase (AMM)	54.89%	Member List
Antidepressant Medication Management - Continuation Phase (AMM)	36.53%	Member List
Breast Cancer Screening (BCS)	65.03%	Member List
Follow-Up After ED Visit for Mental Illness - 30 days (Total) (FUM)	44.76%	Member List
Follow-Up After ED Visit for Mental Illness - 7 days (Total) (FUM)	27.61%	Member List
Follow-Up After Hospitalization For Mental Illness - 30 days (Total) (FUH)	47.67%	Member List
Follow-Up After Hospitalization For Mental Illness - 7 days (Total) (FUH)	33.69%	Member List

Example:

Member List (limited to 1,000 members)



(07/2021-06/2022) - This list includes members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who did not remain on the medication treatment for at least 12 weeks (84 days).

[Export All 4 Members](#)

Search:

Show entries

Member ID	Member Name	Member DOB	Physician

Showing 1 to 4 of 4 entries

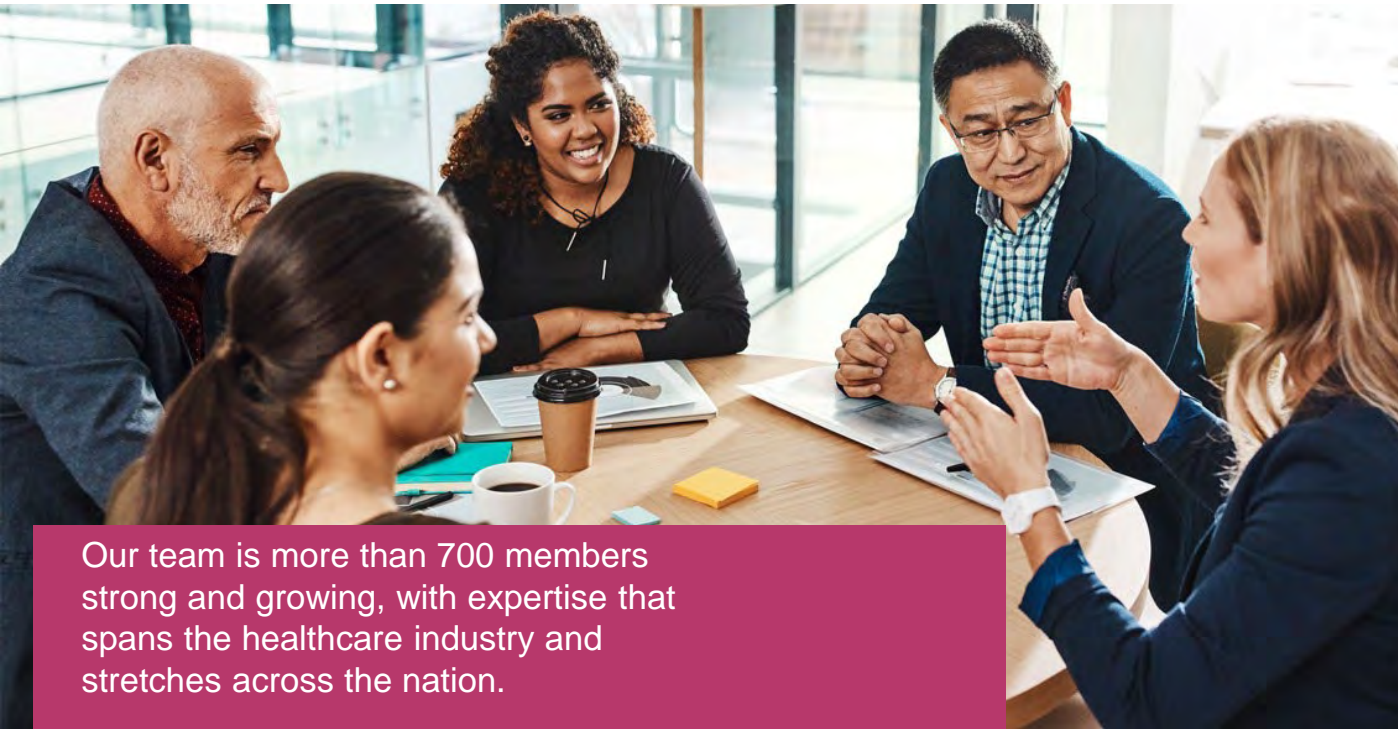
[First](#) [Previous](#) [1](#) [Next](#) [Last](#)



Provider Opportunities for Training and Technical Assistance



ABOUT HMA



Our team is more than 700 members strong and growing, with expertise that spans the healthcare industry and stretches across the nation.

HMA experts have vast experience and through skilled analysis, guidance and technical know-how, our consultants help a wide range of clients successfully navigate the healthcare space.

Simply put, no one knows publicly funded healthcare like we do.

500+ Consultants

20+ Offices

We are a leading independent, national healthcare research and consulting firm providing technical and analytical services.

We specialize in publicly-funded health programs, system reform and public policy.

We work with purchasers, providers, policy-makers, program evaluators, investors and others.

Our strength is in our people, and the experience they bring to the most complex issues, problems, or opportunities.

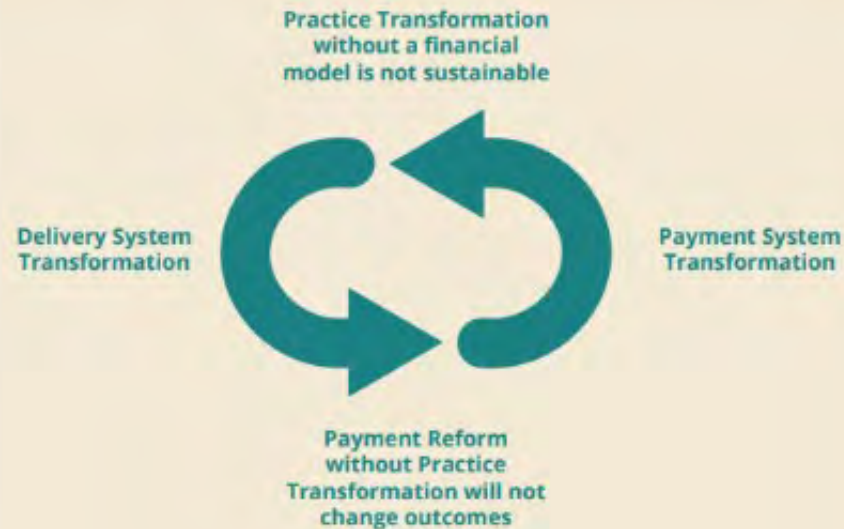
HMA Value-Based Care Services

Health Management Associates provides a range of innovative and successful approaches to value-based care.

Our Comprehensive Approach

Our collaborative approach will be tailored and customized to your needs to help you successfully implement VBP.

Our integrated process is based on the following model:



What We Do

- Offer insights for transforming the care delivery model to efficiently deliver optimal patient and population-level health outcomes while successfully managing total cost of care
- Ensure quality is the primary goal of VBP program design and implementation
- Develop payment models that align the incentives of payers and providers
- Integrate physical and behavioral healthcare, and close gaps related to social determinants of health and health equity
- Help clients successfully transition from fee-for-service to value-based payments by providing expertise in change management, analytics, network engagement, and IT infrastructure
- Improve the patient and provider experience
- Quantify, manage, and monitor health insurance risk
- Prepare for and succeed in accreditation for VBP capabilities

What is Integrated Care DC?

- Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.
- The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).
- Open to all DC Medicaid providers, including physical health, behavioral health, specialty, and other provider types



INTEGRATED CARE DC

A learning community for District of Columbia Medicaid providers

What Topics are Covered?



Addressing Stigma	Evidence Based Practices for SUD/OD	Health Equity	SBIRT and Motivational Interviewing	Telehealth Strategies
Developing Partnerships and Care Compacts	Getting Paid for Integrated Care	Care Team Optimization	Metrics for Integrated Care	Trauma-Informed Care
Building Operational Capacity	Integrating IT into Workflows	Data and CQI	Population Health	Value-Based Purchasing Strategies

Supporting Behavioral Health Redesign and Managed Care Integration at DHCF

Learn more: www.IntegratedCareDC.com

Contact us: support@integratedcaredc.com

//

Our team developed and implemented plans for improving the overall health of our consumers. We're excited to continue our population health approach to improving clinical health outcomes.

– Anchor Mental Health

//

As a result of Integrated Care DC coaching and trainings, our practice made strides and is now a more integrated model.

– The Ark of DC

//

Through Integrated Care DC, I have been able to share learning resources with my team for improved understanding of the correlation between physical and mental health.

– Hope 4 You, LLC

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey



Encourage your patients to complete the patient experience survey!



What is the patient experience survey?

The patient experience survey encompasses the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Experience of Care and Health Outcomes (ECHO) survey. Considered the national standard for measuring and reporting on consumers' experiences with health plans, providers, and the services provided, its purpose is to enhance understanding of patient experience and advance the delivery of safe, patient-centered care.

How is the survey distributed?

Press Ganey, on behalf of AmeriHealth Caritas District of Columbia (DC), invites a random selection of AmeriHealth Caritas DC enrollees to complete the annual survey via mail, internet, or phone. The identifying marks are the AmeriHealth Caritas DC logo on the survey itself and Press Ganey on the envelope.

What topics are included on the survey?

Survey topics include, but are not limited to:

- Annual flu vaccinations
- Ability to get necessary care and treatment
- Ability to get care quickly
- Customer service interactions
- Satisfaction ratings of overall health care experience
- Ease and ability to get prescribed medications
- Experience with behavioral health care and services

Why should patients complete the survey?

Survey responses are anonymous and help AmeriHealth Caritas DC, as well as our network providers, better serve enrollees by informing how we deliver our programs and services. The survey is an opportunity for patients to provide feedback on their experiences. Completing the survey can help facilitate system change.

Where can AmeriHealth Caritas DC enrollees go for more information?

Visit www.amerihhealthcaritasdc.com or call Enrollee Services at 1-800-408-7511 (TTY: 1-800-570-1190). AmeriHealth Caritas DC also can help enrollees with:

- Translation services
- Interpretation services
- Services for the hearing and visually impaired
- Case management
- And more!



Connect with AmeriHealth Caritas DC:
Instagram: @amerihhealthcaritasdc
X: @AmeriHealthDC
Facebook: facebook.com/amerihhealthcaritasdc

Questions & Answers



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

