

CONNECTIONS

A Provider's Link to AmeriHealth Caritas District of Columbia

Spring 2021

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A welcome message from the Market President

Since COVID-19 vaccine administration began in the United States in December 2020, there has been ample discussion about vaccine hesitancy, particularly among Black and other minority communities. It is equally important to recognize disparities in vaccine access, which is driven by inequitable vaccine distribution and other factors such as education level and income. AmeriHealth Caritas District of Columbia (DC) aims to ensure individuals in all communities, especially communities of color, can make informed decisions about vaccinations and receive all pertinent information regarding vaccine availability.

Our enrollees will likely be looking to you as their health care provider for direction. Consistent across races, ethnicities, and political affiliations, **studies show that health care providers are the most trusted source of information on COVID-19 vaccines**.² In a national survey conducted by the Kaiser Family Foundation, eight out of 10 Americans said they will turn to their health care providers when deciding whether to get vaccinated.³ As providers, you are crucial messengers to communicate vaccine information to enrollees.

Based on research conducted by the Ad Council and the COVID Collaborative, below are some recommendations for talking to your patients about the COVID-19 vaccine.⁴

- Lead with empathy. Respect people's hesitancy and acknowledge that it is okay to have questions.
- Remember that facts about safety are important. Explain why vaccines are safe, despite the fast development and authorization timeline. Information needs to be clear, honest, and presented in plain language.
- **Consider that language around "protection" resonates.** Evoke the end goal of protecting your loved ones and protecting those most vulnerable in your community.
- **Be transparent about possible side effects.** If you are communicating about side effects, be up front about potential severe side effects in rare cases.

You can learn more about these recommendations here.

We acknowledge that there may be distrust and antipathy in some communities toward getting a vaccine. Communicating with respect and honesty is not only an evidence-based approach for reducing vaccine hesitancy, but it also helps build trust in communities that have experienced mistreatment and abuse from government and health care entities. We are committed to bridging the divide that diminishes health equity by continuing to work with you and other community partners to provide accurate information about the COVID-19 vaccine.

Sincerely,

Karen III. Wale

Karen Dale, Market President, AmeriHealth Caritas District of Columbia

Chief Diversity, Equity, and Inclusion Officer, AmeriHealth Caritas Family of Companies

¹ University of Southern California, "Understanding coronavirus in America," https://covid19pulse.usc.edu.

Ad Council, COVID Collaborative, "COVID-19 Vaccine Education Initiative messaging recommendations," https://adcouncil-covid-vaccine-education-initiative.s3.amazonaws.com/toolkit_messaging+recommendations.pdf.

^{3.} KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30 – Dec. 8, 2020), www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard.

⁴ Ad Council, COVID Collaborative, "COVID-19 Vaccine Education Initiative messaging recommendations," https://adcouncil-covid-vaccine-education-initiative.s3.amazonaws.com/toolkit_messaging+recommendations.pdf.

General updates

COVID-19 vaccine updates

We encourage enrollees who are seeking vaccination appointments to sign up for email alerts and to register when it is their turn at coronavirus.dc.gov/vaccine. The District of Columbia's COVID-19 website also contains vaccine information and resources for providers. All communications regarding the vaccine sent by AmeriHealth Caritas DC will be posted on the provider alerts page at www.amerihealthcaritasdc.com/provider/newsletters-and-updates.

Long-term care support services for new managed care enrollees

As of October 1, 2020, AmeriHealth Caritas DC will assess former fee-for-service enrollees for long-term care services as they transition to managed care. AmeriHealth Caritas DC is contracted with Liberty Healthcare to perform assessments using the interRAI home care assessment tool. Upon receipt of referrals (Physician Order Form), Liberty conducts assessments on enrollees newly assigned to AmeriHealth Caritas DC who are Supplemental Security Income (SSI) beneficiaries. Reassessment will take place when enrollees initially join the plan, annually, when there is a change in health condition, or during discharge planning.

AmeriHealth Caritas DC will provide personal care aide (PCA) services to enrollees based on the results of their interRAI assessment. AmeriHealth Caritas DC has a robust network of home health care providers who administer PCA services, which include hands-on care assistance with daily activities such as bathing, grooming, dressing, walking, toileting, eating, and medication reminders. PCA services also encompass range of motion exercises, meal preparation per dietary guidelines, accompanying an enrollee to medical appointments, and assisting the enrollee at their place of employment and with approved recreational activities.

AmeriHealth Caritas DC will:

- Provide PCA services up to eight hours per day, seven days per week
- Honor all active authorizations for PCA services for up to one year, or through the span of the prior authorization or interRAI level of care (LOC)
- Reassess an enrollee for continued or new services in advance of an expiring prior authorization or after a change in condition
- · Authorize the services for contracted providers
- Transition care to an in-network provider if needed

For questions regarding long-term care support services, please contact your Account Executive.

Contraceptive care

AmeriHealth Caritas DC aims to ensure female enrollees of childbearing age have access to quality contraceptive care. Below are recommendations for increasing access to contraceptives for your patients.

As appropriate, please consider:

- Prescribing 90-day supplies for eligible contraceptives.
 Most oral contraceptive pills are 28-day cycles.
 By prescribing 90-day supplies, we can increase the likelihood of medication adherence for enrollees.
- Incorporating this key question into all primary care visits: "Do you want to have a child in the next 12 months?" This question can help facilitate conversations about family planning and contraceptive options.
- The Xpedose[™] cabinet. Stellar Pharmacy provides Xpedose[™] cabinets to AmeriHealth Caritas DC providers **free of charge**. The cabinet comes stocked with family planning products, including long-acting reversible contraceptives (LARCs), allowing you to offer patients a full array of contraceptive options in a single visit. Inventory is automatically replenished by Stellar Pharmacy as needed at no cost to the provider. To receive an Xpedose[™] cabinet, contact Stellar Pharmacy at **1-800-910-2959**, ext. 1023, or email **janice@stlrrx.com**.

For a full list of covered contraceptives, view AmeriHealth Caritas DC's **formulary** on our website.



Behavioral health updates

Trauma-informed care technical assistance program

Are you interested in becoming more trauma-informed? AmeriHealth Caritas DC is offering a no-cost consultation and technical assistance from a local expert in the field who will tailor an individualized program for your organization.

The program includes:

- Trainings on trauma and resiliency
- Identifying and designing policy improvements
- Exploring ways to promote safety in the clinic space
- Best practices for trauma-informed integration
- Other topics the consultant identifies are areas of need

For more information or to bring this training to your organization, please contact ymoghimi@amerihealthcaritasdc.com.

Why is it important for providers to become trauma-informed?

There is increasing recognition that past traumas and adverse childhood experiences (ACEs) impact a child's developing brain. Numerous studies have linked ACEs to a variety of high-risk behaviors, chronic diseases, and negative health outcomes in adulthood such as smoking, diabetes, and heart disease.⁵ ACEs can also be detrimental to an individual's ability to engage in health-promoting behaviors and their trust of health care providers. Health care organizations can ease the burdens of past traumas and avoid retraumatization by creating an organizational culture informed by trauma-informed care (TIC).6 TIC requires a system to make a paradigm shift from asking, "What is wrong with this person?" to "What has happened to this person?"⁷ TIC follows five guiding principles that serve as a framework for avoiding retraumatization:



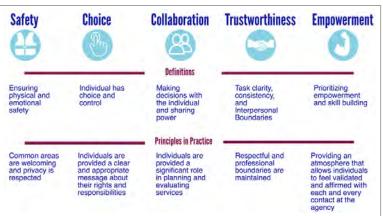




Chart by the Institute on Trauma and Trauma-Informed Care (2015)

^{5.} Substance Abuse and Mental Health Services Administration, "Concept of Trauma and Guidance for a Trauma-Informed Care Approach," U.S. Department of Health and Human Services, 2014.

⁶ M. Harris and R.D. Fallot (eds.), Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services," San Francisco: Jossey-Bass, 2001.

^{7.} R. Simpson and S.A. Green, adapted from M. Harris and R.D. Fallot (2001), Using trauma theory to design service systems: New directions for mental health services, Jossey-Bass: San Francisco, CA, 2014.

^{8.} A. Jennings, A, The Anna Institute, National Council for Community Behavioral Healthcare, "Is your organization trauma-informed?"



Dental updates

COVID-19

To our dental providers and their staff: Thank you for your dedication, bravery, and commitment to the care of our enrollees during this difficult time.

We have added two codes to document pathogen testing procedures as a result of the pandemic. They are as follows:

- D0604 antigen testing for a public health-related pathogen, including coronavirus
- D0605 antibody testing for a public health-related pathogen, including coronavirus

Silver diamine fluoride for pain management

Silver diamine fluoride has been shown as an effective tool for alleviating pain in dental emergencies and caries management. Silver diamine fluoride can be especially helpful during the COVID-19 pandemic, as it can arrest caries until definitive treatment can be provided. Did you know AmeriHealth Caritas DC covers silver diamine fluoride for adults and children? We have created a resource to assist you in implementing the use of it in your practice. It can be found at www.amerihealthcaritasdc.com/pdf/provider/resources/silver-diamine-fluoride-coverage.pdf.

Your patients and dental sealants

As a reminder, it is recommended that our enrollees be assessed for sealants upon the eruption of their first permanent molars. As oral health professionals, you are aware of the importance of placing sealants as soon as possible after the eruption of permanent premolars and molars. Dental sealants are one of the most universally used preventive materials today. Eighty percent of decay in young permanent teeth occurs in pit and fissure areas, and sealants have proven to be a very useful tool for prevention. However, the success of a sealant is highly dependent on the application process and the ability to maintain a dry and clean environment.

We remind you of several factors that can assist with sealant retention:

- Isolation and prevention of saliva contamination
- Proper technique by experienced operators

- Proper tooth preparation
- Never applying sealants to partially erupted teeth

Sealants are not meant to be permanent, but they can last up to 10 years. As such, make sure the integrity of the sealant is intact at every visit and talk to your patient's parents or caregivers about sealants.

Please find the dental periodicity schedule **here**.

^{8.} Mehta, V., "Five Key Criteria for Sealant Success," 2014, www.speareducation.com/spear-review/2014/03/five-key-criteria-for-sealant-success.

Important reminders

Practitioner 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 District of Columbia's Credentialing department.

Mailing address:

Attn: Credentialing DepartmentAmeriHealth Caritas District of Columbia 200 Stevens Drive

Email: credentialingdc@amerihealthcaritasdc.com

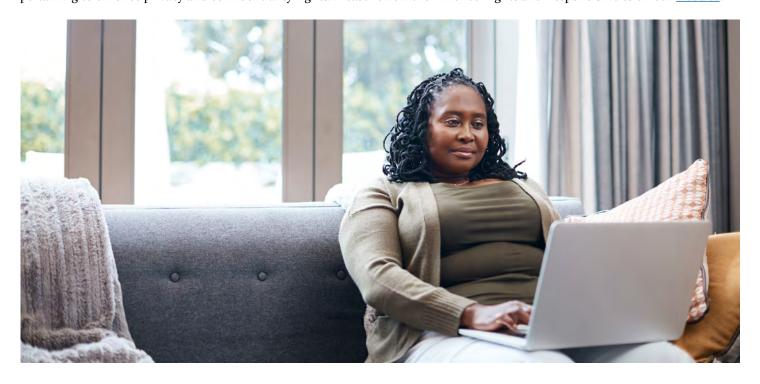
Phone: 1-877-759-6186

Philadelphia, PA 19113

Fax: 215-863-6369

Enrollee Rights and Responsibilities

AmeriHealth Caritas DC is committed to complying with all applicable requirements under federal and state law and regulations pertaining to enrollee privacy and confidentiality rights. Please review the Enrollee Rights and Responsibilities on our <u>website</u>.





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