AmeriHealth Caritas District of Columbia

CONNECTIONS

A Provider's Link to AmeriHealth Caritas District of Columbia

Fall 2025

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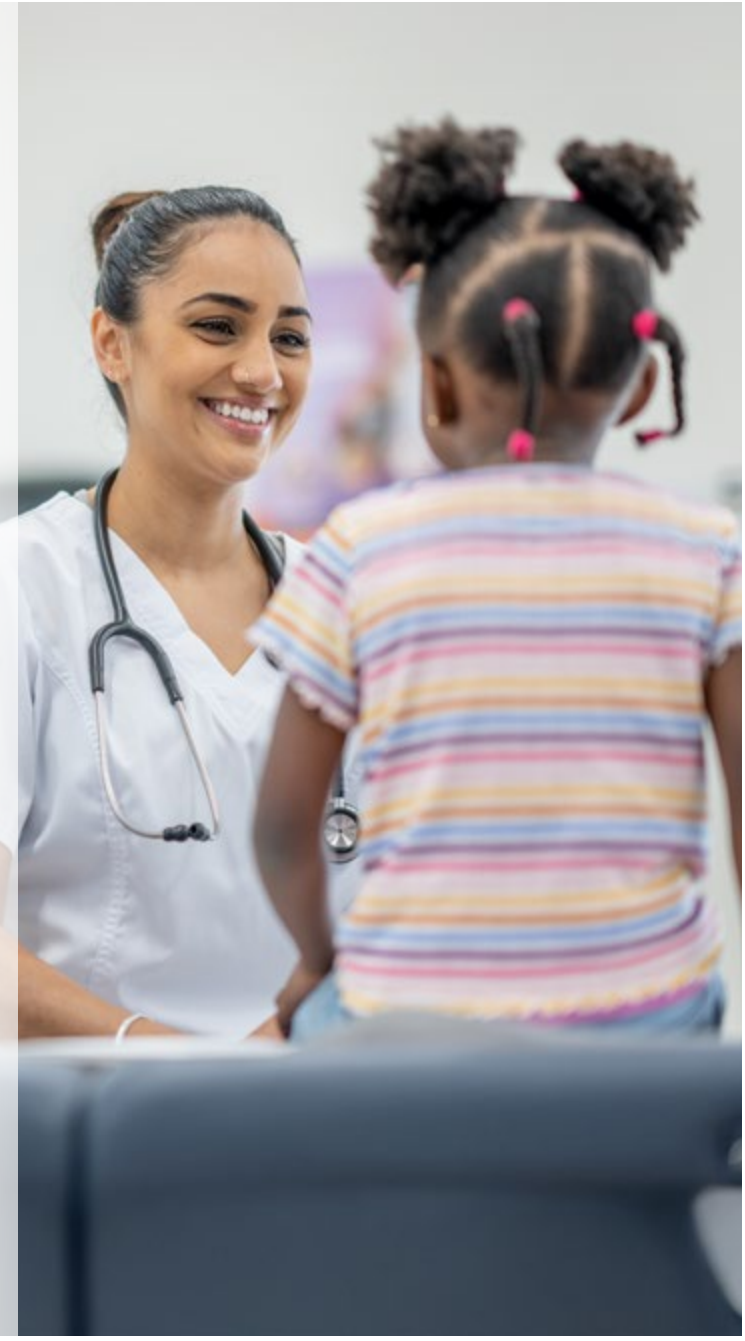


The content presented within this newsletter is for informational purposes only and is not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information presented and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

www.amerihealthcaritasdc.com

A message from the Market President

There's no denying that the health care space is changing rapidly. The FY 2026 DC budget has had a significant impact on Medicaid and our membership in recent months. We are currently navigating two especially noteworthy changes.

The Alliance Program

On October 1, 2025, the Immigrant Children's Program and the Alliance program combined into a singular program — the Health Care Alliance Program. The Health Care Alliance Program transitioned away from the Medicaid managed care plans in the District, including AmeriHealth Caritas District of Columbia (DC), to direct "fee-for-service" coverage from the DC Department of Health Care Finance. For adults ages 21 and older, the income threshold decreased from 215% to 138% of the federal poverty level.

A new enrollment moratorium also applies to Alliance applicants ages 26 and older. Adults in this group are not able to newly enroll or re-enroll after losing coverage.

Additional information can be found at https://dhcf.dc.gov/Alliance-Program-Changes. If you need more assistance, call the Health Care Ombudsman at **202-724-7491** / TTY 711 or **877-685-6391** or email healthcareombudsman@dc.gov**.**

Healthy DC Plan

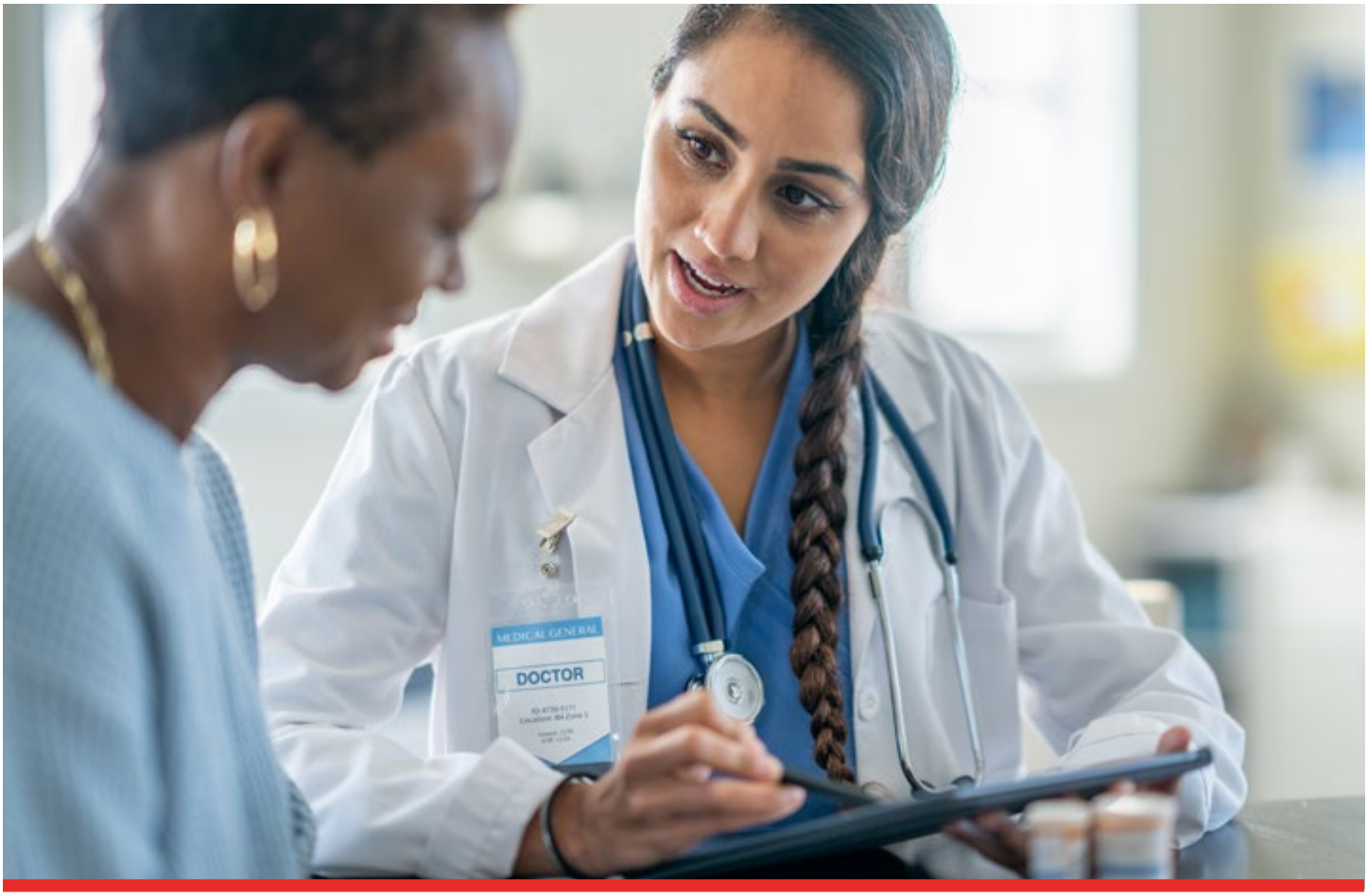
Effective January 1, 2026, AmeriHealth Caritas DC will offer the Healthy DC Plan to eligible enrollees. This is a federally funded, no-cost health insurance program for low-income residents who are no longer eligible for Medicaid but would qualify for coverage under the Affordable Care Act Marketplace (aka DC Health Link). The Healthy DC Plan covers essential health benefits such as primary and specialty care, hospitalization, and prescriptions.

Most of the AmeriHealth Caritas DC enrollees who lose their Medicaid coverage on January 1, 2026, due to changes in the FY 2026 DC budget, will be automatically enrolled in the Healthy DC Plan. The changes will impact Medicaid enrollees in the expansion population, specifically childless adults and adult caregivers with incomes between 138% and 200% of the federal poverty level. Visit https://www.dchealthlink.com/HealthyDCPlan to learn more.

Please stay on the lookout for updates about the Healthy DC Plan. We thank you for your unwavering commitment to our enrollees during this time of transition. Please don't hesitate to reach out to your Provider Account Executive should you have questions or concerns.

Sincerely,

Karen Dale
Market President, AmeriHealth Caritas District of Columbia



General updates

Risk adjustment strategies

Risk adjustment programs promote fairness, accuracy, and sustainability within the health care system, helping to ensure that Medicaid plans and providers receive the right level of funding to support the people they serve.

However, risk adjustment only works when we all do our part, and it begins with quality care. Here's how you, as AmeriHealth Caritas DC providers, can help:

1. **Thorough Documentation.** Document all diagnoses, including chronic conditions, comorbidities, and other risk factors, in the patient's medical record at the point of care. Capturing every diagnosis and health condition matters.
2. **Accurate Coding.** Claims should accurately reflect the care provided and the diagnoses documented. Submit the correct codes with appropriate supporting documentation.
3. **Annual Wellness Visits.** Annual wellness visits are a key opportunity for providers to gather comprehensive health information and update the patient's medical record, capturing all relevant conditions. Remind patients to schedule their annual wellness visits and be sure to ask patients about their medical history and any underlying conditions.
4. **Prospective Review.** Review patient data before appointments to help identify potential conditions.
5. **Post-Appointment Review.** Check coding accuracy after appointments to ensure claims correctly reflect the care provided and all diagnoses are documented.
6. **Education and Training.** Conduct regular training for all care team members on risk adjustment coding guidelines and best practices.

Risk adjustment helps ensure Medicaid's financial stability and protects access to equitable, high-quality care.

General updates (continued)

UST HealthProof and SignifyHealth

AmeriHealth Caritas DC has contracted with two new vendors to support our risk adjustment program.

UST HealthProof

AmeriHealth Caritas DC works with providers to collect complete and accurate enrollee health histories to help facilitate care management. We have contracted with UST HealthProof to help ensure that medical records for our plan enrollees with chronic health conditions are coded and documented in compliance with the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS), or state-specific documentation guidelines. UST HealthProof will support providers by providing on-site and remote Provider Engagement Coordination (PEC) services and conducting retrospective chart reviews.

- PEC Program: The PEC program uses a Clinical Documentation Improvement Alert — delivered in paper or electronic format — to identify potential diagnosis and quality measure gaps. UST HealthProof will work directly with your practice — either on-site, remotely, or electronically — to support timely and accurate documentation of chronic conditions and enrollee care.
- Retrospective Chart Retrieval and Review: UST HealthProof contacts providers and facilities directly to retrieve the targeted medical records. Certified medical coders then review medical records to ensure compliance.

SignifyHealth

We are asking for your continued support to help ensure AmeriHealth Caritas DC enrollees with chronic health conditions are benefiting from routine monitoring and treatment services. As part of these efforts, we are partnering with SignifyHealth to conduct In-Home Health Evaluation (IHE) visits to assist us in better documenting our enrollees'/your patients' health conditions, diseases, and other related social demographic factors.

IHE visits provide an opportunity to:

- Learn more about your patient's home environment.
- Gain information to help you guide your patient to appropriate disease-management programs.
- Receive a comprehensive view of your patient's medications.
- Provide your patient a summary of all diagnoses and recommendations for follow-up care.

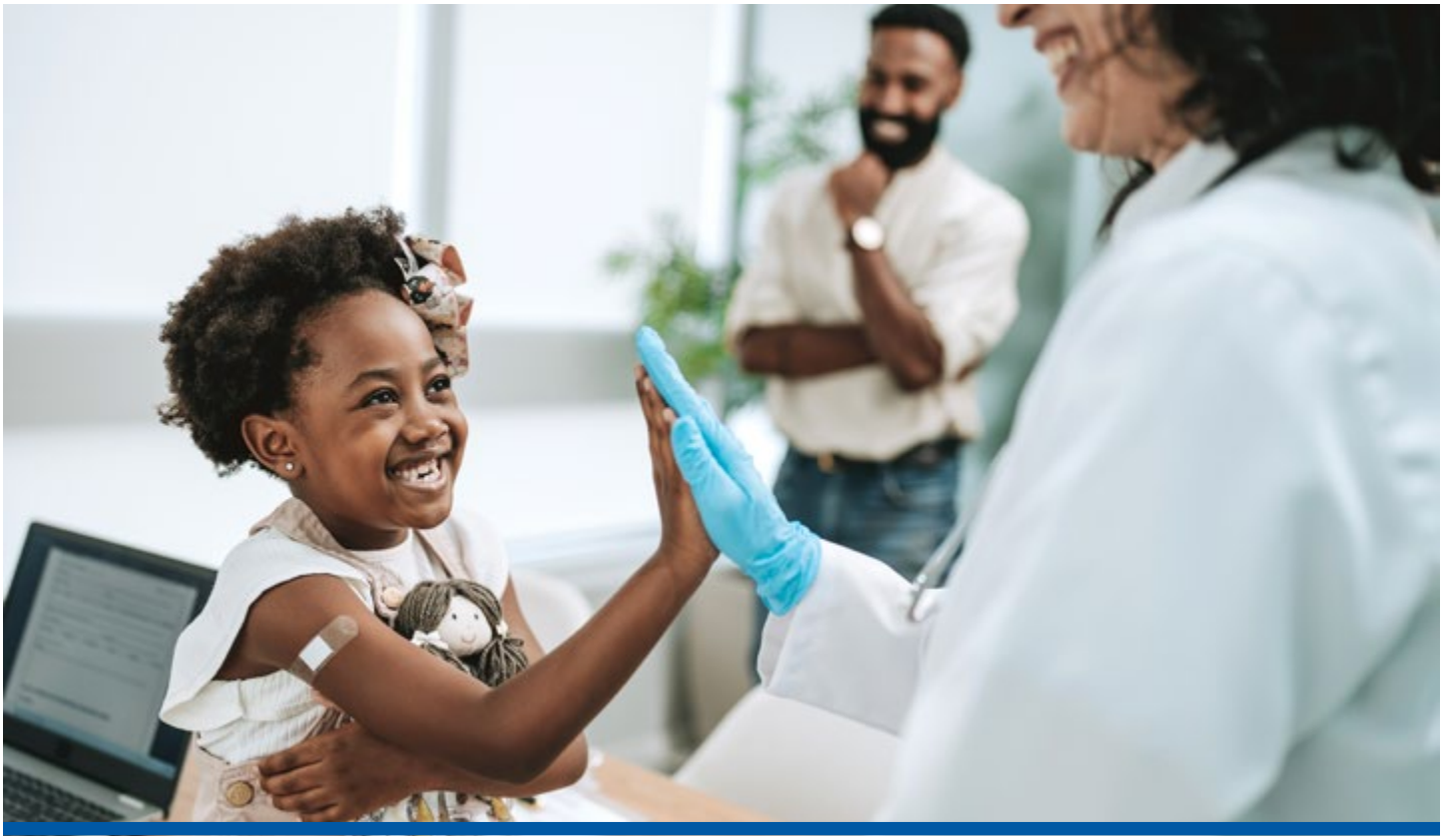
What SignifyHealth will do:

- Conduct in-person or online (video) IHE visits at no additional cost.
- Provide a summary report to the patient's primary care provider following the IHE to better support ongoing care. The patient may also receive a one-page summary.

What a SignifyHealth IHE visit will NOT do:

- Replace regular health care visits or an annual wellness exam.
- Prescribe medications or other treatments.
- Carry any additional cost to you or your patient.

Thank you for your cooperation.



General updates (continued)

Seasonal vaccinations

It is important that all adults, children, and families stay up to date on vaccinations to keep themselves and their loved ones healthy.

The American Academy of Family Physicians released the following recommendations for fall immunizations:

COVID-19

- All adults 18 years and older should receive a COVID-19 vaccine. It is especially important to get a COVID-19 vaccine if you are:
  - 65 years old and older;
  - At increased risk for severe COVID-19 infection; and
  - Have never received a COVID-19 vaccine.
- All children ages 6–23 months should be vaccinated against COVID-19. Use a risk-based single dose approach for children and teens 2–18 years old.
- People who are pregnant or breastfeeding should receive a COVID-19 vaccine.

RSV

- A one-time RSV vaccine is suggested for adults 75 years old and older, and for ages 50–74 at increased risk.
- From September to January, pregnant patients are advised to receive RSV vaccine (Abrysvo®) at 32–36 weeks. Infants under 8 months old without maternal protection should receive nirsevimab or clesrovimab.

Flu

- Annual flu vaccination is recommended for everyone age 6 months and older without medical contraindications. Because vaccine recommendations change each year, recipients should be given an age-appropriate vaccine approved for their age group.

More information can be found here: https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines.html.

Please encourage your patients who are AmeriHealth Caritas DC enrollees to get vaccinated as appropriate. Flu, COVID-19, and RSV vaccines are available to enrollees at no cost at network pharmacies. Enrollees can call **1-800-315-3485** to schedule a ride to a pharmacy or their provider's office.

Getting care quickly

We are committed to helping our enrollees get the care they need, quickly. Timely access to care is critical for achieving the best possible health outcomes. It helps ensure:

- Early disease detection and prevention
- Reduced health complications
- Improved patient satisfaction
- Less health care costs
- Enhanced patient empowerment and engagement

We offer multiple options for enrollees to get care quickly:

- Primary care
- Urgent care
  - Urgent care centers
  - Urgent care by phone or video chat with RelyMD
  - Urgent care at home with DispatchHealth
  - 34/7 Nurse Call Line
- Behavioral health
  - Emotional support services via text with Headspace

HEDIS and care gaps

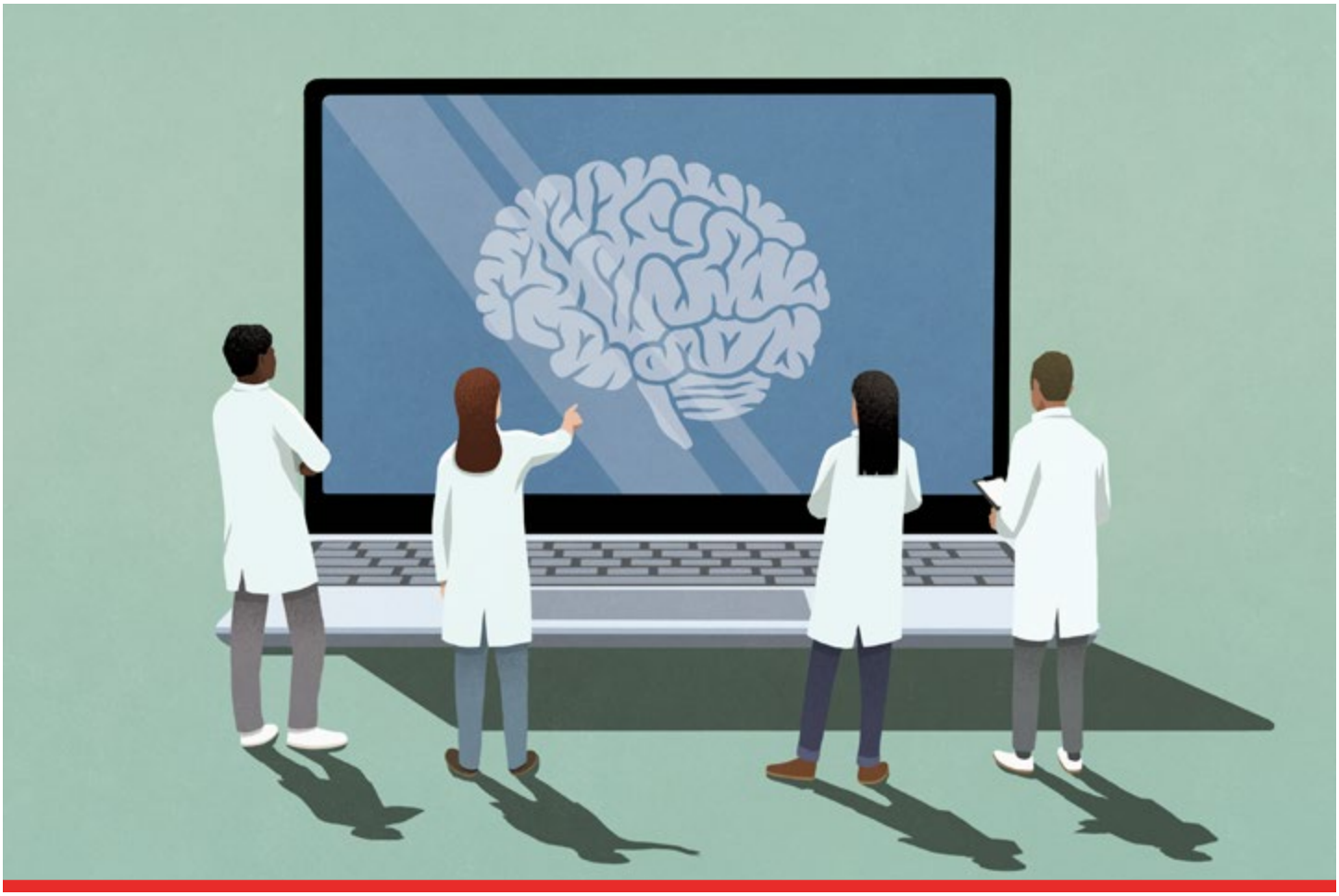
Accurate coding of HEDIS (Healthcare Effectiveness Data and Information Set) measures can help identify and eliminate gaps in care, as well as health care disparities. This helps to ensure timely and appropriate care; monitor preventive care; and facilitate timely claim adjudication, incentives, and payments. Health plans are measured on how well they perform and improve in quality, effectiveness of care, access to care, and enrollee satisfaction. These measures are calculated using specific CPT and ICD-10 codes found in claims and encounters data.

How can you improve HEDIS scores?

1. Submit valid CPT and ICD-10 codes on each encounter or claim.
2. Document your services and medical findings in the patient's medical chart.
3. Encourage your patients to schedule preventive exams.
4. Remind your patients to follow up with ordered tests.
5. Make outreach calls to noncompliant patients.

Care gaps are recommended preventive care services that are missing. You may address these gaps when your patient comes in for an office visit. Care gaps are based on HEDIS measures and may impact your quality scores.

AmeriHealth Caritas DC HEDIS Documentation and Coding Guidelines can be found in NaviNet.



Behavioral health updates

Behavioral health data consents (CRISP DC)

CRISP DC is the designated health information exchange (HIE) serving the District. The CRISP DC HIE is a way of instantly sharing health and social determinants information among doctors' offices, hospitals, labs, radiology centers, community-based organizations, and other health care entities.

CRISP DC's eConsent Tool enables substance use disorder (SUD) providers who have executed a qualified service agreement to share data protected by 42 CFR Part 2 through the HIE upon patient consent. This tool aims to improve care coordination between SUD providers and other health care providers, strengthen continuity of care for patients throughout SUD treatment levels, and ease workflow burden when obtaining consent and disclosing information.

If you would like to learn more about the CRISP DC Consent Tool, please visit https://crispdc.org/consent/.

Dental updates

Orthodontic Continuation of Care submission process

AmeriHealth Caritas DC is implementing a new process for submitting Continuation of Care (COC) requests for transitioning orthodontic cases from one provider to another.

Effective September 1, 2025, providers may submit COC requests electronically through the Skygen Dental Hub. You may still submit by mail using the address below:

AmeriHealth Caritas PA – Authorizations
P.O. Box 654
Milwaukee, WI 53201

To submit via the Dental Hub, use Payor ID SCION at the following link: https://app.dentalhub.com/app/login

Required documentation for all COC submissions (whether via Dental Hub or USPS) includes:

- Current photographs (required)
- Completed Continuation of Care Submission Form, including patient and provider information (required)
- A request for the number of units of procedure code D8670, along with the quantity requested for medical necessity review (required)
- All applicable records, if available
- Name of the previous insurance or managed care organization, if known
- Original approved authorization for orthodontic treatment from the prior provider, if available

Incomplete submissions or failure to include the required documentation will result in a denial of the COC request.

Site of care medical pharmacy

AmeriHealth Caritas DC provides reimbursement for medical services for Medicaid enrollees only when those services are provided in the most appropriate and cost-effective setting consistent with the enrollee's medical needs and condition.

The following drugs require prior authorization for medical necessity and can be safely administered in the home, an in-network infusion center, and an in-network office:

Actemra® *	Keytruda®
Alemtuzumab injection	Lanreotide injection
Avsola™	Leuprolide acetate
Benlysta	Leuprolide acetate for depot suspension
Bivigam	Mepolizumab injection
Carimune NF®	Naglazyme
Cinqair®	Natalizumab injection
Crysvita® *	Ocrelizumab injection
Cutaquig®	Octagam® injection
Cuvitru®	Octreotide injection, depot
Elelyso®	Omalizumab injection
Evenity	Onpattro®
Fabrazyme®	Orencia®
Filgrastim g-csf biosimilar injection	Panzyga®
Flebogamma	Pegfilgrastim injection
Gamastan S/D	Pegloticase injection
Gamastan S/D	Prolastin®
Gamifant *	Prolia®
Gammagard Liquid	Radicava®
Gammagard S/D	Reblozyl®
Gammaked®	Renflexis®

**Specific medications used in pediatric populations are excluded from this policy requirement.*

When these drugs are administered at an outpatient hospital facility instead of the home, an in-network infusion center, or an in-network office, authorization for reimbursement will only be provided if one of the following criteria are met:

- Documented history of severe adverse reaction occurred during or immediately following an infusion and/or the adverse reaction did not respond to conventional interventions.
- Documentation that the enrollee is medically unstable for the safe and effective administration of the prescribed medication at an alternative site of care as a result of one of the following:
  - Complex medical condition, status, or therapy requires services beyond the capabilities of an office or home infusion setting.
  - Documented history of medical instability, significant comorbidity, or concerns regarding fluid status inhibits treatment at a less-intensive site of care.
  - Clinically significant physical or cognitive impairment that precludes safe and effective treatment in an outpatient or home infusion setting.
  - Difficulty establishing and maintaining reliable vascular access.

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Pharmacy updates (continued)

Policy updates

2/2020	Initial review date and clinical policy effective date: 2/2020
1/2021	The following were added: Actemra®; Avsola™; Benlysta; Bivigam; Carimune NF®; Cinqair®; Crysvita®; Cutaquig®; Cuvitru®; Elelyso®; Evenity; Fabrazyme®; Flebogamma;; Gamastan S/D; Gamastan S/D; Gamifant; Gammagard Liquid; Gammagard S/D; Gammaked®; Gammaplex; Gamunex C®; Givlaari; Glassia™; Glassia/Aralast NP™; Hizentra; HyQvia; Ilaris; Ilumya™; Inflectra®;Ixifi™; Naglazyme; Onpattro®; Orencia®; Panzyga®; Prolastin®; Prolia®; Radicava®; Reblozyl®; Renflexis®; Simponi Aria®; Soliris®; Stelara®;Trogarzo;; Ultomiris®; Vimizim®; VPRIV®; Vyepti™; Xembify®; and Zemaira®.
4/2023	The following were added: Keytruda® and Tecentriq
4/2024	No policy changes made.
3/2025	The following was added: Uplinza®.

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

Reducing disparities in the management of hypertension in African American enrollees

According to the National Heart Association, about 58% of Black adults in the United States have high blood pressure. In an effort to reduce disparities within the population, AmeriHealth Caritas DC is offering an informational toolkit to support our network providers in addressing hypertension-related disparities experienced by African American patients.

View the toolkit here: https://www.amerihealthcaritasdc.com/provider/resources/management-hypertension-african-american-patients.

In your role, you can build trust and educate and support your African American patients through an equitable lens. Together, we can make an impact.

Requesting Utilization Management criteria

AmeriHealth Caritas DC will provide its Utilization Management (UM) criteria to network providers upon request. If you have questions regarding the criteria used to determine coverage, you may receive a copy of the criteria upon request. AmeriHealth Caritas DC personnel will fax you a copy of the criteria used for a determination or read the criteria over the phone.

To request this information, please call **202-408-4823**. The UM department hours of operation are 8 a.m. – 5:30 p.m., Monday through Friday.

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-review 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

Important reminders (continued)

Beware of phishing scams — don't take the bait!

One of the biggest information security risks in health care settings occurs when someone in a provider's office opens a phishing email and clicks on a malicious link. It only takes one click to compromise a practice's data security.

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 protected health information and personally identifiable information, as well as a practice'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
- Asks you for personal information, such as your username and password/passphrase
- Includes misspelled words in the site's URL or subject line
- Has a sense of urgency for you to act now

Phishing emails may come from a trusted business partner that has experienced a security incident. All emails from outside your practice should be scrutinized.

If you suspect an email may be phishing, here's what you should do:

- 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 banks or retailers like Amazon.
- Do not reply to the email or forward it to anyone else at your organization.
- Familiarize yourself with your practice's process for reporting suspicious emails. If you suspect an email is a phishing attempt, report it immediately.
- If you have questions, please contact your practice's security department.

Important reminders (continued)

Year-end quality incentive campaigns: supporting health outcomes together

AmeriHealth Caritas DC is launching several year-end provider incentive campaigns to help improve key HEDIS measures and support better health outcomes for our enrollees. These initiatives focus on childhood immunizations, chronic disease management, and preventive eye exams for patients with diabetes. Providers who participate will have the opportunity to receive $50 incentive payments for each eligible enrollee who transitions from non-compliant to compliant status by the end of Measurement Year (MY) 2025.

The **Blood Pressure and HbA1C CPT-II Code Campaign** supports four HEDIS measures: Controlling Blood Pressure (CBP), Blood Pressure Control for Patients with Diabetes (BPD), Glycemic Status Assessment for Patients with Diabetes (GSD), and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD). Providers can earn incentives by submitting CPT-II codes for blood pressure and HbA1C values that meet compliance standards (<140/90 mmHg for blood pressure and <8% for HbA1C). Codes must be submitted for enrollees identified as non-compliant by September 2025, with services rendered between October 1 and December 31, 2025.

The **Childhood Immunization Status** – Combo 10 (CIS–10) Campaign focuses on ensuring that children complete all 10 recommended vaccinations before their second birthday, including DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and flu. Providers who help enrollees on the non-compliant list complete all required immunizations by the end of MY2025 will receive incentive payments. This campaign plays an important role in reducing vaccine-preventable illnesses and ensuring children have a healthy start in life.

The **Eye Exam for Patients with Diabetes (EED) Campaign** encourages timely screening for diabetic retinopathy. Enrollees ages 18–75 with diabetes can achieve compliance by completing a retinal eye exam during the MY, having a negative result in the prior year, or providing documentation of bilateral eye enucleation prior to December 31, 2025. Providers who ensure eligible enrollees complete these exams and submit the appropriate CPT or CPT-II codes will qualify for incentive payments.

To participate in any of these campaigns, providers should request their non-compliant lists from the AmeriHealth Caritas DC Quality Management team (vdavis3@amerihealthcaritasdc.com), schedule necessary appointments, and submit claims using the appropriate codes. Compliance will be verified in April 2026 after the standard claims run-out period, with incentive payments distributed in May 2026. For questions, please contact your Provider Account Executive or Wendy Alcantara, Quality Management Manager, at 202-408-2013 or walcantara@amerihealthcaritasdc.com.

District of Columbia

www.amerihealthcaritasdc.com

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This program is brought to you by the Government of the District of Columbia Department of Health Care Finance

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR