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ORGANIZATION SPOTLIGHT

Whitman-Walker Health

AmeriHealth Caritas District of Columbia (DC) is pleased to collaborate with [Whitman-Walker Health](#) to better serve community members in D.C. For more than 50 years, Whitman-Walker has been part of the fabric of the local D.C. and national community as a first responder and care provider for those living with HIV; a leader in LGBTQ+ care and advocacy; a research center working to discover breakthroughs in HIV treatment and prevention science; and one of D.C.'s most trusted partners during the COVID-19 pandemic. Whitman-Walker envisions a society where all people are seen for who they are, treated with dignity and respect, and afforded equal opportunity to health and well-being. We sat down with Naseema Shafi, Chief Executive Officer of Whitman-Walker Health, to learn more about Whitman-Walker and its impact.

Naseema leads and supports the growth and oversight of the health center with a focus on the provision of high-quality, affirming care that centers on the community and maintains the vitality of Whitman-Walker. Prior to her current role, she served as both the Deputy Executive Director and Chief Operating Officer for Whitman-Walker as well as its Director of Compliance, overseeing various matters related to corporate compliance and risk management. She is passionate about the opportunity to create and support an environment where everyone is seen for who they are.

Founded out of social justice civil rights movements in the 1960s, Whitman-Walker now provides a full spectrum of health care services, including a legal services program that connects patients to attorneys and paralegals who can help them navigate health-harming legal issues. Through its mission to serve people who face barriers in accessing care, the value-based organization is sophisticated in the way it accesses and analyzes data and health outcomes to try and weave together the full story of what's happening with a patient. According to Naseema, the work of well-integrated teams and advanced data systems helps make Whitman-Walker successful in their value-based payment contract. Value-based payments are a method of paying health care providers based on the outcomes, quality, and equity of the care they deliver. The organization's innovation and creativity originated from taking care of patients in the LGBTQ+ community, as standards of care didn't previously exist and needed to be established.

This fall, Whitman-Walker is marking its 50th anniversary with the debut of a new location for its Max Robinson Center. The new location will allow Whitman-Walker to triple its footprint, serving an additional 10,000 patients per year with primary, behavioral, and dental care; a pharmacy; public benefits and insurance navigation services; and research, policy advocacy, education, and training around LGBTQ+ health, HIV care, and more. The new Max Robinson Center will fulfill a need to provide care for residents of Ward 8 and adjacent wards in northeast D.C. Whitman-Walker has always prioritized the needs of the community and has earned the trust of D.C. residents through outreach and engagement. This trusting relationship will help the center be a success upon opening.

When asked about Whitman-Walker's relationship with AmeriHealth Caritas DC, Naseema shared that the only way those of us in health care are going to make a true difference for the people we serve is through partnerships and creative solutions. Together, we are rethinking and prioritizing the health care delivery system in areas of the city that have long been under-resourced. In coming years, Whitman-Walker plans to expand on services for both younger and older generations, with a special focus on preventative medicine.

Through care, advocacy, research, and education, Whitman-Walker strives to ensure all people can live healthily, love openly, and feel true equality and inclusion in all aspects of their lives. Learn more at www.whitman-walker.org.

General updates

Provider Advisory Committee

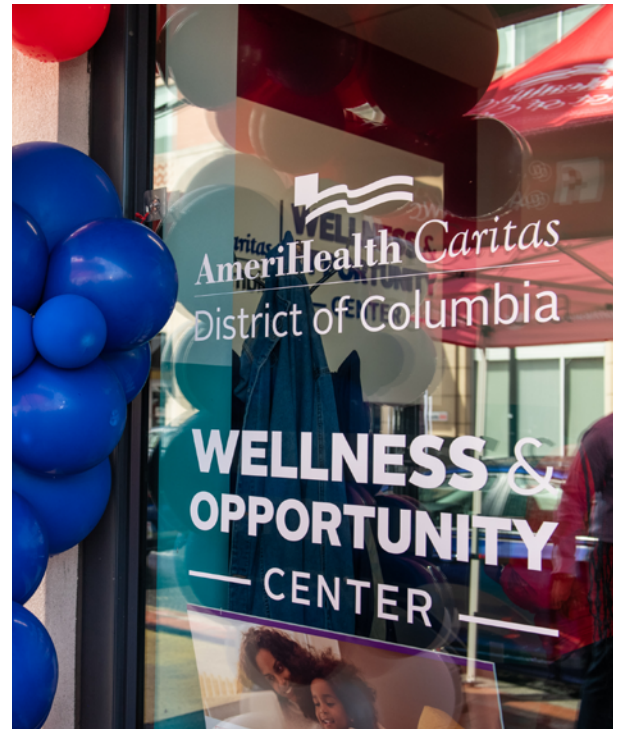
AmeriHealth Caritas DC designed and developed the Provider Advisory Committee (PAC) to support local providers and increase access to care for those they serve. The PAC is an opportunity for D.C.-area providers to collaborate and engage with AmeriHealth Caritas DC leadership. Through this collaboration, we want our providers to work together to find new and better ways for enrollees to be healthier, while improving and reducing the cost of care.

The committee provides critical input on innovative and collaborative strategies focusing on effective integration of care coordination and care management programs. We find it vital to our mission to work with our providers and community-based organizations to proactively improve the health status of our enrollees. Increased emphasis on medical outcomes, preventive care, and other social determinants of health will reward all stakeholders.

AmeriHealth Caritas DC held its PAC meeting on Thursday, May 18, 2023, to a virtual audience of 24 providers and administrative staff. The primary topic of the meeting was Medicaid redetermination. The session served as an informative platform and was effective in providing the participants with information and tools that will, if applied, be beneficial in serving our enrollees during this time of recertification. During the meeting, participants were given the opportunity to ask questions and receive direct responses from leadership. Here were some highlights from the discussion:

- Providers are notified no later than 90 days before their recertification cycle ends.
- Enrollee renewals began in April 2023; everyone in D.C. must be redetermined for their eligibility for benefits under Medicaid.
- Enrollees previously with CareFirst Community Health Plan will transition to Amerigroup DC.
- The annual satisfaction survey known as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is about the enrollee's complete experience from setting appointments to any follow-ups. It is not specific to a provider, and questions are geared toward six to eight months prior.

As a valued partner of AmeriHealth Caritas DC, we look forward to meeting with you and gaining your feedback and insights at the quarterly PAC meetings. If you have questions, please contact your Provider Account Executive or call Provider Services at **202-408-2237**.



Enrollee Wellness and Opportunity Center

Earlier this year, we opened the new [AmeriHealth Caritas DC Enrollee Wellness and Opportunity Center](#) — a hub for AmeriHealth Caritas DC enrollees to connect with us and other enrollees as they work toward health and wellness goals.

We offer activities including:

- Fitness classes
- Healthy cooking classes and advice on healthy eating
- Résumé assistance
- Finance classes
- Walk-in help with care management (no appointment needed)
- One-on-one help with benefits or other questions
- Kids' Zone for children

AmeriHealth Caritas DC enrollees can attend wellness classes at no cost, and all are welcome! To learn more or to sign up for wellness classes, enrollees can call the Community Outreach Solutions team at **202-216-2318**. View the [events calendar](#) for an up-to-date schedule of classes and events at the Enrollee Wellness and Opportunity Center.

New collaboration with eviCore healthcare

To provide prior authorization services for enrollees, AmeriHealth Caritas DC recently announced a new collaboration with eviCore healthcare. eviCore, an Evernorth Health Services business, is a specialty medical benefits management company that collaborates with health plans to provide utilization management services.

Beginning June 15, 2023, AmeriHealth Caritas DC began requiring prior authorization from eviCore for select covered health care services including:

- DME
- Radiation oncology
- Medical oncology
- Joint and spine surgery
- Physical therapy
- Pain management
- Genetic testing
- Diagnostic sleep testing
- Occupational therapy

Services performed without following prior authorization requirements may not be reimbursed, and you may not seek reimbursement from enrollees. Services performed in conjunction with an inpatient stay, 23-hour observation, or emergency room visit are not subject to prior authorization requirements.

To request prior authorization:

- Log on to www.evicore.com/pages/ProviderLogin.aspx (preferred).
- Call **1-877-506-5193**.
- Fax additional clinical information:
 - Joint and spine surgery, medical oncology, pain management and radiation oncology: **1-800-540-2406**.
 - Genetic testing: **1-844-545-9213**.
 - Sleep testing and sleep DME: **1-866-999-3510**.
 - Physical and occupational therapy: **1-855-774-1319**.
 - DME: **1-866-663-7740**.

eviCore's Clinical Guidelines and request forms are available at www.evicore.com. If you have questions, please call the eviCore Client and Provider Services department at **1-800-646-0418 (Option 4)**.

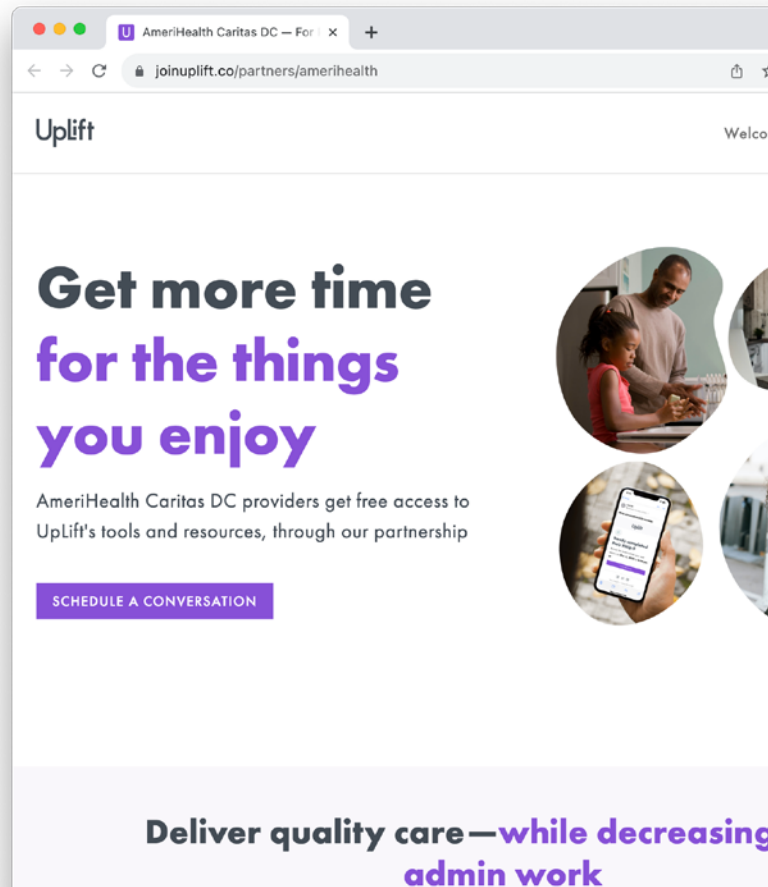
New partnership with UpLift

AmeriHealth Caritas DC has partnered with UpLift, a behavioral health platform that saves you time and helps you deliver quality care. UpLift handles administrative work and gives you clinical tools and resources to better support patients— at no cost to you.

Instead of forms, files, and claims, focus your time on patients with:

- **Clinical tools and resources.** Visualize and track your patient's progress with assessments, charting tools, progress notes, and an easy-to-use EHR. Need support? UpLift's clinical team offers case consultations.
- **Integrated psychiatry.** Collaborate with psychiatric providers to give patients coordinated care. Referring patients who need more support is seamless. UpLift psychiatry offers initial consultations — and prescriptions and medication management, if needed.
- **Easy claims submission.** UpLift submits your claims on your behalf, getting you paid faster and easier.

To learn more about UpLift's platform, visit JoinUpLift.co/partners/amerihealth or reach out to amerihealthDC@joinuplift.co.



The image is a screenshot of a web browser displaying the UpLift website. The browser's address bar shows the URL joinuplift.co/partners/amerihealth. The website header includes the UpLift logo and a 'Welcome' message. The main content area features a large banner with the text 'Get more time for the things you enjoy' in a mix of black and purple fonts. Below this, it states 'AmeriHealth Caritas DC providers get free access to UpLift's tools and resources, through our partnership'. A purple button with the text 'SCHEDULE A CONVERSATION' is positioned below the text. To the right of the text, there are three circular images: the top one shows a man and a child looking at a tablet; the middle one shows a hand holding a smartphone displaying a medical interface; the bottom one shows a person's face. At the bottom of the page, a dark blue banner contains the text 'Deliver quality care—while decreasing admin work' in white and purple.



Dental updates

Special needs dental treatment

Many individuals find oral hygiene and visits to a dentist's office challenging and stressful. For people with special needs, however, there can be additional difficulties associated with caring for their oral health.

The American Academy of Pediatric Dentistry defines special health care needs as “any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.” Patients with special needs may include individuals who:

- Are aging or elderly;
- Have mobility issues;
- Have mental or intellectual disabilities;
- Are immunocompromised or who have complex medical problems (e.g., cardiovascular disease, diabetes, bleeding disorders);
- Have a mental illness; or
- Are children who have behavioral or emotional conditions (e.g., autism, ADHD).

Individuals with special needs can face numerous barriers to accessing dental care, including a greater level of anxiety about dental care than those without a disability, which may adversely impact the frequency of dental visits and, subsequently, oral health. It is critical that dental providers understand the individual's medical, physical, mental, or behavioral conditions, and take steps to accommodate the patient and make their visit as seamless as possible.

AmeriHealth Caritas DC is committed to providing an inclusive dental benefit program that provides access to high-quality oral health care. We recognize that having a knowledge of and experience with treating people with special needs and understanding the techniques associated with successful visits are what will truly close the gap of providing care. As such, AmeriHealth Caritas DC is in the process of scheduling a Special Needs Dental Treatment CE webinar for our dental provider network.

For more information, visit <https://www.amerihealthcaritasdc.com/provider/resources/dental.aspx>.

Behavioral health updates

Trauma-informed care

Trauma has many different forms and can affect people in different ways. Since trauma can have serious effects on people's health, behaviors, relationships, and other aspects of day-to-day life, health care providers of all disciplines are encouraged to learn more trauma-informed care (TIC). Providers are also encouraged to develop a comprehensive TIC approach to help promote healing, recovery, and wellness.

The National Association of State Mental Health Program Directors and the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services have found that, regardless of trauma type, a comprehensive trauma-informed approach has clear benefits for both patients and caregivers.

Using a TIC model increases patient engagement, resulting in an increase in kept appointments and a decrease in the need for hospitalization, increased staff confidence and satisfaction, and better relationships between providers and patients.

AmeriHealth Caritas DC developed materials and resources to help your practice adopt a trauma-informed approach. Visit www.amerihealthcaritasdc.com/provider/behavioral-health/trauma-informed-care.aspx to learn more.

Important reminders

Remind enrollees to renew their benefits

After a three-year pause, Medicaid eligibility recertification restarted on April 1, 2023. AmeriHealth Caritas DC wants to ensure all enrollees and their families stay covered for all their health care needs.

Please remind enrollees to complete their registration at District Direct and confirm their household information is correct.

Enrollees should complete the following steps:

- Register at District Direct online (<https://districtdirect.dc.gov/ua/>) or through the District Direct mobile app,
- Update their contact information,
- And, once prompted, renew their benefits.

For questions, enrollees can contact the D.C. Department of Human Services (DHS) Call Center at **202-727-5355** or visit a Service Center.

Preventative health and clinical practice guidelines

AmeriHealth Caritas DC has adopted clinical practice guidelines for use in guiding the treatment of plan enrollees, with the goal of reducing unnecessary variations in care. Clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, a physician's clinical judgment. The physician remains responsible for determining applicable treatment for each individual.

View our guidelines at www.amerihhealthcaritasdc.com/provider/resources/clinical/guidelines.aspx.

Promoting health equity and cultural competency

The goal of culturally competent health care is to provide the highest quality care to every patient, regardless of race, ethnicity, cultural background, sexual orientation, gender identity, English proficiency, or level of literacy. At AmeriHealth Caritas DC, health equity and cultural competency is a company-wide priority. We work to monitor, evaluate, and improve processes and activities to help ensure enrollees receive high-quality culturally and linguistically appropriate services (CLAS). This work enables us to define and structure enrollee and provider outreach, collect consistent data, develop policies, and set program goals. Poor health outcomes disproportionately affect racial and ethnic minority

communities far worse than other communities, not only in the context of race and ethnicity, but also in language; religion; socioeconomic status; mental health; cognitive, sensory, and physical disability; age; sex; gender or gender identity; sexual orientation; geographic location; and other characteristics historically linked to exclusion or discrimination.

AmeriHealth Caritas DC recognizes diversity in both our providers and enrollees. We are committed to promoting effective, equitable, understandable, and respectful quality services that are responsive to our enrollees' diverse cultural health beliefs, practices, preferred languages, health literacy, and other communication needs. We use the National CLAS Standards and the NCQA health equity standards as a blueprint to advance health equity, improve quality, and help eliminate health care disparities. We foster cultural awareness both in our staff and in our provider communities by encouraging everyone to report race, ethnicity, and language data (REL) to help ensure that the cultures prevalent in our enrollees are reflected to the greatest extent possible in our provider network. The race and ethnicity of our providers is confidential; however, the languages spoken by providers are published in the [AmeriHealth Caritas DC Provider Directory](#) so that enrollees can easily find doctors who speak their preferred language.

Helping ensure that enrollees have access to services and information in the appropriate and preferred language is a priority of our health plan. AmeriHealth Caritas DC routinely examines the access to care standards for both the general population and the populations who speak a threshold language. A threshold language is a language spoken by at least 5% or 1,000 members of our enrollee population, whichever is less. Interpretation and written translation services are available upon request to our enrollees.

We recognize that it is our responsibility, as well as the responsibility of our participating providers, to meet the unique needs of our diverse enrollees through customized health-related information and services. AmeriHealth Caritas DC offers a multifaceted and comprehensive CLAS training program and also ongoing educational opportunities about cultural competency online, during site visits, and during orientations. We reinforce key concepts through our online provider newsletter and provider manual. Our [provider web page](#) offers an assortment of resources and educational tools that can assist you and your practice with questions about delivering effective health services to diverse populations.



Diabetes care for African Americans: Recommendations and resources for providers

Research shows that racial and ethnic minorities disproportionately suffer from Type 2 diabetes, complications from Type 2 diabetes, and Type 2 diabetes-related mortality.^{1,2,3,4} Black people and African Americans have the highest rates of diabetes-related mortality nationally.⁵ In cities, such as Philadelphia, the diabetes death rates are 60% higher in African Americans when compared to their white, non-Hispanic counterparts.⁶

In addition, new studies indicate that all non-white racial and ethnic groups have slightly higher “normal” A1c levels than white people. Compared to white individuals with prediabetes, who have an average A1c of 5.78%:

- Black individuals with prediabetes have an average A1c of 6.18%.
- Asian individuals with prediabetes have an average A1c of 6%.
- Indigenous individuals with prediabetes have an average A1c of 6.12%.
- Hispanic individuals with prediabetes have an average A1c of 5.93%.

Time in range (TIR), the percentage of time someone spends in their target glucose range, can be used as an additional measure. TIR is a valuable and person-specific tool to assess diabetes health and works for people of all races and ethnicities.⁶

In response to the upward trend of diabetes-related morbidity and mortality in African American communities, the Centers for Disease Control and Prevention (CDC) has proposed ongoing advocacy and education initiatives, along with intervention-based initiatives, to reduce diabetes-related disparities.^{7,8,9}

This article will explore recommendations and offer practical tips and resources to health care providers on how to better serve African American patients suffering from diabetes and diabetes-related symptoms.

General recommendations to address and support prediabetes and diabetes patients^{7,8}

- Counsel patients on healthy behaviors to reduce their risk of diabetes, including increasing physical activity and avoiding sugar-sweetened beverages and snack foods that are high in sugar and unhealthy fats.
- Offer testing for diabetes to high-risk patients, including all adults age 45 and older, and adults and children of any age who are overweight or obese and who have one or more additional risk factors for diabetes, including:
 - Having a first-degree relative with diabetes
 - Being of a high-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, or Pacific Islander)
 - Having a history of cardiovascular disease
 - Being diagnosed with hypertension
 - Having an HDL cholesterol level < 35 mg/dL and/or a triglyceride level > 250 mg/dL
 - Being diagnosed with polycystic ovary syndrome
 - Being routinely physically inactive
 - Having other clinical conditions associated with insulin resistance (e.g., severe obesity)
- Refer patients with prediabetes to diabetes-prevention programs, intensive lifestyle-change programs that have been shown to decrease the risk of diabetes.
- Follow the American Diabetes Association's guidelines for management of patients with diabetes.

Specific recommendations to address diabetes in African American patients⁸

- Work with communities and health care professional organizations to eliminate cultural barriers to care.
- Connect patients with community resources that can help people remember to take their medicine as prescribed, get prescription refills on time, and get to follow-up visits.
- Learn about social and economic conditions that may put some patients at higher risk than others for having a health problem. Including addressing issues of unconscious bias and institutional racism.
- Collaborate with primary care physicians to create a comprehensive and coordinated approach to patient care.
- Promote a trusting relationship by encouraging patients to ask questions.

Resources for providers

- <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>
- <https://www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf>
- <https://www.cdc.gov/diabetes/prevention/index.html>
- <https://www.healthline.com/health/diabetes/diabetes-in-african-americans>
- <https://www.cdc.gov/diabetes/professional-info/toolkits/road-to-health/index.html>

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9. "African American Health: Creating Equal Opportunities for Health," Centers for Disease Control and Prevention, July 3, 2017, <https://www.cdc.gov/vitalsigns/aahealth/index.html>.



Maternal care and doula coverage

In Washington, D.C., both the maternal mortality rate and the pregnancy-related mortality rate are higher than the national average — with the rates disproportionately higher for Black women. In fact, while Black mothers account for about half of all births in D.C., they make up 90% of pregnancy-related deaths.

At AmeriHealth Caritas DC, we are committed to providing our enrollees with access to quality health care and outstanding enrollee services. To prioritize maternal health care, doula services are accessible to pregnant individuals under the DC Medicaid program.

Doulas are trained to provide emotional and physical support for mothers throughout childbirth, and research shows that doula care can help improve health outcomes for mothers and reduce racial disparities due to culturally contextual and competent care.

What do the new doula benefits include?

- 12 visits that can be allocated across the perinatal and postpartum visits, including attendance at delivery and one doula consultation
- Perinatal visits (before, during, and up to six weeks after delivery) billed and reimbursed per visit, regardless of visit length

- Postpartum visits billed and reimbursed separately as a unit of service; billed in 15-minute increments and reimbursed at a per-unit rate, with each visit not exceeding 24 units or six hours

We encourage certified doulas to join the AmeriHealth Caritas DC network of providers. To become a part of the AmeriHealth Caritas DC network, doulas should visit www.amerihealthcaritasdc.com to find all the resources they need to get started.

Doulas must have a certification from any of these organizations to be accepted:

- Doula Trainings International
- Childbirth and Postpartum Professional Association (CAPP)
- Black Doula Training (formerly the Black Doula Institute)
- Ancient Song Doula Services
- Mamatoto Village
- Doulas of North America (DONA International)
- International Childbirth Education Association (ICEA)
- Childbirth International
- MaternityWise Institute

Quality management

From February to June, the AmeriHealth Caritas DC Quality Management department undergoes four large projects that can only be successful with the partnership and collaboration of our providers.

The annual **Healthcare Effectiveness Data and Information Set (HEDIS)** medical record retrieval period occurs from February to April every year. This process is specifically for the hybrid measures that may gain additional capture via medical record, such as CBP, IMA, CIS, HBD, EED, BPD, CCS, PPC, and WCC. The goal of this medical record retrieval and review is to obtain evidence of preventative care and screening. AmeriHealth Caritas DC works with a contracted company to assist with the medical record retrieval process. This company will be required to comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements throughout the retrieval process and are trained in medical record retrieval for HEDIS, Centers for Medicare & Medicaid Services (CMS), and state quality reporting programs. Disclosure and use of the medical records, and the collection of medical records for this purpose, is considered to be treatment, payment, or health care operations under HIPAA regulations (45 C.F.R. 164.502(a)(1)(ii)). We appreciate your cooperation in working with our medical records retrieval company. Records requested should be provided at no charge to the health plan.

The **Encounter Data Validation (EDV)** project is a Department of Healthcare Finance (DHCF) audit to validate the accuracy of the coded claims compared to the services and diagnoses documented in the associated medical record. DHCF selects care episodes at random and asks that providers submit medical records. The medical records must contain the following four elements, or they will be inadmissible:

- Patient name
- Date of birth
- Provider name
- Date of service

Two projects involve enrollee experience surveys where we need your partnership in informing and inspiring our enrollees to complete the **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** or the behavioral health **Experience of Care and Health Outcomes (ECHO)**, should they be chosen in the random selection process. Both CAHPS and ECHO are national surveys that strive to advance our scientific understanding of patient experience with health care. They measure the consumers' experiences with health plans, providers, and

the services provided. Rather than satisfaction, it measures the patients' perception of the quality received, such as the ease of access to providers and health care services, and the patient/provider relationship. To further compare between satisfaction and experience, satisfaction measures a patient expectation, whereas experience measures the interpersonal aspects of the quality of care received. These include effective communication, respect, dignity, and emotional support. We request that providers and their practices encourage their patients to complete the survey, should they be chosen, and let their voice be heard.

Key survey topics include:

1. **Annual flu vaccine:** If they had the flu shot since July the previous year
2. **Getting needed care:** **How often** it was easy to get an appointment
3. **Getting care quickly:** **How often** they got non-urgent appointments as soon as needed when sick or injured
4. **Customer service:** **How often** staff were helpful and treated them with courtesy
5. **Enrollee's ratings on healthcare quality:** Rate satisfaction with overall health care experience
6. **Getting needed prescription drugs:** **How often** was it easy to get prescription medicine



AmeriHealth Caritas[™]
District of Columbia

www.amerihealthcaritasdc.com

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