



MedStar Family  
Choice

DISTRICT OF COLUMBIA



# Provider Newsletter

3rd Quarter 2024

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MURIEL BOWSER, MAYOR

# A Message from Dr. Erica McClaskey



Dr. Erica McClaskey

Dear Provider,

We are excited that summer is in full swing and know that soon we'll be transitioning to back-to-school activities. MedStar Family Choice is enjoying growth and transition too. I am honored to serve as the new Chief Medical Officer of MedStar Family Choice District of Columbia. As a Family Medicine physician, I have had more than 15 years of experience practicing inpatient and outpatient medicine in Obstetrics, Pediatrics, Internal Medicine, Women's Health, and Geriatrics. I look forward to providing day-to-day service to our clinical team for our plan.

In addition to a heatwave, this summer has also brought unexpected conditions to be aware of. With the summer surge of COVID-19 FLiRT variants (named to describe the family of variants), and the increase in COVID-19 positive tests among patients, we are encouraging providers and practices to remain vigilant with enforcing safety protocols and encourage vaccinations for patients.

Finally, as we prepare for children to return to school, we encourage you to visit the Back-to-School Events and Resources section of our website. There is information about health forms, a schedule of upcoming health events, and ways for children to receive school supplies. To access this information, visit [MedStarFamilyChoiceDC.com/Enrollees/Back-to-School-Events](https://www.MedStarFamilyChoiceDC.com/Enrollees/Back-to-School-Events).

We are grateful for your continued dedication to providing excellent care for our Enrollees. If you have questions or if we can assist you in any way, please contact the Provider Customer Service Department, Monday through Friday, 8 a.m. to 5:30 p.m. at **800-261-3371** or [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net).

Stay safe and well,

Erica McClaskey, MD, MS, FAAFP, Chief Medical Officer and Senior Medical Director, MedStar Family Choice District of Columbia

# Let's Talk Behavioral Health

## Spotlight: Back-to-school

In this issue of Let's Talk Behavioral Health, we look at common reactions of children and parents to the return to school. After a lengthy break during which many families experience a change in routine, the return to school can feel challenging. Knowing a child's typical reactions to major adjustment can help providers act more quickly should more support be needed. Providers can also help parents understand their child's reactions and know better how to respond, as well as validate parents' own feelings about the changes that a new year brings.

Common emotions and behaviors that children express during periods of adjustment can include:

- **Anxiety:** Children can feel worried about new routines, teachers, classmates, or homework. Common symptoms of anxiety can include changes in eating; behavioral changes such as withdrawal or avoidance; disrupted sleep patterns; and somatic complaints such as stomachaches, headaches and fatigue. Younger children or those starting in a new school may also experience separation anxiety (homesickness).
- **Mood swings:** Children may exhibit rapid changes in their feelings, from excitement to frustration to sadness, as they experience many changes and new challenges. Even through adolescence, a child's emotional regulation is under development, and they rely on their caregivers to model healthy management of thoughts and feelings.
- **Irritability:** Children can feel easily frustrated or irritated as the school year brings homework, early wake-up times, and days with less freedom than during the summer. Irritability can also be a sign of depression, so it is important to assess a child for feelings of sadness and any changes in appetite, sleep or behavior that may indicate more assessment is needed.
- **Sleep disturbances:** The start of the school year brings with it major changes to sleep routine. It is important to assess the quality of the child's sleep as tiredness can exacerbate mental health symptoms as well as contribute to executive functioning difficulties, e.g. difficulty concentrating, and stress.

Parents can also have a range of feelings about the start of a new school year. In addition to feeling excited and proud about seeing their child grow, parents may also feel sad about the passing of time. Stress and anxiety are common feelings that parents experience during this time, and likewise require assessment and support. Parents may worry about how ready their child is for school, how well they will do, and if they will make friends. Parents are also





responsible for preparing their children for school on a daily basis. This can feel overwhelming, particularly for parents who work or have other caregiving responsibilities. For providers, assessing a family's need for social supports can go a long way to supporting the parent's wellness. For parents, they can help their families during periods of adjustment by staying supportive, communicating openly about feelings, and keeping consistent routines.

Adjustment to change is normal for children and parents, and for most, the feelings will improve with time. However, it is important for providers to assess if any of the feelings or behavioral changes noticed are causing distress, are persistent or intrusive, or are impairing the child or parent's functioning. If so, providers can help by referring family for further assessment and support.

## Primary Care Provider Peak Performance Incentive Program

MedStar Family Choice District of Columbia is pleased to announce the launch of the Primary Care Provider Peak Performance Incentive Program. This program for Primary Care Providers (PCPs) was designed to incentivize and reward high-quality and high-value care provided to our Enrollees. PCPs have an opportunity to earn annual performance-based bonus payments of up to six percent of their total outpatient revenue without any payment withholds, penalties, or downside risk. The PCP Peak Performance Incentive Program includes separate incentives for nine individual measures to improve Enrollee health outcomes and improve cost efficiency.

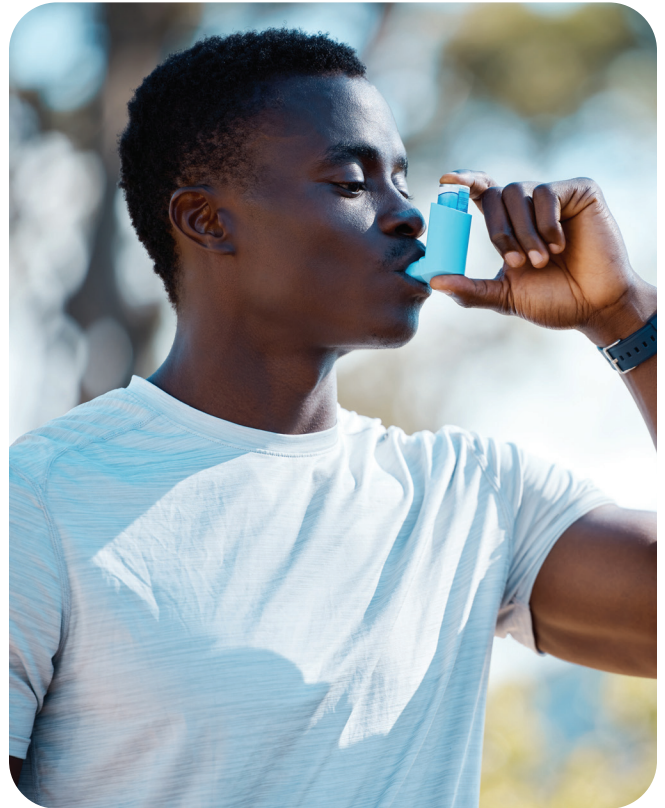
Click the link here for a full description of the [Primary Care Provider Peak Performance Incentive Program](#).



# Rescue Inhaler Medication Quantity Limits

Does your patient need a rescue inhaler medication refill? Please keep in mind that Albuterol and Levalbuterol MDI inhalers have quantity limits in place. Here are some tips for refilling these medications:

- **What are the quantity limits?** MedStar Family Choice DC Enrollees are limited to six (6) rescue inhalers every 365 days.
- **Why are these quantity limits in place?** These quantity limits help to identify patients with a high volume of rescue inhaler dispensing, which may indicate poor symptom control or non-adherence with maintenance medication. Recent data shows unfavorable outcomes for SABAs (Short-Acting Beta Agonists) used alone for as-needed treatment of symptoms of mild asthma.
- **What alternative medicines can I prescribe?** Airsupra and generic versions of Symbicort (budesonide-formoterol; Brey-na) are also on the formulary and are additional rescue inhaler medication options for patients with asthma. Current Clinical Practice Guidelines can also be easily accessed under the provider section of the MedStar Family Choice DC website.
- **What if my patient needs to be dispensed more than one inhaler?** Dispenses are not limited to single inhalers as long as the patient is within the overall quantity limit of 6 rescue inhalers within the last year.
- **What if my patient needs additional supply?** If there are specific Enrollees for whom this quantity limit is not appropriate, please call **855-798-4244**, select option 2 and request a Medical Exception.



If you have any questions, please contact Eileen R. Langstraat, PharmD, Health Plan Pharmacist, at [eileen.r.langstraat@medstar.net](mailto:eileen.r.langstraat@medstar.net).

# HEDIS® Highlights

## Spotlight: Lung Cancer

Lung Cancer is most often associated with smoking, but non-smokers can also be at risk. What causes lung cancer in non-smokers? What can you do with your patients to prevent or detect lung cancer?

### Lung Cancer Risk Factors for Nonsmokers

- Secondhand cigarette smoke
- Cooking oil fumes (that contain harmful gasses that include carcinogens)
- Asbestos exposure
- Residential radon gas fumes
- Particulate matter air pollution (more significant in countries without air quality regulations)
- Diesel exhaust

Additionally, obesity and chronic lung disease such as Asthma and COPD and Tuberculosis may increase your patient's risk.

### Lung Cancer Screening is recommended for people who meet the following criteria:

- Current or former smoker who has quit in the last 15 years
- Between the ages of 50 and 80 years old
- Have at least a 20 pack-per-year smoking history (2 packs per day for 10 years or 1 pack per day for 20 years)

Currently, there are no guidelines for lung cancer screening for patients who have never smoked. You should weigh the risks and benefits of screenings with your patients and discuss their personal risk factors and how to reduce their risk(s) by making healthy lifestyle choices and reducing their exposure to cancer causing agents.

If you have any questions, please email Dianna Lee-Sam, Director of Quality and Outreach at: [dianna.lee-sam@medstar.net](mailto:dianna.lee-sam@medstar.net) or Meghan Myer, Manager of Quality at [meghan.e.myer@medstar.net](mailto:meghan.e.myer@medstar.net).

\*HEDIS® is a registered trademark of the National Committee for Quality Assurance





# Compliance Corner

## Spotlight: Healthcare fraud and abuse definitions and regulations

It is important to understand Healthcare fraud and abuse definitions and regulations. A multitude of definitions and regulations relate to improper billing offenses committed by providers. Providers should be aware of the difference between fraud and abuse as well as the details of the False Claims Act, Anti-Kickback Statute, and the **Physician Self-Referral Law**.

According to CMS, **healthcare fraud** involves the following:

- Knowingly submitting, or causing to be submitted, false claims or submitting misrepresentations to acquire claims reimbursement from payers for which no entitlement exists
- Intentionally soliciting, receiving, offering, and/or paying remuneration to encourage or reward referrals for items or services reimbursed by payers
- Providing prohibited referrals for specific designated health services

Examples of common healthcare fraud activities include billing for no-show appointments, submitting claims for services at a higher complexity and claims reimbursement level than provided or documented, billing for services not furnished, and paying for referrals. Healthcare abuse involves practices that directly or indirectly generate unnecessary costs, CMS explains. Abuse includes any practices that prevent patients from receiving services that are medically necessary, meet professionally recognized standards, and are priced fairly.

The federal agency emphasizes that healthcare abuse can also result in criminal and civil liability.

### **Policymakers established the following three key laws to regulate both healthcare fraud and abuse cases in addition to creating a criminal healthcare fraud statute:**

- **Federal False Claims Act:** imposes civil liability on any individual who knowingly submits, or causes the submission of, false or fraudulent claims to the federal government, law officials do not need proof of specific intent to defraud to charge individuals
- **Anti-Kickback Statute:** targets individuals who knowingly and willfully pay, solicit, offer, or receive remuneration directly or indirectly to induce or reward referrals of services and items reimbursed by federal healthcare programs
- **Physician Self-Referral Law:** prohibits providers from making referrals for certain healthcare services reimbursable by federal healthcare programs to an entity in which the provider (or immediate family member) has an ownership or investment interest or with which he has a compensation agreement, otherwise known as the Stark Law

Providers who violate the healthcare fraud laws could face exclusion from federal healthcare programs and civil monetary penalties, CMS reported.

# Our Community at Work

## Spotlight: Community of Hope

"The moment I came to Community of Hope, it felt familiar," recalls Lisa, a proud lifelong resident of Ward 5 and patient of Community of Hope. "I met the doctors and nurses, and they were so friendly and really kind." Feedback like Lisa's refuels Community of Hope's commitment to make Washington, DC more equitable, through improving health and ending family homelessness. While stories of hope inspire their work, the substantial impact is demonstrated through strategic and innovative approaches to address our community's unique needs and to assess the outcomes.

Community of Hope focuses on increasing access to primary medical care, dental care, and emotional wellness. Most of their 15,785 patients are from Wards 1, 4, 5, 7, and 8. Regular growth in patient and visit volumes are evidence of their access successes. Through a strong emphasis on addressing emerging needs and offering culturally appropriate care, they also see significant impacts in their patients' outcomes. Chief Medical Officer Alsan Bellard says, "By providing comprehensive care and innovative programs, we are making strides in improving health outcomes and quality of life for our community. Our mission is not just to treat patients, but to transform lives by addressing the root causes of health disparities." This approach helped them achieve multiple recognitions from the Health Resource Services Administration last year. Notable improvements in controlled hypertension and cervical cancer screening are the result of integrating care coordination and community health workers into their care teams.

Community of Hope is particularly proud of their maternal and infant care model, which supports new families comprehensively through tailored prenatal, midwifery, postpartum, and pediatric care. Their Family Health and Birth Center is a premier homelike space for labor and delivery with a midwife—the only freestanding birth center in the District and the only place to give birth East of the River. Partnering with





MedStar Health, they provide the only high-risk obstetrics specialist in Ward 8, addressing inequities in maternal and child health and enhancing care for complicated pregnancies. The impacts are seen in lower preterm labor and low birth weights.

Community of Hope also brings their healthcare knowledge and family housing experience together in an innovative program called Housing Our Newborns, Empowering You (HONEY). HONEY addresses the intersection of homelessness and healthcare by providing pregnant individuals with care coordination to ensure they are engaging in healthcare while seeking stable housing. HONEY has already assisted almost 60 pregnant people. "Community of Hope has long envisioned a world where every baby and every mom have a healthy start together, and there are no disparities in health outcomes for Black birthing people and babies," says Kelly Sweeney McShane, President, and CEO. "We are excited to use our core skills in both prenatal care and homelessness to develop an innovative, collaborative model which could be replicated in other areas."



Community of Hope continues to be a vital resource in Washington, DC, embodying a comprehensive approach to healthcare and homelessness that serves as a model for other organizations. Through their dedicated efforts, they drive systemic change and improve the lives of thousands, reinforcing their role as a cornerstone of community health and support. With hope, one can accomplish anything. To learn more about Community of Hope visit their website at [CommunityOfHopeDC.org](https://CommunityOfHopeDC.org).

# Formulary Updates

The MedStar Family Choice District of Columbia Pharmacy and Therapeutics Committee meets quarterly. During the May 2024 meeting, the formulary changes below were made for DC Healthy Families and DC Healthcare Alliance. **Bolded** names indicate a brand medication; other listed medications are generic. Please email feedback or requests for formulary additions or changes to: [mfc-formularyfeedback@medstar.net](mailto:mfc-formularyfeedback@medstar.net).

## CHANGES BELOW BECOME EFFECTIVE ON OR AROUND JULY 1, 2024

### Additions:

*azelaic acid - Step Therapy required*  
**Breo** (fluticasone/vilanterol) inhaler  
**Brukinsa** capsules (zanubrutinib)  
*calcipotriene/calcitrene ointment 0.005%*  
**Calquence** tablets (acalabrutinib)  
*diclofenac potassium 50 mg tablets*  
**Lagevrio** capsules (molnupiravir)  
*nitroglycerin 0.4% rectal ointment*  
**Pomalyst** capsules (pomalidomide)  
*bismuth subcitrate, metronidazole, and tetracycline capsule pack*  
**Xolair** 150 mg, 300 mg pre-filled syringes (omalizumab)  
**Xulane/Zafemy** patch (norelgestromin/ethinyl estradiol)  
**Zenpep** 6000 units (pancrelipase)

### Additions with Prior Authorization:\*

**Envarsus XR** tablets (tacrolimus)  
**Ogsiveo** tablets (nirogacestat)  
**Rezdiffra** tablet (resmetirom)

### Removals:

**Exkivity**  
*fenoglide 40 mg; fenofibrate caps 50 mg, 150 mg; micro caps 130 mg*  
*generic prevpac*  
**Invokana** tablets (canagliflozin)  
**Mavyret** tablets (glecaprevir and pibrentasvir)  
**Natazia** tablets (estradiol and dienogest)  
**Nutropin AQ** injection (recombinant human growth hormone)  
**Relyvrio** packet (sodium phenylbutyrate and taurursodiol)  
**Revlimid** capsules (lenalidomide)

**Vabysmo** intravitreal injection (faricimab)  
**Verkazia** ophthalmic emulsion (cyclosporine)  
**Zomig** nasal spray 2.5 mg, 5 mg (zolmitriptan)

### Managed Drug Limits:

*adalimumab biosimilar starter kits limited to 1x fill*  
*GLP-1 medications\* - reduced QL to 1x starter dispense for **Rybelsus** 3 mg, **Mounjaro** 2.5 mg, **Trulicity** 0.75 mg; 2x fills for **Ozempic** 0.25/0.5 mg*  
**Lagevrio** capsules - 40 capsules per 81 days  
*sofosbuvir/velpatasvir 400/100 mg tablets - 84 tabs/year*

### Utilization Management Change:

*GLP-1 medications Smart PA\* - updated to screen for and prevent overlapping dispenses of multiple strengths or meds*  
*Step Therapy required - azelaic acid gel, mirabegron*  
*Ivermectin lotion - ST/PA removed, AL >6 months added*  
*Prenatal vitamins - covered for females ages 14-49 years, RX and OTC*

Note: GLP-1 limits are in place to mitigate clinical inertia exceptions to Ozempic and Trulicity limits may be granted when A1c is < 8, otherwise therapy escalation is expected.

\*Please see the Prior Authorization and Step Therapy Table for clinical criteria. The table is updated regularly. Please use the most current version found on the MedStar Family Choice DC Provider website at [MedstarFamilyChoiceDC.com/Providers/Pharmacy](https://www.MedstarFamilyChoiceDC.com/Providers/Pharmacy).

# Shared Decision-Making Tools

MedStar Family Choice District of Columbia wants you to know that you can access shared decision-making tools on our website. Shared decision-making tools are used to encourage conversation between our Enrollees and you, their provider, to facilitate optimal treatment choices.

The Mayo Clinic offers online, interactive shared decision-making tools with graphics and comparative choices. These tools cover a wide variety of options such as Anticoagulation Choice, Chest pain Choice, Diabetes Medication Choice, and many others.

You can access these tools directly at the [CareThatFits.org/Tools/](https://www.CareThatFits.org/Tools/) website, or through the MedStar Family Choice DC website at [MedStarFamilyChoiceDC.com/Providers/Provider-Resources](https://www.MedStarFamilyChoiceDC.com/Providers/Provider-Resources).



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## Clinical Practice Guidelines are available on our website

Clinical Practice Guidelines are evidence-based statements developed to serve as a framework to support clinical decisions, best practices, and optimize patient care. A list of guidelines can be found on our website at [MedStarFamilyChoiceDC.com/Providers/Provider-Resources/Provider-Support/Clinical-Practice-Guidelines](https://www.MedStarFamilyChoiceDC.com/Providers/Provider-Resources/Provider-Support/Clinical-Practice-Guidelines). These guidelines include general screening recommendations, behavioral health, cardiovascular, endocrine, gastrointestinal, genitourinary, musculoskeletal, nervous, reproductive, and respiratory system topics. If you would like a hard copy of the guidelines, please contact Provider Relations at [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net) or **800-261-3371** (select option 1 or remain on the line).



# Translation and Interpreter Services are available

MedStar Family Choice DC is happy to assist you and our Enrollees with interpretation and translation services if your office does not have access. Please call the MedStar Family Choice DC Outreach department at **855-798-4244** (select option 1 for Enrollee, then option 2 for a Community Outreach representative) and an Outreach representative will assist the Enrollee with setting up interpretation (telephonic, in-person, or video) or translation (document or letter) service. All requests received after 5:30 will be handled the next business day. Please provide the Outreach representative with the following information:

- Type of request (In-person Interpretation, Video Interpretation, Telephonic Interpretation, document translation)
- Language Requested
- Enrollee's Name
- Enrollee's Birthdate
- Enrollee's MedStar Family Choice DC ID #
- Date of Event
- Doctor's office or location if applicable

All telephonic interpretation services are provided to MedStar Family Choice DC by LanguageLine Solutions. Once it has been verified that the Enrollee is an active Enrollee with MedStar Family Choice DC, LanguageLine Solutions can be accessed directly at **866-874-3972**, Access code 211943 by doing a 3-way call with the Enrollee.

## It's New on the Website!

The PCP Peak Performance Incentive Program is on our website at [MedStarFamilyChoiceDC.com/Providers/Provider-Resources](https://www.MedStarFamilyChoiceDC.com/Providers/Provider-Resources).



# MedStar Family Choice

DISTRICT OF COLUMBIA



3 YEARS

If you have questions regarding information in this newsletter, please call us, Monday through Friday, 8 a.m. to 5:30 p.m., at **800-261-3371** (select option 1 or remain on the line).

You can also email us at **[mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net)**. This Provider Newsletter is a publication of MedStar Family Choice District of Columbia. Submit new topics for subsequent publication consideration to **[mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net)**.

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**It's how we treat people.**