MedStar Family Choice

DISTRICT OF COLUMBIA

Provider Newsletter

4th Quarter 2024

In This Issue

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

A Message from Dr. Erica McClaskey

Dr. Erica McClaskey

Dear Provider,

With the Fall season in full swing, we recognize that changes in the weather and the preparation for the holiday season can bring on excitement as many anticipate new fall and winter activities. Fall also brings with it the start of flu season which officially runs from the 1st week in October through the 3rd week in May. The World Health Organization predicts that as many as 650,000 respiratory deaths can be attributable to the influenza per year.

Therefore, we encourage you to emphasize the importance of getting the flu vaccine with all of your patients. In conjunction with that message, the COVID-19 vaccine is also recommended. The Center for Disease Control and Prevention (CDC) states that receiving the influenza and COVID-19 vaccines in the same visit is safe.

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**.

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: Shorter Days, Lower Moods

Major Depressive Disorder with Seasonal Pattern, formerly known as Seasonal Affective Disorder (SAD), is characterized by recurrent episodes of depression that coincide with specific seasons, most commonly winter. The condition is believed to be linked to changes in light exposure, affecting mood-regulating neurotransmitters in the brain. SAD is most common in northern areas where daylight hours are shorter during winter months. Women are disproportionately affected, with a ratio of about 4:1 compared to men, as are those with preexisting mental health diagnoses such as depression or bipolar disorder. Onset typically occurs in young adulthood, but it can arise at any age.

There are several factors suspected to contribute to the onset of SAD including: circadian rhythm disruption due to reduced daylight, which can impact sleep-wake cycles and hormone release; increased melatonin production due to longer nights, leading to greater feelings of sleepiness and mood changes; serotonin dysregulation, as reduced exposure to sunlight may lower serotonin available and contribute to depressive symptoms. Additionally, limited sunlight exposure can lead to decreased levels of vitamin D, which is also implicated in mood regulation.

Patients with SAD typically present with symptoms similar to major depressive disorder, including:

- Persistent sad or low mood
- Hopelessness
- Irritability
- Decreased motivation for or pleasure from activities
- Changes in sleep or appetite
- Isolation or withdrawal from others
- Difficulties with concentration or memory
- Thoughts of death or suicide

Symptoms generally begin in late fall or early winter and resolve in spring or early summer. Though rare, some individuals may experience a reverse pattern characterized by depressive episodes in the summer months. Diagnosis is based on a detailed patient history and the DSM-5-TR criteria for major depressive disorder. The seasonal pattern of symptoms is crucial for differentiating SAD from other mood disorders. Utilizing standardized tools, such as the Seasonal Pattern Assessment Questionnaire (SPAQ), can aid in diagnosis.

Treatment of SAD includes light therapy, a first line treatment which has been shown to effectively alleviate symptoms; psychotherapy, specifically cognitive-behavioral therapy (CBT), which can address the distorted cognitions and maladaptive behaviors contributing to the patient's distress; antidepressants, such as SSRIs; and lifestyle modifications that encourage patients to engage in physical activities, maintain routine sleep schedules, and ensure time outdoors during sunlight hours. It is important to assess for SAD particularly in clients living in regions with limited sunlight during winter months. Early recognition and intervention can improve outcomes and enhance quality of life for those affected.

It's New on the Website!

Spotlight: October 2024 Provider Manual

The MedStar Family Choice DC Provider Manual provides information on the DC Healthy Families and DC Healthcare Alliance programs, the requirements of a District of Columbia Managed Care Plan, and the requirements of providers participating in MedStar Family Choice DC. Please take the time to review the content in this updated issue as this is an extension of your existing contract. The Provider Manual can be found on our website at **MedStarFamilyChoiceDC.com/Providers/Provider-Resources/Provider-Manual**.

Our Community at Work

Spotlight: Mary's Center, a Beacon of Hope and Wellbeing

Mary's Center, a Federally Qualified Health Center serving the DC metropolitan area, celebrated 36 years of service in October! The center first opened its doors in a basement in Adams Morgan, DC to provide prenatal care to pregnant immigrants fleeing war and poverty from Central America. Since then, it has evolved to become a lively, vibrant, and warm community organization with five full-service clinics in DC Wards 1, 4, and 5, and in Montgomery County and Prince George's County, Maryland. Additionally, Mary's Center operates two senior wellness centers and 24 school-based mental health centers in the District of Columbia.

Currently, Mary's Center is one of the largest DC healthcare providers serving over 65,000 participants from more than 30 countries annually. Through its innovative model of care that integrates healthcare, education, and social services, Mary's Center has made a notable impact on thousands of families, like Elizabeth's. Elizabeth came to Mary's Center for medical care during her first pregnancy, over fifteen years ago, and was surprised to learn she was pregnant with twins. However, nothing could have prepared her for the discovery that one of the twins, Jason, had Down Syndrome.

When the twins were born, Mary's Center helped Elizabeth access services and support to assess and address her son's medical condition. Over the years, the team helped find and enroll him in a special school and provided all types of additional resources for the entire family. While Jason was receiving special needs services, his brother Gerson got involved in Mary's Center's After-School Program where he joined other adolescents in their journey to learn about career paths and college application. After graduating from the program, Gerson still enjoys volunteering at Mary's Center any chance he gets.

"I cannot thank Mary's Center enough," says Elizabeth. "The Center's caring staff helped me, and my children maintain good physical health and access the services we needed to thrive. Mary's Center has allowed me to be the mother I want to be for my children."

Today, Elizabeth's sons are thriving, and this is due to more than just a medical intervention. These boys have had Mary's Center as a touchpoint and support system throughout their entire lives and by engaging in different services, they have grown up to be well-rounded young men. Like their mother, we are so proud to be a part of their journey of growth and progression.

Mary's Center

Formulary Updates

The MedStar Family Choice District of Columbia Pharmacy and Therapeutics Committee meets quarterly. During the August 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**.

CHANGES BELOW BECAME EFFECTIVE ON OR AROUND OCTOBER 1, 2024

Additions:
clobetasol propionate ophthalmic suspension
Libervant *(diazepam) buccal film – with QL and AL*
Nucala *(mepolizumab) auto-injector/pens*
tramadol extended-release products
tazarotene cream 0.1% (30-gram pack size)
tazarotene gel 0.05% (30-gram pack size)
Zoryve *(roflumilast) topical cream, foam*

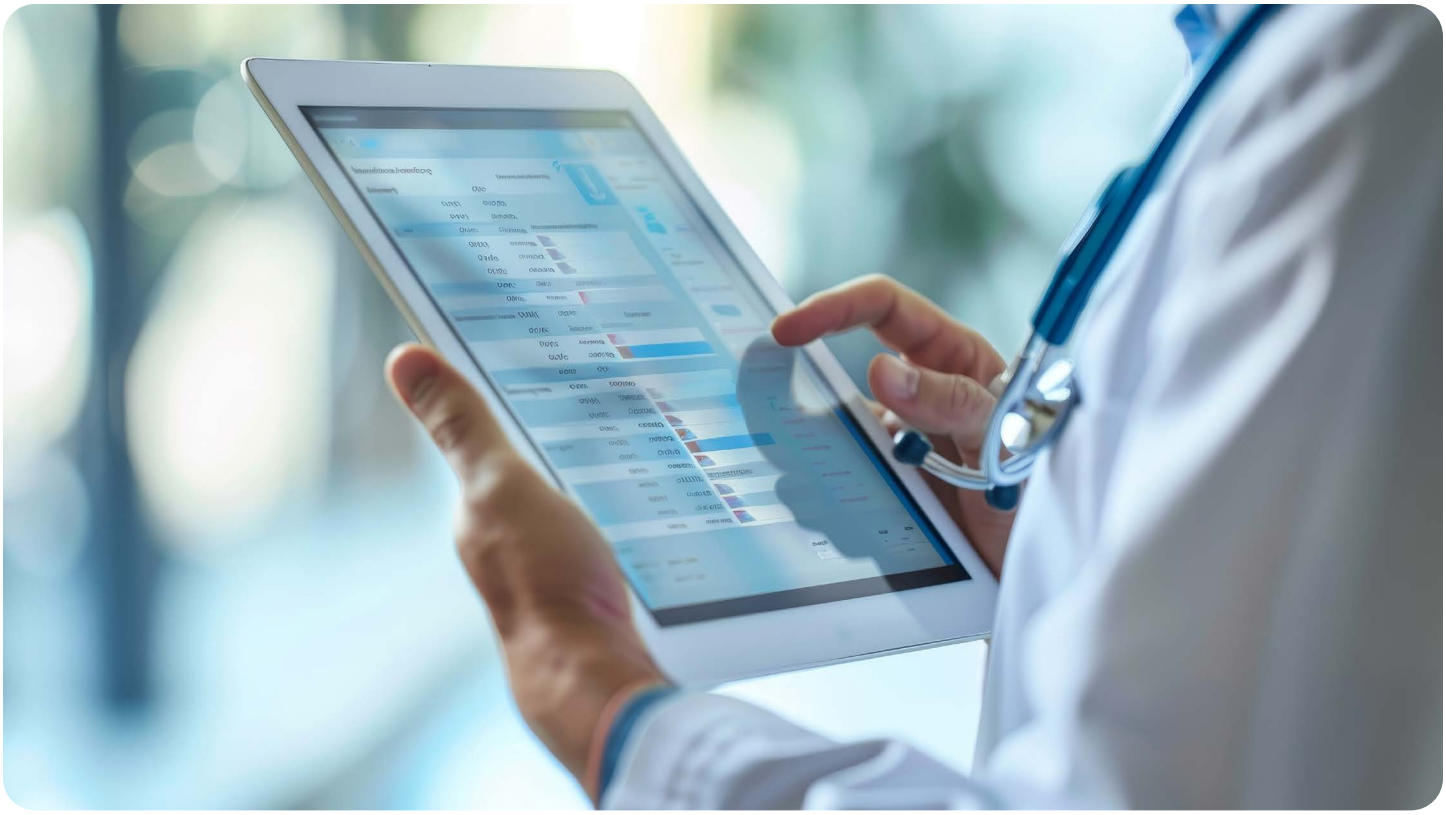
Additions with Prior Authorization:*
Sunosi *(solriamfetol) tablets*

Removals:
Abilify Maintenna *(aripiprazole) 300 mg long-acting injection*
Betaseron *(interferon beta-1b) 0.3 mg injection*
Micromatrix; Regranex *(collagen topical; prescription and OTC products)*
promethazine with codeine syrup
Noritate *(metronidazole) cream*
Xyrem *(sodium oxybate) oral solution*
Xywav *(mixed salt oxybate) oral solution*

Managed Drug Limits:
butalbital-containing analgesics – QL updated to #18 every 30 days
colchicine 0.6 mg tablets – QL added; 60 tablets every 30 days
Eucrisa *(crisabole) – QL added; 60 grams every 30 days*
Libervant *(diazepam) – QL added; 10 doses every 30 days*
nitroglycerin rectal ointment – QL updated to 30 grams for up to 60 days supply
Paxlovid *(nirmatrelvir/ritonavir) – QL updated to align with pack size*

Utilization Management Change:
Libervant *(diazepam) buccal film – added AL of 2-5 years*
Qelbree *(viloxazine) capsules – change from PA to ST requiring previous trial of atomoxetine*

*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.**



HEDIS® Highlights

Spotlight: HEDIS MY24/CY25 Changes

NCQA continues to advance the electronic clinical data systems (ECDS) reporting standard, with the goal of transitioning to a fully digital measurement by 2030 and advancing health equity through race and ethnicity measure stratification. To that end, here, are the new HEDIS measures, retirements, and other changes, along with MedStar Family Choice DC recommendations:

Measure retirements for MY 2025

The Antidepressant Medication Management (AMM) measure has been fully retired, reflecting NCQA's shift towards other aspects of mental health. Administrative and hybrid reporting for measures Cervical Cancer Screening (CCS), Childhood Immunization Status (CIS), and Immunizations for Adolescents (IMA) will now only be reportable via ECDS. Changes also include the retirement of the Pain Assessment numerator in the Care for Older Adults (COA) measure, leaving only Medication Review and Functional Status Assessment.

In addition, NCQA has removed all ICD-9 codes from measure value sets, especially those with longer look-back periods. The Eye Exam for Patients with Diabetes (EED) measure has transitioned to an administrative-only measure, eliminating its hybrid reporting component. These updates mark a significant reduction in hybrid reporting, with only eight hybrid measures remaining for 2025.

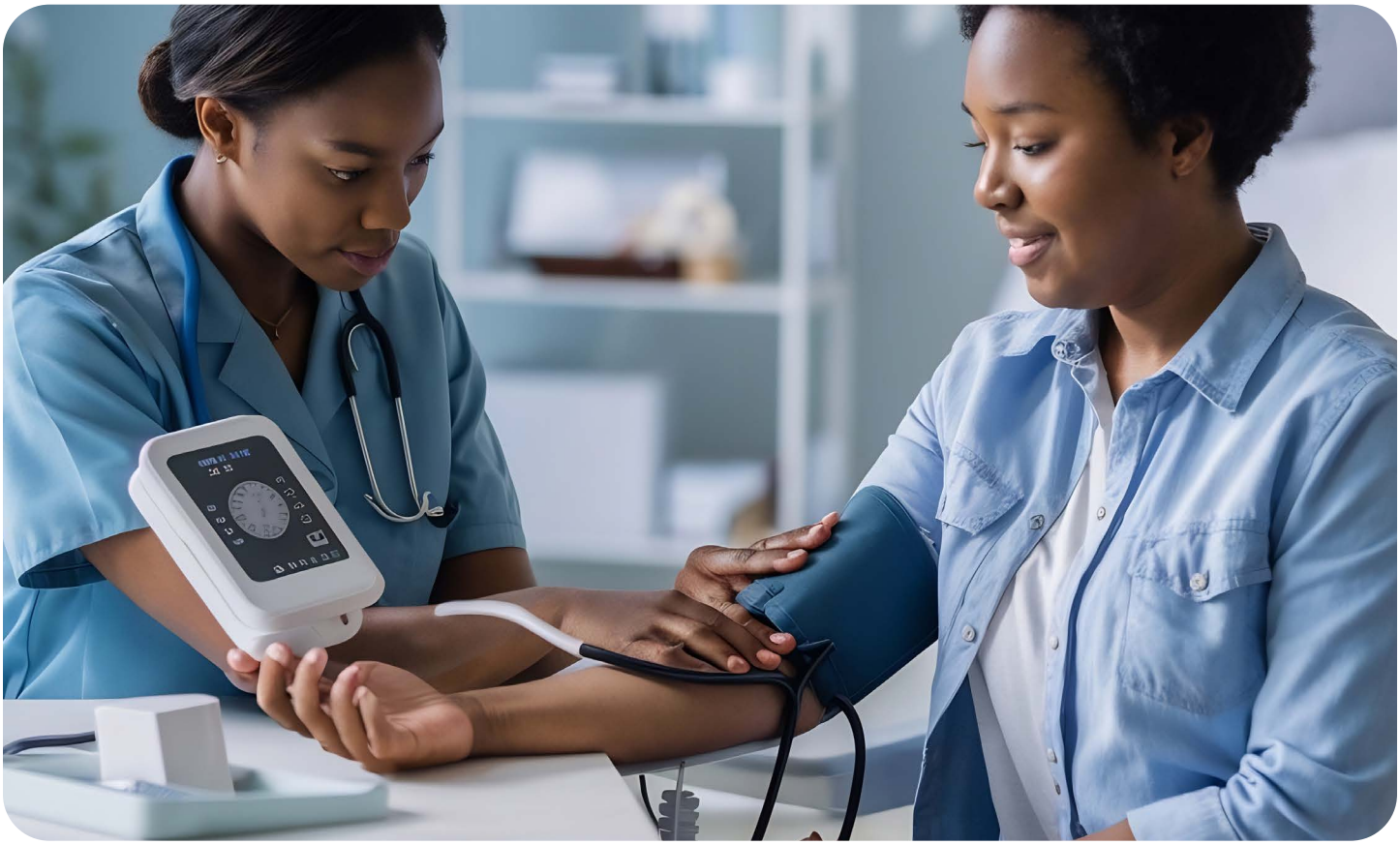
New measures for MY 2025

Blood pressure control

Three new measures have been introduced for Measurement Year 2025. The first is Blood Pressure Control for Patients with Hypertension (BPC-E). This measure aims to eventually replace the hybrid measure Controlling High Blood Pressure (CBP) with an ECDS version. BPC-E reports on the percentage of members aged 18–85 with hypertension whose most recent blood pressure was less than 140/90 during the measurement period. The BPC-E measure has expanded diagnosis criteria compared to CBP, adding members with one outpatient or telehealth hypertension diagnosis and a dispensed antihypertensive medication in the prior year or the first six months of the measurement year.

Another notable difference from CBP is the change to the logic for selecting a representative blood pressure if more than one is available on the latest date of service. Instead of CBP's logic to use the lowest systolic and lowest diastolic readings from that day, BPC-E requires that the latest blood pressure reading taken on that day be used.

This small shift in words represents a significant change in HEDIS, as it becomes the first measure now to mandate a time component in the logic. To help gain clarity, we have been in communication with NCQA over this change to the specification. In keeping with this shift, NCQA has indicated that the measure should prioritize EMR records that contain a time component over other data sources that don't have a time associated on the latest date of service.

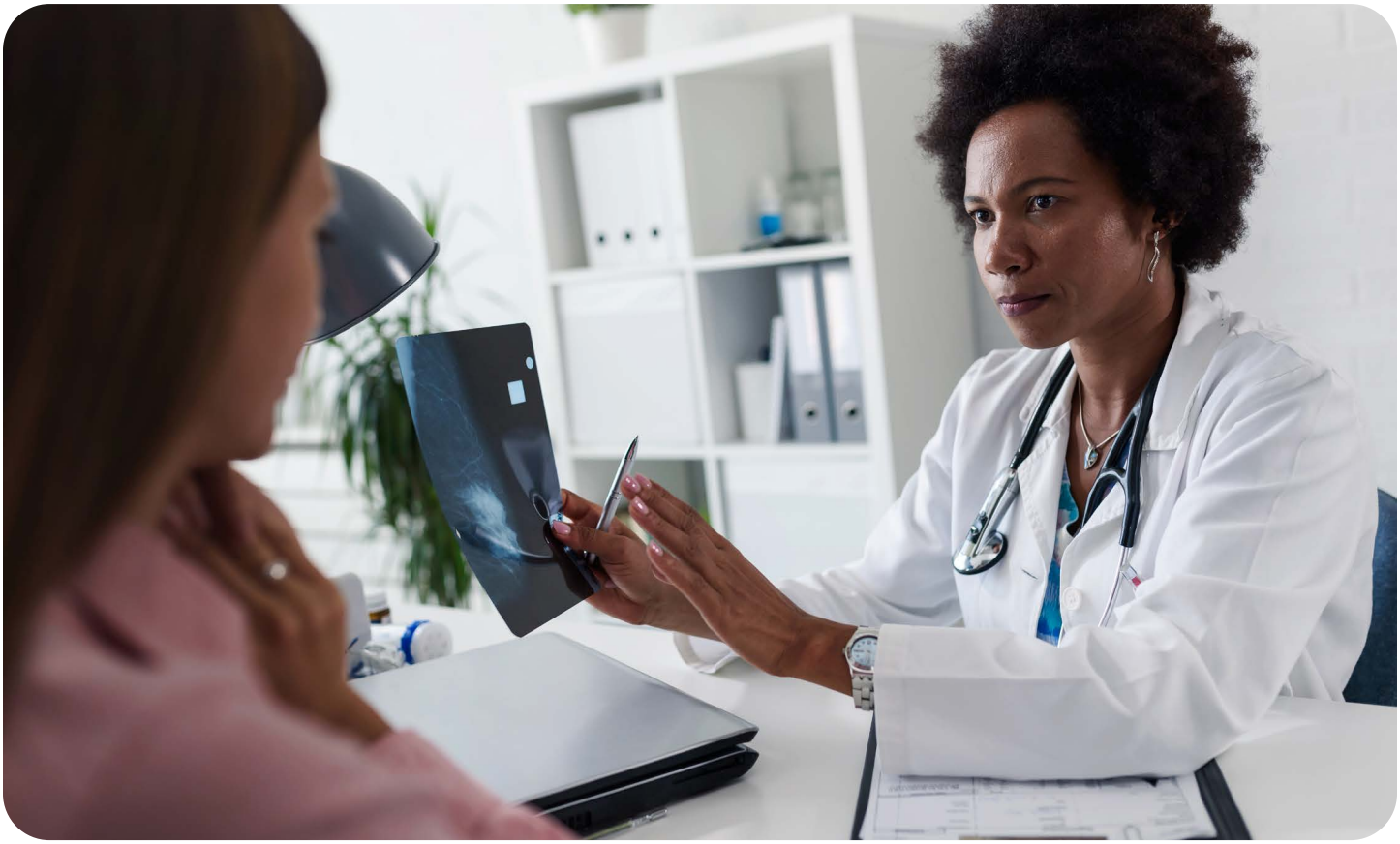


Mammograms

Two new mammography-focused measures have been added to expand upon the current Breast Cancer Screening (BCS) measure. The first, Documented Assessment After Mammogram (DBM-E), evaluates the percentage of mammogram episodes documented with a BI-RADS assessment within 14 days for members aged 40 to 74. Notably, this measure includes events for members aged 40–49, whereas BCS has not finalized the proposed change to add 40–49-year-old members.

The second measure, Follow-Up After Abnormal Mammogram Assessment (FMA-E), assesses the percentage of episodes with inconclusive or high-risk BI-RADS assessments that receive appropriate follow-up within 90 days for members aged 40–74. Their introduction marks a significant focus on improving screening and follow-up care for breast cancer.

Both measures are event-based and do not have any requirements pertaining to deduplication of nearby events. As such, a member could have multiple mammograms counted in the eligible population on the same date of service. We recommend taking a close look at the way that MedStar Family Choice sends mammogram data for the BCS-E measure today to evaluate if there is consistency between sources for the information (such as the provider or the date that the mammogram occurred). This will help prevent inflation of the DBM-E eligible population due to source inconsistencies.



Changes to existing HEDIS measures for MY 2025

Several existing HEDIS measures have undergone changes for 2025, including but not limited to:

Race and Ethnicity Stratification (RES): Direct and indirect source stratifications have been removed for measures in the RES program, reducing reportable RES data elements by 58%. This change aims to provide insights into racial or ethnic disparities in care while simplifying reporting. In addition, NCQA also made updates to the source categories for MY 2025 for reporting the Race/Ethnicity Diversity of Membership (RDM) measure. Specifically, NCQA has repurposed the "Unknown" source category for a new use case for MY 2025, so sources previously mapped to "Unknown" will now need to be mapped to "No Data" for MY 2025.

Gender inclusivity: The Chlamydia Screening (CHL) measure has been updated as NCQA seeks to foster more inclusive care for transgender patients. NCQA will use the same eligibility criteria as for the breast cancer and cervical cancer screening measures. NCQA has also removed the gender stratifications from Risk measures for MY 2025, though the risk weight models will still have gender incorporated.

Adult Immunization Status (AIS-E): This measure had changes across all its numerators, including age stratification updates, updates to eligible zoster vaccines, and a new numerator for hepatitis B vaccination compliance.

Mental health: NCQA finalized many of its previously proposed changes to Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Hospitalization for Mental Illness (FUH), including allowing intentional self-harm diagnoses to be in any position rather than just the principal position. Several new diagnoses are also now included in the eligibility criteria, including phobia, anxiety, and additional intentional self-harm diagnoses. In addition, members in residential treatment facilities will no longer be excluded from the measures and will now count as compliant. Several additional new numerator options were added to both measures, and many existing numerator options were simplified to be more inclusive of mental health diagnoses in any position on the claim.

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

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

PCP Referral to In-Network Specialist No Longer Required

MedStar Family Choice DC is pleased to announce an important update regarding written referrals. Effective October 1, 2024, a primary care provider (PCP) written referral to in-network specialists will no longer be required for Enrollees. This change is designed to improve access to care and streamline the Enrollee and provider experience. To learn more see our Provider Alert at **MedStarFamilyChoiceDC.com/-/media/project/mho/mfcdc/provider-alerts/pcp-referral-to-in-network-specialists-no-longer-required-10172024.pdf**.

Compliance Corner

Spotlight: US Department of Justice Fraud Enforcement Task Force 2024 report

The COVID-19 Fraud Enforcement Task Force presents in this 2024 report a compilation of its member agencies' accomplishments to date to combat pandemic fraud. Since the pandemic's peak, many of these programs were targeted by fraudsters and other criminals who sought to exploit the government's relief efforts for their personal gain. Visit **Justice.gov/USDOJ-Media/Coronavirus/Media/1347161/dl?inline** to view the report.

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DISTRICT OF COLUMBIA

AUDITED NCQA HEDIS® COMPLIANCE AUDIT MY2023 MEDICAID

ACCREDITED NCQA HEALTH PLAN ACCREDITED

ACCREDITED NCQA CASE MANAGEMENT 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.** 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.**

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