

Helping Enrollees Care for Their Health



How can AmeriHealth Caritas DC programs help people lead healthier lives?



MEAL DELIVERY WITH NUTRITION COUNSELING

Delivering medically tailored meals to those who are recently discharged from a hospital, are pregnant or postpartum, or need help managing chronic conditions.



CARE MANAGEMENT

Sharing information with enrollees who have special health needs and behavioral and chronic health conditions, check on them regularly, and help them access services.



BRIGHT START MATERNITY PROGRAM

Helping enrollees find an OB/GYN or midwife, schedule transportation, get supplies, and create birth plans.



WELLNESS CIRCLES

Helping enrollees understand the relationship between food and disease management and how to communicate with providers.



CLINIC DAYS

Helping enrollees get exams at a doctor's office or a mobile clinic.

DIRECT CONTACT

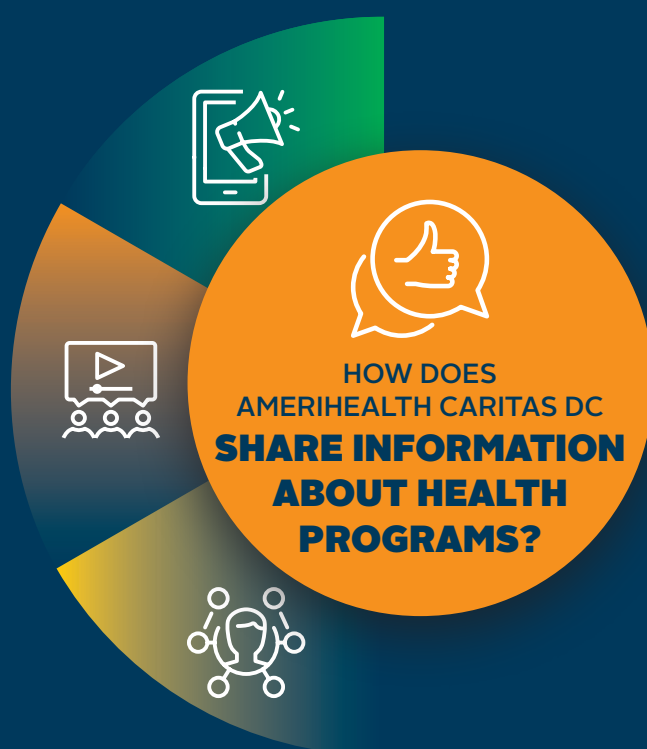
Making phone calls, sending one-way text messages, and mailing letters.

ADVERTISING

Promoting programs through print and digital ads, radio, and social media.

EDUCATION

Working with community partners and providers to educate the public about health issues and our programs.



How does AmeriHealth Caritas DC know who needs these programs?



HEAT MAPS

Determines the supports enrollees might need based on clinical conditions and current care, provider access, and other relevant data.



PROACTIVE INTERVENTION AND CARE MANAGEMENT SUCCESS LIST

Uses health data to stratify risk based on the type of need and urgency.



OUTREACH LISTS

Keeps those who have gaps in care (e.g., well-child visits, diabetes care) on our radar so we can support them.



ENROLLEE RECORDS

Adds specific notes to records so that our teams can see and plan to support.



ENROLLEE CONTACT

When enrollees call for specific purposes (e.g., for an ID card or transportation request), we add notes to their file about connecting them with programs or care management that would be beneficial for them.



HOSPITAL VISITS

We visit enrollees before they are discharged from the hospital to ensure they understand discharge instructions, set up transportation home, and arrange for pharmacy and meal delivery to support their recovery. These proactive steps are important in identifying additional health related social needs, and preventing unnecessary readmissions.



COMMUNITY EVENTS

We screen enrollees who attend events at our Wellness and Opportunity Center or in the community for social needs and address gaps in care flagged on the enrollee's record.