AmeriHealth Caritas Louisiana Provider Advisory Council (PAC) Meeting Minutes Wednesday, July 27, 2022 11:00 a.m.

Attendees:				
Present from AmeriHealth Caritas Louisiana:	Guest Attendee:			
Kelli Nolan, Director Provider Network Ops, Provider Operations and Administration	Natalie Holt-Simmons, Director of Managed Care, Payor Relations, Ochsner Health			
Clarence Grant, Director Provider Network Management, Provider Network Mgmt.	Les Tompkins, AVP Managed Care, Ochsner Health			
Gwen Matthews, Manager Provider Network Management, Provider Network Mgmt.	Angela Williams, Director of Clinical Services-Affinity Health Group			
Kenya Foster, Contract Account Manager, Administration	Sheneka Dunn, Patient Care Coordinator, CareSouth Medical & Dental			
LaKaley Tillery, Manager Quality Management, Quality Management	Jeff Mitchener, AVP Payor Relations, Ochsner			
Thomas Godfrey, Director Operations & Administration, Administration	Eloisa Lopez, Quality Improvement Coordinator, CareSouth Medical and Dental			
Nancy Thibodeaux, Provider Network Analyst, Provider Operations and Administration	Brenna Wallach, Manager of Payer Relations, FMOLHS			
Lori Payne, Mkt. Health Equity Program Director, Administration	Mica Toups, Director of Payor Relations, SouthStar Urgent Care			
Ahmed Olayanju, Manager Provider Network Management, Provider Network Mgmt.	Jeffrey Wilhite, Optometrist, Optometry Association of Louisiana			
Grover Harrison, Director Community Education, Community Outreach	Kristi Jones, Director of Clinical Quality Management, Affinity Health Group			
Bridgette Robertson, Manager Network Operations-Operations	Kamarin Spann, Supervisor of Clinical Quality Management			
Carrie Blades, Quality Perform Spec Clinical, Quality Management Leslie Morgan, Sr. Payor Relations Specialist, Ochsner Health				
Chris McNeil, Program & Innovation Analyst, Population Health Medical	Karin Cook, PFS Manager, R1 RCM			
Glynda Hurm, Manager Provider Network Management, Provider Network Mgmt.	Jennifer Williams, Data Analyst, Vantage Health Plan			
Renee Nash, Delegation Contract Coordinator, Clinical Vendor Oversight	Lisa Hardy, Credentialing Data Processing Coordinator			
Lesli Boudreaux, Director Compliance & Regulatory Affairs, Compliance				
Penny Foster, Compliance Regulatory Analyst, Compliance				
Kyle Viator, Market President AC Louisiana, Administration				
Jana Blaylock, Supervisor Quality Management, Quality Management				
Missy Guillory, Mgr. Integrated Care Management, Care Coord.	Registered/Name not Listed on Zoom:			
Paula Brooks, Director, Communications and Marketing, ACLA	Yomeka Evans, Administrator, Brighter Future Counseling Services			
Dr. Betty Muller, Medical Director BH, Population Health Medical Services	Suconda Smith, Mgr. Integrated Care Management, Care Coord., ACLA			
	Paul Ross, Owner, Amite Psychiatric Services, LLC			
	Shelley Malsam, Revenue Cycle Director, Jackson Parish Hospital			
	Robin Gaines, Care Coordinator, CareSouth			
	Greg Ivey, VP/COO, The Pediatric Center of SWLA			
	Connie Lovell, Credentialing/Delegated Official, Concordia Parish Hosp Serv Dist. # 1			
	Katie Ourso, Billing Specialist, Pediatric Group of Acadiana			
	J Moses, Administrator, Life Changing Solutions, LLC			

	AGENDA ITEM	DISCUSSION			
I	I. Call to Order	Bridgette Robertson, Manager Network Operation-Operations, reviewed the housekeeping for the meeting		ACTION	
		beginning at 11:00 a.m. (CST) and as the chair of the meeting, welcomed everyone to the third PAC Meeting of	CONCLUSION /	STEPS /	DATE
		2022 (virtually via Zoom).	RESULTS	PERSON	DUE
			NLSOL15	RESPONSIBLE	
I	II. Agenda and	Bridgette Robertson, Manager Network Operations-Operations, presented the agenda and organizations in			
	Attendance	attendance list for the meeting.			

II. Louisiana Medicaid Provider Enrollment Portal	 Clarence Grant, Director Provider Network Management, Provider Network Mgmt. introduced Ahmed Olayanju, Manager Provider Network Management, Provider Network Mgmt. to present the slides with the following information: Informational Bulletin 22-4 for the Louisiana Medicaid Provider Enrollment Portal The Centers for Medicare and Medicaid Services (CMS) are working hard to prevent fraud, waste and abuse in the Medicaid program. These regulations should more effectively prevent fraudulent providers from enrolling, or continuing to participate in Medic or CHIP. The regulations require State Medicaid agencies (SMAs) to gather and verity relevant provider-submitted info. Full details are on www.cms.gov. Launched July 2021 but due to technical issues it was delayed. Designed to meet CMS requirement and must be used by all Medicaid providers. Every provider must enroll in the portal have it completed by September 30, 2022. After December 31, 2022, claims could be denied if enrollment has not been completed. A Provider Portal Enrollment Lookup Tool is now available at lamedicaid.com. for providers to check enrollment status either by NPI, Provider Name, Provider Type, Specialty, Address, City and State, and Zip Code. If on has not been processed within 15 business days, contact Gainwell for a status update on enrollment:		
IV. Changes to How We Administer Vision Services	 No Responses Clarence Grant, Director Provider Network Management, Provider Network Mgmt. presented the slides with the following information: Avesis our vision vendor contract will end effective August 31, 2022 Effective September 1, 2022, ACLA will administer vison benefits to include network of Ophthalmologists, Optometrists and Optician Suppliers. Posted notification of this on ACLA website on July 8, 2022. Adult vision benefits will be a part of covered services and include: Major medical vision services Vision Exam with \$0 Copay \$100 allowance on lenses/hardware ACLA did send out notifications to providers with vision departments as a part of their facility interested in joining the network. All claims for vision service must be billed through ACLA Guestion If Wilhite: Is there someone on the call that would have specific information on vision care roll out September 1st 		
	and will Optometrists be able to bill medical exams? <u>Response</u> Kelli Nolan: Our benefits do not change as this transitions over to ACLA adjudicating the claims. The services remain the same and the optometrist services that are allowed will not change from Avesis services.		

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	Question Jeff Wilhite: In the past ACLA required optometrist to be board certified to be on the plan so wanted to make sure through this transition that those of us that are not board certified were going to be able to bill the physical aspect of the exam and not just routine vision.		
	Response Clarence Grant: I don't think you have to be board certified but I will get back with you and follow up today.		
	Question Jeff Wilhite: How specifically do we file these claims? Are they going to be through NaviNet or is it a different portal that we're going to have to use to file or are we going to use Avesis?		
	Response Kelli Nolan: You can go through your clearing house like you normally do or you can do it through NaviNet if you'd like but it's not a requirement. Register with our clearing house if you choose to do it through clearing house.		
V. Health Equity	Lori Payne, Mkt. Health Equity Program Director, Administration presented the slides with the following		
	 information: Health Equity is the coordination of efforts that ensure full and equal access to resources, and services that help all people lead health lives. 		
	 What we've learned is that different people are in different situations and they require different solutions to achieve total health. 		
	 Our members in rural areas are experiencing difficulties when it comes to controlling chronic conditions and getting access to care such as maternity care. 		
	 There are also language barriers members are facing in rural areas. 		
	Question Lori Payne: Are there any participants who've dialed in who work in rural areas or service our members who live in rural areas specifically?		
	Responses Mica Toups: SouthStar Urgent Care services rural members Angela Williams: Affinity services rural members		
	 Ways ACLA can pick up the baton and help fulfill those needs (barriers) Preventative medicine is something that keeps coming up to keep the higher rates of chronic conditions and higher ER and treatment costs and high rate of uninsured (more so in the private sector). 		
	 We're focusing on ER and chronic conditions We explore Social Determinants of Health (SDOH) and compare them to what ACLA offers to overcome those barriers: 		
	 Housing Assistance program 		
	 Care Coordination program Bright Start program 		
	o Mission GED		
	 The way we are working with our providers with current initiatives: PAC meetings to give advice on how providers can support and to also get feedback from the 		
	 providers to see how we can better support them. Cultural Competency Training 		
	 Provider Materials, Provider Post, and Information Emails 		
	Z Codes are used to document what SDOH means (e.g. housing, food insecurity, transportation, etc.)		

 Currently ACLA is offering reimbursement for providers enrolled in Value Based Contracting. Providers file a claim using the Z codes and ACLA has leared from it that beneficiaries in these rural areas are overrepresented especially with problems related to living in a residential institution claim. Bick and Hispanic beneficiaries accounted for 8.8% and 5.9% of the overall FFS population but represented 24.8% and 9.2%. Let US Know Program Form This is a form that providers can use when a member needs an intervention such as: Y Transportation services Maternity Support Care Management / education Cuestion Cuestion Cuestion Form but has not used it yet. Angela Williams: Aware of this program form? Have you used it or do you currently use it or do you have any feedback for us at all? Resonase What challenges are you sortic population facing in this area? What challenges are you farch in providing equitable care? What challenges are you group explain facing in this area? What challenges are you await to ease the particle and adult populations. Transportation is one issue and we're not sure about the other issues but it's a huge struggle. We've been letting them know due to their (the papier: is there any have to wait to see the provider when they have an appointment but with the understanding that they may have to wait to see the provider when they have an appointment but with the understanding that they may have to use the provider when they have an appointment but with the understanding that they may not have to use the provider when they have had 3 no shows. We would love the support of ACLA to cree Amangers are sending the Let Us Know form after they have had 3 no shows. We would not the sending that they may have to use to the members just to investigate more to see if there is anything additional that we might can do. We re			
Lori Payne: Are you aware of this program form? Have you used it or do you currently use it or do you have any feedback for us at all? Responses Mica Toups: Aware of the form but has not used it yet. Angela Williams: Aware of it and their Care Managers do use this form. • Items for Provider Consideration • What challenges are you farcin in providing equitable care? • What challenges are your service populations facing in this area? • What challenges are your service populations facing in this area? • What challenges are your service populations. Transportation is one Issue and wer're not sure about the other issues but it's a huge struggle. We've been letting them know due to their (the patient's) barriers that we understand and we want to care for you and will do you as a "work in". We give them an approximate time where they may no have to wait to see the provider when they have an appointment but with the understanding that they may have to wait to see the provider when they have an appointment but with the understanding that they may have to wait to see the provider. Question Cuestion Lori Payne: Is there anything we can do as a plan to help you with this issue? Response Angela Williams: I know that our Care Managers are sending the Let Us Know form after they have had 3 no shows. We would love the support of ACLA to reach out to the members just to investigate more to see if there is anything additional that we might can do. We remind them about transportation and we often call to arrange transportation for them. <td< td=""><td> Providers file a claim using the Z codes and ACLA has learned from it that beneficiaries in these rural areas are overrepresented especially with problems related to living in a residential institution claim. Black and Hispanic beneficiaries accounted for 8.8% and 5.9% of the overall FFS population but represented 24.8% and 9.2%. Let Us Know Program Form This is a form that providers can use when a member needs an intervention such as: Transportation services Maternity support Care Management referrals </td><td></td><td></td></td<>	 Providers file a claim using the Z codes and ACLA has learned from it that beneficiaries in these rural areas are overrepresented especially with problems related to living in a residential institution claim. Black and Hispanic beneficiaries accounted for 8.8% and 5.9% of the overall FFS population but represented 24.8% and 9.2%. Let Us Know Program Form This is a form that providers can use when a member needs an intervention such as: Transportation services Maternity support Care Management referrals 		
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	Responses		
	Unknown: In the sugar cane employed areas.		
	Mica Toups: There's a rising population of Spanish speaking members.		
	Question		
	Kelli Nolan: I wanted to ask for some more details on the higher cost of supplies, can you explain what the issue is		
	there? (In response to Mica Toups chat comment about higher pricing of supplies)		
	Response		
	Mica Toups: Trend of higher cost of supplies in the last 6 months, specifically clinical supplies due to shortages in		
	the factories. We have 31 clinics for urgent care so supplies are super important to be able to render services.		
	Comment		
	Kelli Nolan: I believe it was Affinity that had mentioned that they are sending their Let Us Know Campaign forms to		
	the Case Managers. Want to make sure if you receive a response back on outreach to the members and if there are		
	any issues or concerns in completing your requests through the Let Us Know form submissions.		
	Response		
	Angela Williams: I think we would have to probably get back with that on individual case workers that have those		
	clinics. It's a big problem in our pediatric population. We will get that information back to you.		
	Comment		
	Kelli Nolan: I want to make sure that you felt like the circle was closed in the outreach and the communication back		
	to you.		
	Response		
	Angela Williams: To my knowledge in the past it has not been a circle completed. We just notified ACLA of the		
	issues. We will check on it more to make sure that ACLA is responding to the Let Us Know forms when we send		
	them in.		
	List to Support SDOH		
	o Care Management		
	• Bright Start		
	• Transportation		
	o Interpretation Services		
	Question		
	Lori Payne: Are you familiar with the referral process like Care Management and Bright Start?		
	No response		
VI. Louisiana	Dr. Betty Muller, Medical Director BH, Population Health Medical Services presented slides with the following		
Behavioral Health	information:		
Crisis Response	Louisiana BH Crisis Response Services		
Services System	 Mobile Crisis Response 		
	o BH Crisis Care		
	 Community Brief Crisis Support 		
	• These three active services are covered for members 21 and older who voluntarily seek BH crisis services.		
	• The goal is to have these services available 24 hours a day 7 days a week. At this point, most of these		
	services are available Monday through Friday 8:30 to 4:00.		

Network Management Questio Bridgett Respons Clarence VIII. Summer Provider Alerts Kelli No	larence Grant, Director Provider Network Management, Provider Network Mgmt. presented slides with the llowing information:		
VIII. Summer Provider Alerts Provider Alerts Bridgett Respons Clarence Kelli No followin	 Your Account Executive is your first point of contact for operational issues, questions, concerns, trainings etc. Many of our AEs host or partner with other areas for provider relations meetings as well as JOCs. Meet with providers any credentialing/contracting efforts Any quality questions where we partner with our Quality Team AEs are back out in the field so you should hear from your AE to schedule a meeting and coordinate times with you monthly or quarterly whatever is feasible for you. Map of Account Executive includes regions they cover as well as contact information 		
Provider Alerts followin	idgette Robertson: Is this map available on our website?		
	 Illi Nolan, Director Provider Network Ops, Provider Operations and Administration presented slides with the llowing information: Our provider alerts are available on our website: 		

	published you will receive an email notification		
	 We also publish LDH Informational Bulletins 		
	 In addition COVID-19 News and Updates 		
	 We also have Provider Post Newsletters 		
	Question		
	Jeff Mitchner: Do we cover all regions in the state and who is assigned to OH? (in relation to AEs)		
	Response		
	Paula Brooks: Sent him link to Account Executives to contact.		
IX. Open Discussion	Bridgette Robertson asked if anyone had additional questions or feedback.		
	Comment		
	Kelli Nolan: I do want to remind the Provider Advisory Council that we will reinstate the face-to-face PAC meetings so you will have an opportunity to come back to the office location if you are interested in doing that. We will have		
	virtual and face-to-face hopefully beginning October 26 th . We feel like the virtual meetings have somewhat of a		
	communication barrier and hopefully everyone will be more engaged because it's a little bit easier than chatting in		
	a Zoom box. We are excited about it and hoping it will be available to do for our next PAC meeting.		
	Comment		
	Thomas Godfrey: I want to bring up in the last legislative session the House Bill 286 that passed and was signed by		
	the Governor will take effect the first of next month. The bill allows for any provider who is privileged or on staff with a hospital FQHC or RHC to have the availability of a credentialing exemption. We are working with LDH for the most efficient way to verify if these providers filing for the exemption are truly eligible.		
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	Comment		
	Grover Harrison: I would like to inform everyone on the call that as of last weekend we are offering free Mental		
	Health First Aid training and ASIST (Applied Suicide intervention Skills Training) to anyone who is interested on the call. I can provide more information on these two courses and other efforts our Team our able to offer.		
	Question		
	Kyle Viator: Lori can you speak some about the March of Dimes Breaking Through Bias Training continuing education credits available around that, correct?		
	Response		
	Lori Payne: It was scheduled to take place this morning but we have rescheduled it. We are encouraging providers		
	to participate. We are looking to really impart information on implicit bias and how you can take a look at yourself		
	and office policies to make sure all patients are receiving care needed. Training being offered to both doctors and		
	nurses. AEs sent out invitations as well as a provider alert. Be on the lookout for another one that's going to come		
	out probably in mid-September. It will be offered virtually and hosted by the March of Dimes.		
X. Adjournment	Bridgette Robertson adjourned the meeting at 12:04 pm (CST).		
	The next meeting is on Wednesday, October 26, 2022 (possible live at office and virtual).		

Respectfully submitted by:		
Kelli Nolan, Director Provider Network Operations Date Kelli Nalan 8/16/22		
Recorder: Nancy Thibodeaux, Provider Network Analyst, Provider Network Operation Nancy Thibodeaux		