

AmeriHealth Caritas Louisiana  
 Provider Advisory Council (PAC) Meeting Minutes  
 Wednesday, January 14, 2021 11:00 a.m.

**Attendees:**

<b>Present from AmeriHealth Caritas Louisiana:</b>	<b>Guest Providers:</b>
Kelli Nolan, Director- Provider Operations and Administration	Angela Williams, Director of Clinical Services-Affinity Health Group
Susan Martinez-Hernandez, Manager Rapid Response & Outreach-Rapid Response	Julie Morgan, VP of Network Operations-Verity HealthNet
Charleen Gauthreaux, Manager-Provider Network Management	Frank Folino, VP & Chief Operating Officer-DePaul Community Health Center
Chris McNeil, Program and Innovation Analyst-Administration	Jennifer Williams, Data Analyst-Affinity/Vantage Health Plan
Stacie Zerangue, Director-Provider Network Management	Karen Emery, Network Operations Specialist-Verity HealthNet
Kenya Foster, Provider Communications Consultant-Communications	Les Tompkins, AVP Managed Care-Ochsner Health
Tamika Kehoe, Manager Network Operations-Provider Operations and Administration	Sheneka Dunn, Patient Care Coordinator-Caresouth Medical and Dental
Grover Harrison, Director Community Education-Community Outreach	Natasha James, Owner-Allstar Community Care, LLC
Sandra Workman, Supervisor Integrated Care Management-Rapid Response	Jeremy Pitzer, CEO-River Place
Rachel Weary, Director Mkt Clin Population Health-Utilization & Case Management	Ladira James, BHP-Allstar Community Care, LLC
Glynda Hurm, Manager-Provider Network Management	Samantha Givens, Director of Quality-CareSouth Medical and Dental
Tricia Grayson, Director Communications & Marketing-Communications	Karen McClain, Payor Relations-Ochsner
Kyle Viator, Market President-Administration	Jonathan Lyons, CEO-Pinnacle Care Holdings, LLC
Gwen Matthews, Manager-Provider Network Management	Sherice Forte, Network Operations-Verity HealthNet
Nancy Thibodeaux, Provider Network Analyst-Provider Operations and Administration	Joycelyn Payne, Billing Specialist-Avoyelles Hospital-Marksville Family Care Center
Danette Marshall, Contract Account Manager	Natalie Simmons, Director of Payor Relations-Ochsner
Mary Scorsone, Director Quality Management-Quality Management	Charme Thompson, Clinical Director-Greater You Counseling Center, LLC
	Terri Bird, -Revenue Cycle Coordinator-Morehouse Community Medical Center
	Sheneka Dunn, Patient Care Coordinator-CareSouth
	Marilyn Hemphill, Revenue Cycle-Minden Physician Practices
	Juanice Moses, Administrator-Life Changing Solutions, LLC
	Jeff Mitchener, AVP-Ochsner
	Steve Buckner, Corporate Director-Southeastrans

AGENDA ITEM	DISCUSSION			
<b>I. Call to Order</b>	Kelli Nolan, Director – Provider Network Operations – Welcomed everyone and called the meeting to order at 11:00 a.m. (CST) virtually via Zoom.	CONCLUSION / RESULTS	ACTION STEPS / PERSON RESPONSIBLE	DATE DUE

<b>II. Purpose of PAC</b>	<p>Kelli Nolan presented PAC’s Purpose and introductions:</p> <p>PAC’s Purpose:</p> <ul style="list-style-type: none"> <li>• A forum for providers to give input on ACLA clinical policy and development.</li> <li>• It will promote collaborative efforts to enhance services, provider satisfaction and the whole member/provider experience.</li> <li>• Promote data sharing and value based strategies.</li> </ul> <p>Kelli asked that new attendees go to the ACLA website to find the PAC Charter where it gives more details on the PAC Meeting.</p>			
<b>III. Transportation Services in Monroe Follow-Up</b>  <b>IV. Value Based Program Updates</b>	<p>Steve Buckner with Southeastrans reported the follow up information regarding Angela Williams’ (with Affinity Health) question from the last PAC Meeting regarding bus transportation opportunities in the Monroe area:</p> <ul style="list-style-type: none"> <li>• He confirmed that public transit is offered in the Monroe area</li> <li>• They are currently gathering information on offered routes and existing members that live along these routes.</li> </ul> <p>Charleen Gauthreaux reported on the following regarding the Value-Based Program:</p> <ul style="list-style-type: none"> <li>• Methodologies were changed by guaranteeing a minimum PMPM based on VBP experience in prior year(s), with the opportunity to earn more if current performance targets are exceeded</li> <li>• Value Based Purchasing payments were accelerated through more frequent incentive payments, advance payments and interim settlements</li> <li>• Floor set based on 2019 HEDIS outcomes giving providers opportunity to earn more if their 2020 quality metric performance improves</li> <li>• Costs associate with Hepatitis C drugs were removed from all total cost of care agreements.</li> <li>• 2019 HEDIS data will be used again in 2021 (due to COVID-19) and 2021 HEDIS will be used in 2022.</li> </ul>			
<b>V. PerformPlus Suite of Value Based Programs</b>	<p>Charleen shared the current listing of Value-Based Programs:</p> <ul style="list-style-type: none"> <li>• Primary Care Provider Quality Enhancement Program (PCP QEP)</li> <li>• Perinatal Quality Enhancement Program (PQEP)</li> <li>• Community Partners Program (CPP)</li> <li>• Shared Savings Program (SSP)</li> <li>• Target Medical Loss Ratio Program (MLR)</li> <li>• Comprehensive Primary Care Plus (CPC+) Program</li> <li>• Bundled Episodic Payment Program (BPP)</li> </ul>			

<p><b>VI. ACLA Quality Press Release</b></p> <p><b>VII. Draft HEDIS Quality Strategy: Updated Incentivized Measures</b></p>	<p>Mary Scorsone presented the following information regarding the ACLA Quality Press Release:</p> <ul style="list-style-type: none"> <li>• ACLA leads all Healthy Louisiana Medicaid managed care plans in the majority of LDH’s strategic incentive-based quality measure according to NCQA Quality Compass.</li> <li>• Recent results show ACLA leading in 7 out of 12 incentive-based measures, including all well care visit measures.</li> </ul> <p>Mary Scorsone shared the following regarding Draft HEDIS Quality Strategy: Updated Incentivized Measures:</p> <ul style="list-style-type: none"> <li>• New measures added: <ul style="list-style-type: none"> <li>○ Childhood Immunization Status (Combo3: DTAP, IPV, MMR, HIB, Hepatitis B, V2V, and PCV)</li> <li>○ Immunizations for Adolescents (Combo2: meningococcal, TDAP/TD, HPV)</li> <li>○ Cesarean Rate for Low-Risk First Birth Women</li> <li>○ Colorectal Cancer Screening</li> <li>○ Cervical Cancer Screening</li> <li>○ HIV Viral Load Suppression</li> <li>○ Follow-Up After Emergency Department Visit for Mental Illness (within 30 days)</li> <li>○ Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (within 30 days)</li> <li>○ Comprehensive Diabetes Care HbA1c poor control (&gt;9.0%)</li> </ul> </li> </ul>			
<p><b>VIII. Pennington Biomedical Diabetes Model Clinic</b></p>	<p>Rachel Weary shared the following information regarding Pennington Biomedical Diabetes Model Clinic:</p> <ul style="list-style-type: none"> <li>• Most clinics do not have resources available to their patients to help with prevention and reversal of diabetes <ul style="list-style-type: none"> <li>○ The solution is to establish a clinic for type 2 diabetes and prediabetes in an underserved population of Medicaid recipients in Louisiana. This clinic will work alongside current treatment by PCPs</li> <li>○ The goal is to partner with providers to demonstrate that the program works and can be a valuable asset for community providers struggling to treat a population struggling with obesity</li> <li>○ The program emphasizes optimizing initial weight loss and then long-term maintenance (2 years to optimize success) of that weight loss through evidence-based principles of intensive behavior change</li> <li>○ Patients will continue regular care through their PCP and will come to us for the following: <ul style="list-style-type: none"> <li>➢ Approximate 12 week Jump Start Low Calorie Diet (LCD) phase – this phase will vary depending upon patient tolerance of the LCD and some may not go through this phase.</li> <li>➢ A 6 month intensive behavioral intervention phase</li> <li>➢ A 6 month behavioral reinforcement phase</li> <li>➢ A yearlong (year 2) behavioral maintenance and follow up phase</li> <li>➢ A Smartphone app that supplements the behavioral program and reinforces habit change when the patient is not in clinic</li> </ul> </li> <li>○ Requests asked of the Clinical Practices: <ul style="list-style-type: none"> <li>➢ Help to identify potentially eligible (Medicaid or other) patients through direct referrals:</li> </ul> </li> </ul> </li> </ul>			

**IX. Provider Feedback- Provider Network Management**

- 21 years or older
- Body Mass index greater than or equal to 25
- Have prediabetes or type 2 diabetes
- Rachel also shared contact information for Dr. Tiffany Stewart at PenningtonBiomedical ([tiffany.stewart@pbrc.edu](mailto:tiffany.stewart@pbrc.edu)) if anyone wants additional information.

Stacie Zerangue asked the following questions for provider feedback:

- How often would you like to meet with an Account Executive?
- Do you prefer face-to-face, virtual, etc.?
- What type of information would you like presented during your meetings with an Account Executive?
- Who do you prefer the Account Executive to meet with? Office manager, doctor, etc.

Jennifer Williams with Affinity said that they have monthly meetings with Charlotte Ware and Jana Blaylock every other month and quarterly with all departments together. They review quality reports, address claims questions, and credentialing as well.

Les Tompkins with Ochsner commented that they also have monthly reviews of claims and they work with ACLA on those. He also brought up a reminder that they need to be informed of ACLA staff changes so the lines of communication between hospital case management staff and ACLA staff are accurate and intact.

**X. E & M Code Changes Effective 1/1/21**

Kelli Nolan presented the following information regarding these changes:

- **AMA has implemented changes to the new and established office/outpatient E/M codes. Some highlights of these changes include:**
  - The deletion of CPT code 99201 (Replaced with CPT code 99202)
  - Restructuring of how office visits are selected for Medical Decision Making (MDM) and service time
- She also shared the URL link to the AMA's Evaluation and Management Services Guidelines for additional information and invited providers to register to attend the ACLA's monthly Top Denials Webinar for an overview of these AMA changes.

**XI. Mental Health Support for Frontline Workers**

Chris McNeil discussed the following regarding mental health support for frontline workers:

- Front line workers should have access to the following:
  - Self-assessments (<https://www.brown.edu/campus-life/health/services/promotion/sites/healthpromo/files/self%20care%20assessment%20and%20planning.pdf>)
  - Info regarding EAP benefits
  - Access to nutritional counselling and gym memberships
  - Consult your human resources or benefits departments for information
- ACLA promotes self-care for front line workers with the following recommendations:

**XII. Member Satisfaction Survey**

- Physical health: Sleep, exercise, stretching/yoga, nutrition
- Emotional health: Stress management, coping skills, therapy, compassion and journaling
- Social health: Boundaries, support system, social medical, communication, friends
- Spiritual health: Time alone, prayer and meditation.
- Personal health: Hobbies, creativity, goals
- Financial health: Saving, budgeting, money management
- Work health: Time management, maintaining work/life balance
- BH Feedback
  - What trainings would you like to see ACLA offer?
  - What can ACLA do to support frontline workers?
  - Suggestions on how ACLA can support community members?

Stacie Zerangue discussed the Member Satisfaction Survey:

- A five question survey will be sent via text message to members following a provider visit with the following questions:
  - How satisfied were you with how carefully your health care provider listened to you?
  - How satisfied were you with how much respect your health care provider showed for what you had to say?
  - Overall, how satisfied were you with your health care provider?
  - How long did you have to wait from the time of your appointment until you were seen by your provider?
  - We value your opinion. If there is anything else you would like to tell us about your visit, please let us know. Simply text back your response.
- Account Executives will get with each provider on the results and if a provider receives one or more negative comments for three consecutive months, the AE will conduct a one on one training.
- Eventually the results of the survey will be incorporated into the PCP Quality Enhancement Program.

**XIII. CPT Lookup Tool, Website Makeover Update/Resources Available and Provider Trainings**

Kenya Foster shared information regarding ACLA's new CPT Lookup Tool:

- It allows users to enter a CPT or a HCPCS code to verify authorization requirements.
- It reduces the administrative burden of calling Provider Services to determine whether prior authorization is required
- It does not allow providers to request a prior authorization (continue with normal process)

Tamika Kehoe and Kenya Foster coordinated a live demonstration of the CPT Lookup Tool during the meeting.

Kenya discussed ACLA's website update and the following resources on the website:

- News and Updates (providers can sign up to receive Network News)
- Provider Quick Reference Guide
- Provider demographic validation and directory review
- Provider manual
- Claims Filing Instructions
- Member Handbook
- Provider rights and responsibilities, including:
  - Geographic access
  - Acceptance of new members
  - Appointment availability standards
- Clinical guidelines
- Provider directory

No feedback was given. Kelli Nolan suggested providers review this presentation when they receive it via email and if they think of something at that time to let us know.

**XIV. Open Discussion and Provider Feedback**

Kenya also touched on 2021 Provider Trainings as follows:

- Anxiety Disorders: Behavior Health
- A Physician’s Practical Guide to Culturally Competent Care
- Attention Deficit Hyperactivity Disorder: Behavioral Health Training
- Depression: Behavioral Health Training
- HEDIS Plus Provider Training (PDF)
- Opioid Use Disorder: Behavioral Health Training
- Primary Care Providers Working in Mental Health Settings: Improving Health Status in Persons with Mental Illness

A list of 2021 Training webinars were presented by Kenya Foster as follows:

- Navinet
- Top Claims Denials
- Access and Availability
- HEDIS
- BH Claims
- Cultural Competency
- Provider Resources

The following list of trainings was presented by Chris McNeil:

- ASAM 6 Dimension Criteria (quarterly)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) (PH and BH)
- Treatment Planning and Clinical Documentation Training (monthly)
- Project ECHO (series starting next week)
- Provider Quality Monitoring Tool (4 different provider types and they start in February)

A list of important ACLA and ACLA vendor phone numbers was also provided in the PAC Meeting Power Point Presentation.

Jennifer Williams with Affinity said they may have a question(s) about the Pennington Biomedical Diabetes Model Clinic

Rachel Weary responded she is welcome to send ACLA questions but highly advised Jennifer to email the contact at the clinic with any questions they may have.

Rachel also spoke to the BH providers present and said that Pennington would be a good resource for them as well if they treat patients who meet the criteria.

**XV. Adjournment**

The meeting adjourned at 12:15 pm (CST).  
**The next meeting is on April 14, 2021 (location unknown at this time).**

Respectfully submitted by:

Kelli Nolan, Director, Provider Network Operations    Date

\_\_\_\_\_ *Kelli Nolan* \_\_\_\_\_      \_\_\_\_\_ 01/28/21 \_\_\_\_\_

Recorder:

\_\_\_\_\_ *Nancy Thibodeaux* \_\_\_\_\_

Nancy Thibodeaux, Provider Network Analyst, Provider Network Operations