AmeriHealth Caritas Louisiana
Provider Advisory Council (PAC) Meeting Minutes
Thursday June 26, 2025, 12:00 p.m.

Attendees:	
Present from AmeriHealth Caritas Louisiana:	**Guest Attendees:**
Kelli Clement, Director Provider Network Ops, Provider Operations and Administration	Dora Martinez, Administrator, Rayville Family Clinic
Rhonda Baird, Director Quality Management, Quality Management	Carolyn Williams, Credentialing Specialist, Minden Physicians Practices LLC
Carletta Howard, Manager Provider Network Ops, Provider Operations and Administration	Stephanie Presley, Pediatric Nurse Practitioner, David Raines Community Health Ctr.
Paula Brooks, Director Communications and Marketing, Communications	Kate Brown, Market Medical Director, Nest Health
Gwen Matthews, Director Provider Network Management, Provider Network Mgmt.	Pamela McGraw, Asst. Regional Clinic Manager, David Raines Community Health Ctr.
Charleen Gautreaux, Supervisor Provider Network Operations, Provider Operations & Admin	Katie Corkern, Executive Director, Louisiana Rural Mental Health Alliance
Jana Blaylock, Manager Quality Management, Quality Management	Alecia Cyprian, Chief Executive Officer, Southeast Community Health Systems
Nancy Thibodeaux, Provider Network Analyst, Provider Operations and Administration	Tammy Fernandez, CEO, Cross Over Therapy, LLC
Wanakee Eames, Health Equity & Quality Analyst, Quality Health Equity	Glenda Myers, Revenue Cycle Manager, David Raines Community Health Center
Tonia Montgomery, Provider Network Account Executive, Provider Network Management	Greg Ivey, VP/COO, The Pediatric Center of SWLA
Tanjanika Thomas, Manager Integrated Care Management, Care Coordination Case Mgmt.	
Lynette Hinton, Manager Provider Network Management, Provider Network Management	
Kellye Anderson, Provider Network Account Executive, Provider Network Management	
Angela Salard, Provider Network Account Executive, Provider Network Management	
Theresa Jackson, Provider Communication Consultant, Communications	
Joy Simmons, Provider Network Account Executive, Provider Network Management	
Gloria Winchester, Housing Program Manager, Care Coordination Management	
Allison Caston, Quality Performance Specialist Clinical, Quality Management	
Rodney Wise, Market CMO, Population Health Medical Services	
Suconda Smith, Director Marketing Clinical Population Health, Care Coordination Case Mgmt.	
K 'Juana Bessix, Provider Network Account Executive, Provider Network Management	
Carrie Blades, Supervisor Quality Management, Quality Management	
Jantz Malbrue, Marketing Health Equity Program Director, Quality Health Equity	
Marilyn Thomas, Provider Network Account Executive, Provider Network Management	
Loretta Dumontet, Medical Director BH	
Lyketta Golden, Provider Network Account Executive, Provider Network Management	
Lynelle Diolulu, Manager Member Engagement, Community Outreach	
Grover Harrison, Director Member and Community Engagement, Community Outreach	

AGENDA ITEM	DISCUSSION			
I. Call to Order	**Kelli Clement, Director Provider Network Operations,** welcomed everyone to the PAC Meeting of June 26, 2025, at 12:00 p.m. and went over housekeeping for the meeting.	CONCLUSION / RESULTS	ACTION STEPS / PERSON RESPONSIBLE	DATE DUE
II. Agenda	**Kelli Clement, Director Provider Network Operations,** presented the meeting agenda.			

III. Best Practice	**Katie Brown, MD presented Best Practice Presentation – Cervical Cancer Screening**
	
	• Nest Health:
	    ○ utilizes Navi Net to identify patients who have open Cervical Cancer Screening care gaps.
	    ○ engages with patients through phone calls or texts to discuss barriers or ways to close care gaps.
	    ○ reviews care gaps before patient visits to ensure they can be addressed.
	    ○ team members collaborate with patients to find an existing OB/GYN relationship for scheduling.
	    ○ will select an ACLA provider who is available if patient has no preference.
	    ○ will keep an eye on HIE for any signs of CCS closure and if information is not evident from HIE, will reach out to the patient to confirm whether they were seen.
	    ○ 57.7% of women 25-44 in Louisiana were up to date on screenings.
	• Moving forward received approval for HPV self-swab to allow Nest to be even more proactive to closing the gap at home.
	
	Discussion:
	
	➢ Dora Martinez (in chat): Once we have put in our care gaps and info when will receive the approval that it was accepted?
	➢ J. Blaylock: They go to our Medical Record Review Corporate Team, and they receive them quick and turnaround time typically within the week that it was received. It there is an issue you'll receive an alert through Navi Net. You're not going to automatically see the care gap closure reflected in your rate on your performance PCP report. That will be on the next run. If you have any issues, I'll be glad to check into that for you.
	➢ C. Blades: If there are any providers groups that would want more information on the HPV self-collect and what that looks like in the office and how it helps in improving cervical cancer screening. We can help remove some of the barriers and answer some of those questions. You can get in touch with myself, your account executive or Charleen and we can discuss the HPV self-collect with you.
	
	➢ Allison Caston (in chat): I'm having trouble coming off mute, but wanted to say thank you, Dr. Brown! Awesome work, looking forward to the self-swabs.			

IV. Provider Network Management	**Lynette Hinton, Manager Provider Network Management,** presented the following:
	
	• Provider Visits-What can PNM do to have a more effective Provider Visit?
	    ○ Roster validation and demographic updates
	    ○ HEDIS measures / Care Gaps
	    ○ Alerts/Updates
	    ○ Claims Issues
	    ○ Website Overview
	    ○ Navi Net Portal
	• Clinical Reports- Total Cost of Care (TCOC)
	• Wellness Days-What are Wellness Days? Why are they important?
	    ○ Wellness Days are essential to help providers with member gap closures.
	    ○ ACLA will have planning meetings with the practice leading the Wellness Day event and walk through the event details.
	        ➢ Member calls
	        ➢ Table set up.
	        ➢ Breakfast or Lunch
	        ➢ Secure date and time
			.	

	Discussion: ➤ Greg Ivey: It has been a couple of year since we have had an in person visit here in Lake Charles. Fortunately, we have one scheduled 7/1. ➤ L. Hinton: If anyone hasn't had a visit and wants to request a visit our account executive map is on our website under Resources and Administrative. We have the map and an account executive listing, and it gives all account executives and their region and parish. Includes their phone number and email address. I will put our network email address in the chat. You can always email our network with any questions that you have or if you're having trouble getting in touch with your account executive. ➤ K. Clement: Do you prefer virtual or in person visits? Is the information we provide helpful or is there a different type of reporting that you're looking for that would be more valuable to you? ➤ A. Cyprian: How often and to who (audio cut off) … ➤ G. Matthews: (Audio cut off first part of response) ...the account executives reach out to the office manager and or the billing contact. ➤ A. Cyprian: How often are the wellness days? Every year? ➤ G. Matthews: It can be at any time. ➤ G. Ivey (in chat): (in response to Kelli's question) Timely responses to questions would be great. We have not had a virtual appt either. I would like monthly touch base being in person. ➤ G. Myers: We have a lot of schools that want us to do sports physicals. I know that Medicaid doesn't pay for any sports physicals. We turn that into a wellness visit. Is there a certain periodicity schedule that we should be following for the sports physicals which we turn into wellness visits? ➤ J. Blaylock: I can say from a quality measure standpoint, the HEDIS measure for 2–20-year-old is WCE that's the well child visit component and that is an annual visit. You also have the WCC measure a separate measure for 3–17-year-olds. Typically, these items are done in a wellness visit but not always. ➤ G. Ivey: There's an annual wellness for the older kids but in between those annual wellness I think you can bill an interperiodic screening. ➤ J. Blaylock: I'm not 100% sure what that screening would compose of, but I can look into that and get back with you offline. ➤ K. Clement: I do believe that you are correct on the interperiodic screening. We'll confirm and share some published language with you. ➤ G. Myers: Can we get what that would include? ➤ K. Clement: Yes ➤ G. Myers: Will that be sent out to everyone? ➤ K. Clement: Yes			
V. Provider Network Operations	**Kelli Clement**, **Director Provider Network Operations,** presented the following: ➤ 2024 Provider Satisfaction Survey ➤ In 2024, nearly 200 responses were obtained (12.60% response rate) from a sample of behavioral health and physical health network providers. ➤ 84% of providers rated ACLA as excellent, very good or good, up from 73% in 2023. 24% gave ACLA an excellent rating. ➤ ACLA scored a 79% satisfaction rating on claims processing and reimbursement which was an increase of 9% from 2023. ➤ ACLA received a 76% satisfaction rating on claims disputes which was a 12% increase from 2023 and 1% higher than all other MCOs. ➤ Top 5 Denials: ➤ Z11-Clm Pend: EOB from prim carrier req ➤ X01-No Precert/Preauth/Notification/Referral ➤ TFO-Submitted after plan filing limit. ➤ CDD-Definite Duplicate Claim		.	

	- ST- Termination - When submitting a claim dispute, which submission type do you prefer? Navi Net, Dispute form or Contacting your Account Executive? Why? What barriers to you see when submitting via the Navi Net portal? Discussion: K. Clement: How would you prefer to be notified if your clinic/facility has been identified in the Top Denial reporting? G. Ivey (in chat): I'd prefer it come from the account executive. G. Myers (in chat): Email. P. McGraw (in chat): Email. K. Clement: When submitting a claim dispute, which submission type do you prefer? Navi Net, Dispute form or Contacting your Account Executive? Why? What barriers to you see when submitting via the Navi Net portal? S. Presley (in chat): I don't submit so I defer to Glenda Myers. G. Myers (in chat): Portal K. Clement: Glenda, you find the portal easy to maneuver and to utilize? G. Myers: Our billing team is outsourced and they're in another state so if it's in the portal then we can see what it is they are doing so that' why it's good for us. G. Ivey (in chat): Account Executive K. Clement: Greg, you feel like contacting the account executive is the quickest way to have a conversation because when using Navi Net there's a good bit of back and forth with questions? G. Ivey: Yes, if we submit something and they come back with the answer that just generates another question, so we must go back in and do that and that generates another question. If we get to the account exec, then it's a 2-way conversation, so that seems to work best for us.			
VI. Quality Management	Jana Blaylock, Manager Quality Management, presented the following: - Benefits to CPT CAT II Code Submission: - Care Gap Closure, Incentive Opportunities - Retinal exam, Blood pressure reading, Hemoglobin A1C result. - Reduced Administrative Burden - Fewer medical record requests - Alignment With Value-Based Care - Reimbursement tied to quality. - Targeted Interventions - Identify patients who may need additional care or a change in treatment plan to achieve desired health outcomes. 2025 LDH Withhold Measures: - Prenatal & Postpartum Care (PPC), *Timeliness of Prenatal Care* Hybrid - Prenatal & Postpartum Care (PPC) *Postpartum Care* Hybrid - Cervical Cancer Screening (CCS) Hybrid - Colorectal Cancer Screening (COL) - Controlling Blood Pressure (CBP) Hybrid			

- o Glycemic Status Assessment for Patients with Diabetes (GSD) >9 % Hybrid
- o Follow-Up After Hospitalization for Mental Illness (FUH 30 Day)
- o Follow-Up After Emergency Department Visit for Mental Illness (FUM 30 Day)
- o Follow-Up After Emergency Department Visit for Substance Use (FUA 30 Day)
- o HIV Viral Load Suppression (HIV)
- o Cesarean Rate for Low-Risk First Birth Women (LRCD)
- Addressing Gaps in Care:
  - o Identify & Prioritize
  - o Engage Patients
  - o Leverage Technology

Discussion:

➢ J. Blaylock: What barriers is your practice facing in submitting CPT Category II codes and how can we help?

➢ G. Myers: We do have the issue with the claim going out and results coming in a day or two later so our billing team would say the Cat II code would go out on the next visit.

➢ J. Blaylock: Ok, I like that as an opportunity, a solution. At least they're willing to work with you and still be able to have that go out on the next cycle.

➢ C. Gauthreaux: Does anyone have best practices that they use or ways around submitting your Cat II codes that you want to share. It doesn't always have to be a question or a barrier.

➢ J. Blaylock: Our quality team is able to do some quality more focused visits with provider groups. We can tailor a visit to your needs. You have both mine and Carrie Blades information in the chat. Often times they are virtual. We do have the ability to come in person however that's a bit more limited, but we can make it happen. We partner with our account executives to schedule a quality meeting and have them come too to offer support.

➢ G. Ivey (in chat regarding LDH Withhold Measures): Very few pediatric measures here (all follow up care).

➢ J. Blaylock: Yes, that is a good point to make, Greg, these are not pediatric focused. I will say that we in Quality also do nearly an equal amount of work with accreditation measures especially those that are triple rated and scored differently. Many of those are pediatric focused so the ones we talked about earlier the W30, that's your babies, 0-30 months. We want to make sure they're getting their well care and immunization and the 18-20 years old too. Immunizations for adolescents as well, the WCC which looks at the BMI percentile and physical activity.

➢ G. Ivey: It's unusual to see all the withholds and none are pediatric and in times past they did include pediatrics.

➢ J. Blaylock: You're right it did. I expect to see a shift in that.

➢ J. Blaylock: What can we do to help support your practice with quality improvement?

➢ No responses.

| VII. Population Health Management | Suconda Smith, asked the following questions:

• Did you know that you can refer your patients for Case Management services?
• Do you know the referral process, and have you utilized the Let us Know form in the past?
• How can we increase provider utilization?

• The Let Us Know Form can be found on our website and in the Navi Net portal.
• There are many reasons you can refer a member to Case Management.
• Reasons can be:
    o Care Coordination of Services
    o Social Determinants of Health
    o Housing Program Manager
    o Food Insecurity
    o Transportation
    o Appointment Scheduling
    o Education
    o Access to Care

Discussion:
➤ G. Ivey: This is the first time I've actually seen the form. We really don't use it. You're going to find it difficult to have a physician whose double booking every 15 minutes that's got somebody in the room that's going to take the time to print this thing out and fill it out and then have somebody fax it. It's just an unrealistic expectation, I think.
➤ K. Brown: We've used it some in our practice but again it's something we can message the nurse care manager and have her fill it out. I agree that it's hard to work it into like a typical every day visit protocol.
➤ S. Smith: Any recommendations for making referrals for case management services?
➤ S. Smith: I don't really know much about Navi Net but if they access the form through Navi Net, how would that work?
➤ G. Ivey: My providers go into another system to try and access while they're in a visit. We have a social determinants program set up with another MCO which sends out the forms for patients/members to complete before they get to the visit and then that is automatically populated into the EMR. It would take some time effort and energy to get that implemented again.
➤ S. Smith: Ok, that's good information and that's something we can take back and consider.
➤ K. Clement: So, what if we had this checklist for needs and interventions that is included in the member's paperwork they fill out? Is that an option?
➤ G. Ivey: That's what we do with this system. We have an SDOH form that's on there and whatever well check they might be coming for and the paperwork that goes with those things. It goes to their phone, or we hand them a tablet when there in here and they complete all that information before they ever get into the room.
➤ A. Cyprian: We actually use a form inside of our EHR for social drivers of health. It probably doesn't cover everything that you have here but we also community health workers inside our network of clinics where our providers will flag the community health worker when there's a need. I think for us as a part of our workflow we can then add an additional component to see if they are a plan member here to then do some further outreach. We do use LDCA assist in helping them to connect with resources in the community in other areas we can identify who our patients are who are members of the plan and can work with someone on that end for additional assistance if needed. | | | |

	➢ G. Ivey: We use a company called Find Help. We don't have anybody embedded in our practice. Well, I guess I do. We're compensated by this other MCO to do this thing so that helps me pay for that individual that follows behind them. I'll be happy whenever we get a visit down here somebody wants that see that and what we do and their welcome to take a look at it. ➢ S. Smith: Ok, that sounds good. Maybe case management can make a visit with an account executive. ➢ G. Harrison: Community engagement would like to attend that visit also. ➢ S. Smith: Ok, that sounds good. Thank you all for the feedback.			

VIII. Member and Community Engagement	Grover Harrison, presented the following:
	
	• Community Education and Outreach Mobile Wellness Center offers the following services and more at no cost to the provider:
	    o Wellness Events
	    o Health Screenings
	    o Health Management of:
	        ▪ Chronic disease management
	        ▪ Behavioral health
	        ▪ Vaccines
	        ▪ Health Risk Assessments support
	    o Healthy Food Demonstrations
	    o Gardening Classes
	    o Fitness Classes
	    o Baby Showers
	    o Education
	    o Job Faris
	    o Art Classes
	    o Youth Camps
	• The mobile units are equipped with:
	    o Kiosks where attendees can access computers.
	    o A private location where providers can perform health screenings.
	    o Workstations for completing event admin tasks.
	• The mobile unit can increase accessibility to services that address SDOH and improve member conditions.
	
	• Trainings Offered:
	    o Mental Health FIRST AID and medication assistant therapy
	        ▪ Adverse Childhood Experiences (ACE) sessions are a collaborative educational effort between ACLA and its community partners to introduce, define, and understand ACEs and their potential long-term impact on the child, family, and community.
	        ▪ These trainings are available at our three ACLA locations (BR office, Wellness Centers in Shreveport, and New Orleans)
	Discussion:
	None.			

IX. Questions	None.			

| X. Adjournment | Kelli Clement thanked everyone for their participation and adjourned the meeting at 1:31 p.m. (CST).

Respectfully submitted by:

Kelli Clement, Director Provider Network Operations   Date

Kelli Clement _____   7/8/25

Recorder:
Nancy Thibodeaux, Provider Network Analyst, Provider Network Operation

Nancy Thibodeaux _____ | | | |