

AmeriHealth Caritas Louisiana  
 Provider Advisory Council (PAC) Meeting Minutes  
 Thursday, October 2021 11:00 a.m.

**Attendees:**

<b>Present from AmeriHealth Caritas Louisiana:</b>	<b>Guest Attendee:</b>
Kelli Nolan, Director Provider Network Ops, Provider Operations and Administration	Sheneka Dunn, Patient Care Coordinator-CrescentCare
Clarence Grant, Director Provider Network Management, Provider Network Mgmt.	Steve Buckner, Corporate Director-Southeastrans
Gwen Matthews, Manager Provider Network Management, Provider Network Mgmt.	Natalie Simmons, Director of Payor Relations-Ochsner Health
Kenya Foster, Provider Communications Consultant-Communications	Jennifer Williams, Data Analyst-Affinity/Vantage Health Plan
Tamika Kehoe, Manager Network Operations-Provider Operations and Administration	Gina Braswell, Sr. Manager Provider Relations-NIA
Glynda Hurm, Manager Provider Network Management, Provider Network Mgmt.	Les Tompkins, AVP Managed Care-Ochsner Health
Nancy Thibodeaux, Provider Network Analyst-Provider Operations and Administration	Tina Kaplan, VP Provider Relations-NIA
Danette Marshall, Contract Account Manager-Plan Operations & Administration	Monique Harshberger, LGH
Charleen Gauthreaux, Manager Provider Network Management, Provider Network Mgmt.	Julie Manchester, Operations Manager-Family Health Center
Kyle Viator, Market President AC Louisiana, Administration	Brenna Wallach, FMOL
Lori Payne, Mkt. Health Equity Program Director, Administration	David Hochheiser, FMOL
Eddie Pitre, Quality Performance Specialist Clinical, Quality Management	<b>Registered/Name not Listed on Zoom:</b>
Jana Blaylock, Supervisor Quality Management, Quality Management	Sherice Forte, Network Operations-Verity HealthNet
	Giovanna Pringle, Director of Revenue Cycle, CrescentCare
	Eden Serda, Baton Rouge Cardiology
	Lisa Savoy, LGH
	Jaunice Moses, Administrator-Life Changing Solutions LLC
	Les Tompkins, AVP Managed Care-Ochsner Health
	Jeff Mitchener, AVP of Payor Relations-Ochsner Health
	Karen Emery, Network Operations Specialist-Verity HealthNet
	Steve Buckner, Corporate Director-Southeastrans Inc.
	Keri Doty

AGENDA ITEM	DISCUSSION	CONCLUSION / RESULTS	ACTION STEPS / PERSON RESPONSIBLE	DATE DUE
<b>I. Call to Order</b>	<b>Tamika Kehoe, Manager Network Operations for AmeriHealth Caritas Louisiana (ACLA)</b> , announced the housekeeping for the meeting at 11:01 a.m. (CST) and welcomed everyone to the final PAC Meeting of 2021 virtually via Zoom.			

<p><b>II. ACLA's Health Equity Program and Current Initiatives</b></p>	<p><b>Lori Payne, Mkt. Health Equity Program Director, Administration</b> discussed the following:</p> <ul style="list-style-type: none"> <li>• ACLA received 100% on the 2021 National Committee for Quality Assurance Multicultural Healthcare Distinction</li> <li>• Health equity is the successful coordination of efforts that ensure full and equal access to resources, and service that help all people lead healthy lives</li> <li>• Social determinants of health are conditions in which people are born, grow, live work and age as well as the complex, interrelated social structures and economic systems that shape these conditions</li> <li>• Barriers to care are anything that restricts the use of health services by making it more difficult for some individuals to access, use or benefit from care</li> <li>• Results of barriers to care: <ul style="list-style-type: none"> <li>➢ Higher ER and treatment costs</li> <li>➢ High rates of uninsured</li> <li>➢ Higher rates of chronic conditions</li> </ul> </li> <li>• Provider discussions are to raise awareness, obtain feedback from “front lines”, share advice on successes and development, opportunity for reflection on how health equity can be a strategic priority</li> <li>• Current improvement efforts aimed at Hispanic and Spanish-speaking members</li> <li>• Improve access to care in target membership for pre and post-natal visits</li> <li>• Improve member experience and responses to CAHPS survey</li> <li>• Improve prioritized education for parishes with limited or no Spanish-speaking practitioners</li> <li>• Improve access to care in African-American membership for comprehensive diabetes care <ul style="list-style-type: none"> <li>➢ Targeted support for AA members in rural areas (rural communities experience higher rates of mortality and disability than urban communities)</li> <li>➢ Access to care efforts focused on following areas: member education, increased exam compliance, improved member experience, barriers to care and provider education</li> </ul> </li> <li>• Plan intervention for health disparities: <ul style="list-style-type: none"> <li>➢ Direct access through PAC, A.E. Talking Points, Cultural Competency Training</li> <li>➢ Collateral through provider materials, Provider Post, A.E. Information Email</li> <li>➢ Wellness Days with RHCs and all other targeted parishes</li> </ul> </li> </ul> <p>Lori asked the following questions:</p> <ul style="list-style-type: none"> <li>• Do you think the health equity conversation is important?</li> <li>• What challenges are you facing in providing equitable care?</li> <li>• What challenges are your service populations facing in this area?</li> <li>• What have you done to enhance health equity in your practice?</li> <li>• How can AmeriHealth Caritas Louisiana support providers in providing equitable care?</li> </ul>	<p>The answer “Yes” to the first question was submitted via chat.</p> <p>Natalie Simmons with Ochsner responded to the challenges faced in providing equitable care question by summing up that there is misinformation among the members. Most are conditioned to do certain things (example going to the ER vs. seeking primary care services). She suggested more member</p>		
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		<p>education is needed from the plan. She also said from a provider stand point that the doctors want to provide the care but it's a matter of getting the members to really understand the importance of follow-up care.</p> <p>Jennifer Williams with Vantage Health Plan sent a chat message agreeing about member education and outreach from the plan is needed.</p> <p>Brenna Wallach with FMOL also sent a chat message suggesting telemedicine access too.</p> <p>David Hochheiser with FMOL spoke and added that much of the population we're talking about are children of the working poor so parents are working multiple hours and their ability to get and deliver care is limited. He encourages the plan to be thinking about how they can reach out to those people in settings where they go whether it be school or other public settings to deliver some sort of basic care. He agrees that member education is necessary. He said they don't seek care until something is critically bad and they're worried about the cost which ties back to education.</p>		
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		<p>In response to the question “What have you done to enhance health equity in your practice?” Natalie spoke about creating more health centers in their communities closer to their homes with extended hours to help them get the needed care after working hours.</p> <p>In response to the “how can ACLA support providers?” question, Natalie reiterated that more member education from the plan to the community needs to be provided. She said she knows text messages and post cards have been tried but she thinks more needs to be done and suggested to rent out a hotel lobby and invite members to come and educate them about the importance of care, follow up visits, annual visits/immunizations etc.</p> <p>She also added that transportation is an issue and she said one of the plans rented a van and provided transportation to the members.</p>	<p>Lori reassured that she noted all their responses and she will look into all suggestions and thanked everyone for their feedback.</p>	
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**III. CAHPS-2021 Results**

**Eddie Pitre, Quality Performance Specialist Clinical, Quality Management** presented the 2021 CAHPS results prefacing with an explanation of CAHPS:

- CAHPS is the Consumer Assessment of Health Providers and Systems Survey and it is a tool for collecting standardized information on member’s experiences with health plans and their services
- CAHPS is one of the major scoring components that will determine our Plan’s overall Star Rating:

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	<ul style="list-style-type: none"> <li>➤ Patient Experience</li> <li>➤ Rates for Clinical Measures</li> <li>➤ NCQA Health Plan Accreditation</li> <li>• Our Goal: 5 Stars!</li> <li>• Measures outlined in red “Getting Care Quickly”, “How Well Doctors Communicate”, Rating of Personal Doctor” and “Rating of Specialist” did not meet the 50<sup>th</sup> percentile goal but the goal was met/exceeded in all other areas.</li> <li>• How can providers help? <ul style="list-style-type: none"> <li>➤ Provide as many alternatives to care as you can to the member</li> <li>➤ Provide tools and resources about benefits, other providers, referrals, scheduling appts</li> <li>➤ Support alternative telecommunication technologies to expand access to care</li> <li>➤ Encourage use of our Nurse Hotline/Nurse on Call to get health info and advice quickly</li> <li>➤ Remember to use Teach-Back method (examples below): <ul style="list-style-type: none"> <li>○ “I want to make sure I explained things clearly. Can you explain to me...?”</li> <li>○ “Can you show me how you would use your inhaler at home?”</li> </ul> </li> <li>➤ Start with the most important message</li> <li>➤ Limit to 2-4 key points</li> <li>➤ Use plain language (some examples below): <ul style="list-style-type: none"> <li>○ Reduces swelling instead of anti-Inflammatory</li> <li>○ Blood thinner instead of anticoagulant</li> <li>○ Heart Doctor instead of Cardiologist</li> </ul> </li> <li>➤ HEDIS Measures Help: <ul style="list-style-type: none"> <li>○ Asking member have they had a flu shot or flu spray in the nose since July 1, 2020</li> <li>○ Asking members if in the last 6 months, how often were they advised to quit smoking or using tobacco by a doctor or other health provider in the plan</li> <li>○ Asking members in the last 6 month, how often was medication recommended or discussed by a doctor or health provider to assist the member with quitting smoking or using g tobacco</li> <li>○ Asking member in the last 6 months, how often did their doctor or health provider discuss or provide methods and strategies other than medication to assist them with quitting smoking or using tobacco</li> </ul> </li> </ul> </li> </ul>			
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**IV. NIA Overview**

**Tina Kaplan, VP Provider Relations-NIA** presented the following:

- NIA is one of the nation’s leading specialty health care management companies delivering comprehensive and innovative solutions to improve quality outcomes and optimize cost of care currently providing solutions for AmeriHealth Caritas for almost 10 years
- NIA requires prior authorization for non-emergency outpatient advanced imaging and cardiac procedures specifically:
  - MRI/MRA, CT/CTA, CCTA, Myocardial Perfusion Imaging and PET Scans
- RadMD is website portal for obtaining prior authorizations ([www.RadMD.com](http://www.RadMD.com)) as well as providing clinical information and educational documents (on site education as well) to aid our providers to ensure they have all information needed for requests.

**Gina Braswell, Sr. Manager Provider Relations-NIA** related the following:

- Primary contributor to ACLA provider denials involves orders for MRIs in which documentation of attempted conservative treatment must be included to support the medical need for the MRI

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	<p>(the more specific the better) as studies have shown that many can improve with conservative treatment alone</p> <ul style="list-style-type: none"> <li>• NIA has a Conservative Treatment History Form and the benefits of using the form: <ul style="list-style-type: none"> <li>➤ Reduces denials by streamlining the clinical approach</li> <li>➤ Improves awareness of clinical info essential to the review process</li> <li>➤ Reduces the likelihood of quarter-to-quarter fluctuations in clinical disapproval rates</li> <li>➤ Easily disseminated in an easy-to-use format by both NIA and ACLA reps</li> <li>➤ Promotes additional clinical dialogue with providers and staff</li> </ul> </li> <li>• Slide of the form itself was reviewed</li> </ul>			
<p><b>V. COVID-19 Member/Provider Incentive, Vaccination Counseling and Provider Satisfaction Survey</b></p>	<p><b>Kenya Foster, Provider Communications Consultant-Communications</b> elaborated on the following:</p> <p><b>Member Incentive</b></p> <ul style="list-style-type: none"> <li>• Sleeves Up COVID-19 Vaccine Incentives for Members currently in progress that started in the summer and is scheduled to end October 31<sup>st</sup> however it may be extended and if so, it will be posted on the ACLA website</li> <li>• It is a multi-prong approach to engage the community, providers and members in helping increase state vaccination rates</li> <li>• \$10 CARE card is being given to members for each vaccine dose completed total \$20 (\$20 for one dose Johnson &amp; Johnson) between June 1 and October 31, 2021</li> <li>• In effort to expedite and provide more real-time incentive to members we have also created an online attestation link that you may share with members upon vaccine completion at <a href="http://www.amerhealthcaritasla.com/covid19incentiv">www.amerhealthcaritasla.com/covid19incentiv</a></li> </ul> <p><b>Provider Incentive</b></p> <ul style="list-style-type: none"> <li>• Sleeves Up COVID-19 Vaccine Incentives for Providers based upon the volume of members who receive the vaccine or vaccine series and incentive payments are based on receipt of the vaccine</li> <li>• Payments went out in July and another batch to go out in October and if the program is extended there will be payment dates provided</li> <li>• Providers receive a scaled rate per vaccinated member, and providers are ranked within a geographic region and a minimum threshold must be met to earn an incentive</li> <li>• Providers who are able to administer the vaccine within their own office settings receive double credit</li> </ul> <p><b>Vaccination Counseling</b></p> <ul style="list-style-type: none"> <li>• Effective September 20, 2021 providers may receive reimbursement for both the counseling and the E&amp;M service for the same date of service (only during the COVID-19 emergency time-frame) and the counseling should follow recommendations published by LDH at <a href="https://ldh.la.gov/index.cfm/page/4082">https://ldh.la.gov/index.cfm/page/4082</a> and/or the CDC at <a href="https://www.cdc.gov/vaccines/covid-19/hcp/index.htm">https://www.cdc.gov/vaccines/covid-19/hcp/index.htm</a></li> <li>• The specific code for the counseling is 99401</li> <li>• Members have to be of FDA approved vaccination ages, unvaccinated or incompletely vaccinated</li> <li>• Counseling may be reimbursed when provided in-person by MD, DO, Certified Nurse Midwife, PA or NP</li> <li>• Append modifier 25 to the E&amp;M code when billing both the Vaccination Counseling Service (99401) and the E&amp;M code</li> <li>• Billing limits are one Vaccination Counseling service per day , per member, per billing</li> </ul>			

