AmeriHealth Caritas Louisiana  
Provider Advisory Council (PAC) Meeting Minutes  
Wednesday December 21, 2022 11:00 a.m.

Attendees:

<table>
<thead>
<tr>
<th>Present from AmeriHealth Caritas Louisiana:</th>
<th>Guest Attendee:</th>
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<tr>
<td>Kelli Nolan, Director Provider Network Ops, Provider Operations and Administration</td>
<td>Natalie Holt-Simmons, Director of Managed Care, Payor Relations, Ochser Health</td>
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<tr>
<td>Rhonda Baird – Director, Quality Management</td>
<td>Les Tompkins, AVP Managed Care, Ochser Health</td>
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<td>Gwen Matthews, Manager Provider Network Management, Provider Network Mgmt.</td>
<td>Sheneka Dunn, Patient Care Coordinator, CareSouth Medical &amp; Dental</td>
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<td>Kenya Foster, Contract Account Manager, Administration</td>
<td>Mica Toups, Director of Payor Relations, SouthStar Urgent Care</td>
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<td>Lakesha Dickerson – Manager, Utilization Management</td>
<td>Melanie Murry,</td>
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<td>Thomas Godfrey, Director Operations &amp; Administration, Administration</td>
<td>Samantha Banguel,</td>
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<tr>
<td>Nancy Tibodeaux, Provider Network Analyst, Provider Operations and Administration</td>
<td>Diane Reidy,</td>
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<td>Missy Guillery, Mgr. Integrated Care Management, Care Coord.</td>
<td>Robin Gaines, Care Coordinator, CareSouth</td>
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<td>Rachel Weary, Director Mkt Clin Population Health-Utilization &amp; Case Management</td>
<td>Jennifer Williams, Data Analyst, Vantage Health Plan</td>
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<td>Suconda Smith, Manager Integrated Care Mgmt., Care Coord. Case Mgmt</td>
<td>Christina Calamia,</td>
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<td>Dr. Betty Muller, Medical Director BH, Population Health Medical Services</td>
<td>Heather Hebdon,</td>
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<td>Paula Brooks, Director, Communications and Marketing, ACLA</td>
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<td>Lori Payne, Mkt. Health Equity Program Director, Administration</td>
<td>Registered/Name not Listed on Zoom:</td>
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<td>Ahmed Olayanju, Manager Provider Network Management, Provider Network Mgmt.</td>
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<td>Grover Harrison, Director Community Education, Community Outreach</td>
<td>Kristi Cadarette, Managed Care Liaison, Woman’s Hospital/Medical Staff Services</td>
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<td>Bridgette Robertson, Manager Network Operations-Operations</td>
<td>Kamarin Spann, Supervisor of Clinical Quality Management</td>
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<td>Carrie Blades, Quality Perform Spec Clinical, Quality Management</td>
<td>Leslie Morgan, Sr. Payor Relations Specialist, Ochsner Health</td>
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<td>Charleen Gauthreaux – Manager, MRK Value Based Contracts</td>
<td>Karin Cook, PFS Manager, R1 RCM</td>
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<td>Glynda Hurm, Manager Provider Network Management, Provider Network Mgmt.</td>
<td>Brenna Wallach, Manager of Payer Relations, FMOLHS</td>
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<td>Penny Foster, Compliance Regulatory Analyst, Compliance</td>
<td>Lisa Miller, Reimbursement Auditor, FMOL</td>
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<td>Jana Blaylock, Supervisor Quality Management, Quality Management</td>
<td>Greg Ivey, VP/COO, The Pediatric Center of SWLA</td>
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<td>Lori Butler, LPC, A Happy You Counseling Services</td>
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<td>Matilda Tennessee, RCC, EXCELth, Inc</td>
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<td>Lacey Campbell, CQM Administrative Specialist, Affinity Health Group</td>
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<td>Karina Sonnier, Reimbursement Auditor, Our Lady of the Lake</td>
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<td>Andrea McGruder, Director, Franciscan Missionaries of Our Lady Health System</td>
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<td>Jennifer Beck, Business Manager, Louisiana Eye Care</td>
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<td>Angela Deroche, Physician Services, Thibodaux Regional</td>
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<td>Trevor Simon, Billing Manager, Center for Resilience</td>
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AGENDA ITEM  DISCUSSION

I. Call to Order  Bridgette Robertson, Manager Network Operation-Operations, reviewed the housekeeping for the meeting beginning at 11:06 a.m. (CST) and as the chair of the meeting, welcomed everyone to the fourth PAC Meeting of 2022 (virtually via Zoom).

II. Agenda and Attendance  Bridgette Robertson, Manager Network Operations-Operations, presented the agenda and organizations in attendance list for the meeting.
III. Utilization Management

Bridgette Robertson, Manager Network Operations Operations, presented the Utilization Management slides for Utilization Management.

- UM Process is as follows:
  - Providers must call or fax the UM department or submit a request through NaviNet for a prior authorization (PA).
  - Patient symptoms, past clinical history, and prior treatment info should be sent with the request.
  - The ordering provider is responsible for obtaining a PA number for the service requested.
  - ER, observation and IP imaging procedures do not require a PA.
  - The PA Lookup Tool on the website may be used to see if a code requires PA.
  - When submitting request through NaviNet provider portal, the following info must be included:
    - Member’s name
    - Member’s DOB
    - Member’s ID
    - Provider’s contact info
  - Turnaround Times are as follows:
    - Concurrent – 1 calendar day
    - Prior Authorization (Standard) – 14 calendar days
    - Prior Authorization (Expedited) – 3 calendar days
    - Retrospective – 30 calendar days

- Services that do not require PA:
  - Continuation of services for new member in first 30 days (in and out of network).
  - Dialysis and supplies (in network)
  - DME under $750 (in network)
  - EPSDT (in and out of network)
  - ER (in and out of network)
  - Family Planning Services (in and out of network)
  - Low-level x-rays, electrocardiograms (in network)
  - Observation 48 hours (in network)
  - Post-stabilization services (in and out of network)
  - Routine vision services (in network)
  - Sterilization (in network)
  - Urgent care facilities (in and out of network)
  - Women’s OB/GYN services (in network)

Question
Kelli asked participants if they utilize the PA Lookup Tool.

Response
Natalie Holt-Simmons said they do use the look up too.

IV. Population Health Management

Rachel Weary, Director Mkt Clin Population Health Utilization & Case Management, gave a brief overview and introduced Suconda Smith, Manager Integrated Care Mgmt, Care Coord. Case Mgmt, and Suconda and Rachel presented the slides with the following information:

- New Contract: Community Integration-Enrollees will be placed in one of three tiers based on their acuity level:
  - Tier 3 (Highest)
    - Case Management Meetings shall occur at least monthly, in person, in the enrollee’s preferred setting, or more as required within the enrollee’s Plan of Care (POC) with
monthly updates to the POC and formal in person re-assessment quarterly. Case Management may integrate community health worker support.

- Tier 2 (Medium)
  - Case Management meetings shall occur at least monthly, with quarterly updates to the POC and formal in-person quarterly reassessment. Case Management may integrate community health worker support.

- Tier 1 (Low)
  - A POC shall be completed in person within 90 calendar days of identification and include assessment of attachment in the home environment and priority Social Determinants of Health (SDOH)
  - Case Management meetings shall occur at least quarterly or more as required within the enrollee’s POC, with annual updates to the POC and formal in-person annual reassessment

- Transitional Case Management:
  - Provider Collaboration
    - Development of a transition POC in coordination with the care setting, the enrollee, and other key members of an enrollee’s multi-disciplinary team prior to the transition which is provided in writing to the enrollee upon discharge
    - Includes Post discharge care appointments and linkages as appropriate, medication reconciliation, patient education and self-management
    - Strategies, and addresses PA needs
    - The enrollee is provided the case manager’s name and contact info prior to discharge
  - Discharge Planning
    - For enrollees preparing for discharge from a PRTF, TGH, or ICF/IID, aftercare services shall be in place 30 calendar days prior to discharge
    - Ensuring that the setting from which the enrollee is transitioning is sharing info with the enrollee’s PCP and behavioral health providers regarding the treatment received and contact info.

Question:
Diane Reidy asked if this is for all discharges.

Response:
Rachel responded that it is for all discharges. She also said that they are challenged with that and need the provider’s help with how they can make it happen. She said they do have a process in place with this new contract but would like to hear from the providers on their thoughts and ideas on this as well.

Question:
Diane asked if Rachel would send her an appointment after the holidays.

Response:
Rachel said absolutely she will. She said we are interested in all providers on the line to collaborate on this. She said they discussed internally about the idea of having portal for enrollees through the provider, like Ochsner has “My Chart”.

- How to Refer Member to Population Health:
  - The “Let us Know” program is a partnership between ACLA and the provider community to collaborate in the engagement with and management of our chronically ill members.
  - Two ways to let us know about chronically ill members:
    - Fax the “Let us Know” form to the Rapid Response and Outreach Team at 1-866-426-7309
    - Refer your patient to care management by calling Rapid Response and Outreach Team at
Question: How to find the “Let Us Know” form?

Responses:
Suconda said it is in the provider portal. Kelli Nolan also added that it is on our website too under provider forms.

Question: Kelli Nolan asked the providers if there is anyone that can suggest how to communicate the member’s needs to the MCO because the Let Us Know form is not working as effectively as we would like.

Question: Diane Reidy asked if email is an option.

Response: Rachel responded that we could discuss it if that is a better way for the provider and asked if this would be to email the form or email about the member.

Response: Diane said it would be to email about the member.

Response: Rachel said they can meet on that and take it to leadership to come up with a resolution.

Question: Kelli asked Diane what her thoughts are on using the portal for requests.

Response: Diane stated that case managers don’t use the portal except for the case managers that send clinicals. They would have to have all the insurance companies’ portals open all the time and they’re not going to be able to do that. It would be too many portals to keep up with.

Comment: Kelli said she just wanted to know the barrier and that she understands.

V. Provider Tools for Supporting Equity: Louisiana State Health Assessment and Online Resources

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<tr>
<th>Lori Payne, Market Health Equity Program Director, Administration, presented the slides with the following information:</th>
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<td>• Provider Tools for Supporting Equity</td>
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<td>o Behavioral Health Fact Sheet</td>
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<td>o Chronic Disease Fact Sheet</td>
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<tr>
<td>o Community Safety Fact Sheet</td>
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<tr>
<td>o Louisiana State Health Assessment</td>
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<td>o Louisiana State Health Assessment Report</td>
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<tr>
<td>o Maternal and Child Health Fact Sheet</td>
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<td>• Louisiana State Health Assessment:</td>
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<td>o Parishes in Region 6 - Live links to Demographics, Foundations of Community Health, Behaviors and Exposures, Medical Conditions are provided on the slide.</td>
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<td>o It will ask questions such as:</td>
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<td>➢ How health are Louisianans? Specifically, where do inequities exist for health outcomes and behaviors?</td>
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➢ What factors impact health in Louisiana? Where do inequities exist in the determinants of health?
➢ What assets and resources can be mobilized to address health issues?
  o Main focuses are:
    ➢ Behavioral Health
    ➢ Chronic Disease
    ➢ Maternal and Child Health
    ➢ Community Safety

• NCQA HEDIS Equity Measures – MY 2022-related to:
  o COL-Colorectal Cancer Screening
  o CBP-Controlling Blood Pressure
  o HBD-Hemoglobin A1c Control for Patients with Diabetes
  o PPC-Prenatal and Postpartum Care
  o WCW-Child and Adolescent Well Care Visits
• We will be putting together interventions as a plan to show improvements in disparities in the area and hopefully providers can support us in that journey.
• We’re using internal demographic information supporting the quality present for those efforts and the discussion we have today basically is part of the provider education component of actually working to reduce these disparities.

Question:
Lori Payne asked if providers have seen or been exposed to any of the Health Equity information that ACLA has sent out.

Response:
Diane Reidy said she gets a lot of Health Equity information from health insurance companies so she’s not sure if she’s received from ACLA, but she does get a lot of them.

Question:
Lori asked Bridgette Robertson if she will be sending out the presentation.

Response:
Bridgette said she will send it out if anyone would like a copy. She asked them to please let her know in the chat if they want a copy and she will send it to them by the end of the day.

Diane Reidy, Sheneka Dunn and Jennifer Williams all asked for a copy of the PP.

VI. Provider Network Management
Ahmed Olayanju, Manager Provider Network Management, Provider Network Mgmt. presented the slides with the following information:
• Medicaid Provider Enrollment Portal with the link: [https://ldh.la.gov/page/1198](https://ldh.la.gov/page/1198) to view Informational Bulletins 22-4 and 22-38 regarding enrolling in the Provider Enrollment Portal
• Providers enrolled with an MCO before 3-31-22 must enroll through the portal.
• For providers with multiple provider types, claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment of at least one provider type. Claims will deny beginning July 1, 2023, for any of the provider types not enrolled.
• Ordering, prescribing or referring providers, the medical/professional claim will deny beginning July 1, 2023, if not enrolled and this is applicable to both practitioner/interns.
• The prescription will deny beginning July 1, 2023, if any one of the following are not enrolled:
VII. Provider Network Operations

Bridgette Robertson, Manager Network Operations-Operations, presented the slides with the following information:

- Effective January 1, 2023, providers can submit appeals, 1st level disputes, 2nd level disputes, independent review reconsideration requests, and complaints via the NaviNet portal.
- Acknowledgement will be received via email.
- Processing timeframes remain the same:
  - Up to 30 days for appeal, 1st level disputes, 2nd level disputes and complaints.
  - Up to 45 days for independent review reconsideration requests.

IX. Open Discussion

Question:
Bridgette Robertson asked if anyone had additional questions, concerns or comments they'd like to share with the group.

Response:
Rhonda Baird spoke up and said she has an update if no one has questions at this time.

Response:
Bridgette said ok and thanked Rhonda.

Comments:
Rhonda said she wants to quickly go over our state priority measures for 2023. They are unchanged from the 2022 measures:

- Childhood immunization status combo 3
- Immunizations for adolescents combo 2
- Cervical cancer screening
- Colorectal cancer screening
- Follow up after hospitalization for mental illness
- Follow up after ED visit for mental illness
- Follow up after ED visit for substance use
- Controlling blood pressure
- Hemoglobin A1c Control for Patients with Diabetes: Poor Control (>9.0%)
- C-Section rates for low risk first birth women
- HIV viral load suppression

She said they will be continuing projects from 2022 throughout 2023 as well as implementing new projects and working with providers to help support those projects.
Also, they will be working 2023 performance improvement projects from the state.

The continued *PIPs are the behavioral health transitions in care PIP, fluoride varnish PIP, and their COVID-19 PIP.

Their new PIPs for 2023 will be cervical cancer screening and a PIP for HIV viral load.

They are closing out their Hepatitis C virus PIP but will continue the initiatives throughout 2023.

They will continue their quarterly trainings with providers as well as their one-on-one HEDIS training with providers.

If anyone is interested in these trainings Rhonda said to please reach out to her and a training can be set up.

Question:
Natalie Holt-Simmons asked if recoupment, reconsideration of appeals decision notices will be uploaded into the portal.

Response:
Bridgette answered no, they will not at this time.

Question:
Natalie asked if there is a plan to have that done because it does give providers a quicker way to access this information and track it.

Response:
Bridgette responded, not that she knows of, but she will take it back to leadership to determine if we can make that happen for our providers because our goal is always to reduce the administrative burden for our providers. She will research and get back with Natalie on this.

Response:
Natalie said she appreciates that and that she has a good track record of working with ACLA. It will definitely help.

*PIP=Performance Improvement Projects

**X. Adjournment**

Bridgette Robertson adjourned the meeting at 11:55 am (CST).

Respectfully submitted by:

Kelli Nolan, Director Provider Network Operations   Date

_1-9-23_

Recorder:

Nancy Thibodeaux, Provider Network Analyst, Provider Network Operation