

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

Attendees:

| Present from AmeriHealth Caritas Louisiana: | Guest Providers: |
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| Kelli Nolan, Director- Provider Operations and Administration | Angela Williams, Director of Clinical Services-Affinity Health Group |
| Chris McNeil, Program and Innovation Analyst-Administration | Rosalyn Williams, Special Programs Director, UAC |
| Stacie Zerangue, Director-Provider Network Management | Rachel Ford, SWLA Center for Health Services |
| Kenya Foster, Provider Communications Consultant-Communications | Jennifer Williams, Data Analyst-Affinity/Vantage Health Plan |
| Tamika Kehoe, Manager Network Operations-Provider Operations and Administration | Rhonda Collinsworth, Physician Support Representative, |
| Grover Harrison, Director Community Education-Community Outreach | Les Tompkins, AVP Managed Care-Ochsner Health |
| Sandra Workman, Supervisor Integrated Care Management-Rapid Response | Kirk Lemoine, Bienville Medical Center Inc. |
| Rachel Weary, Director Mkt Clin Population Health-Utilization & Case Management | Gary Morgan, Manager, Christus Health |
| Glynda Hurm, Manager-Provider Network Management | Britney Johnson, Affinity Health Group |
| Tricia Grayson, Director Communications & Marketing-Communications | Kristi Jones, Clinical Quality Management Supervisor, Affinity |
| Nancy Thibodeaux, Provider Network Analyst-Provider Operations and Administration | Jackie Rasco, Office Manager, Mind Rehab |
| Danette Marshall, Contract Account Manager-Plan Operations & Administration | Jonathan Lyons, CEO-Pinnacle Care Holdings, LLC |
| Melody Sherrod, Quality Performance Specialist-Quality Management | Pamela Goode, Program Director, Unlimited Alternatives to Change |
| Lori Payne, CLAS Coordinator Specialist-Accreditation | Jeff Mitchener, AVP-Ochsner |
| Haley Smith, Business Systems Analyst Sr-Data & Technical Services | Katrina Boden. Superior Counseling Services, LLC |
| Trampas Cranford, Director Data & Technical Services-Data & Technical Services | Steve Buckner, Corporate Director-Southeasterns |
| Lee Reilly, Practice Transformation Director-Practice Transformation | |
| Dr. Betty Muller, Medical Director-BH-Administration | |
| Nakesha Guillory, Provider Network Account Executive-Provider Network Management | |
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| AGENDA ITEM | DISCUSSION | | | |
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| I. Call to Order | Kenya Foster, Provider Communications Consultant for ACLA announced the housekeeping for the meeting at 11:00 a.m. (CST) virtually via Zoom followed by Tamika Kehoe, Manager Network Operations for ACLA welcoming everyone to the second PAC Meeting of 2021. | CONCLUSION / RESULTS | ACTION STEPS / PERSON RESPONSIBLE | DATE DUE |

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| II. Transportation Services in Monroe Follow-Up | <p>Steve Buckner, Corporate Director of Southeastrans provided the following Monroe area transportation data:</p> <ul style="list-style-type: none"> • Trip Volume for 2020 <ul style="list-style-type: none"> ○ Ambulatory trips: 7, 480 ○ Wheelchair trips: 163 ○ BLS trips: 436 • 9 Providers in service area • 6 Providers strictly ambulatory trips • 3 providers that provide wheelchair accessible • Offer daily, 10 day, & monthly passes • 10 routes and times of the routes • Next steps: <ul style="list-style-type: none"> ○ Download routes into Southeastrans system ○ Match members that live .5 mile from bus stops to particular routes ○ Member profile is notated that they live on a PT route | <p>Steve stated that routes are being pushed into Southeastrans internal software system (Insight) which stores member and provider profiles and routes are being geo coded with stops, miles and addresses. By the end of this month members should be profiled and it will identify if public system transportation is available to them. He also added that they've been having monthly meetings to be more proactive with providers and to discuss correct actions providers need to take regarding transportation and that they are using these opportunities to educate providers.</p> | <p>Angela Williams with Affinity commented how very encouraging it is to hear the efforts that Southeastrans is pursuing to help patients in the Monroe area. Steve responded that if at any time providers hold meetings to reach out to Southeastrans and they would love to help in any way they can.</p> | |
| III. Health Equity | <p>Lori Payne, CLAS Coordinator Specialist for ACLA shared the following regarding Health Equity:</p> <ul style="list-style-type: none"> • Health Equity is the successful culmination of efforts to ensure that all people have full and equal access to the opportunities, resources, and services that help them lead healthy lives. • Barriers to Health Equity (Noted that Preventive medicine and early interventions save money and lives) <ul style="list-style-type: none"> ○ Higher ER and Treatment Costs ○ High Rates of uninsured ○ Higher Rates of Chronic Conditions • 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. <ul style="list-style-type: none"> ○ Socioeconomic ○ Psychosocial ○ Community and Societal • Provider Discussions about Health Equity <ul style="list-style-type: none"> ○ Raise awareness ○ Feedback from "front lines" ○ Share advice on successes and program development ○ Opportunity for reflection how health equity can be a strategic priority • Plan Intervention for Health Disparities <ul style="list-style-type: none"> ○ Historic disparities in outcomes for Comprehensive Diabetes Care (CDC) for African American members ○ Improve Access to Care in African-American membership for CDC ○ Targeted support for AA members in rural areas ○ Access to Care efforts focused on the following: <ul style="list-style-type: none"> ➢ Member Education ➢ Increased exam compliance ➢ Improved member experience ➢ Barriers to Care ➢ Provider Education • Lori engaged the providers with the following questions: | <p>Angela Williams asked if there is an SDOH list of diagnosis codes.</p> | <p>Lee Reilly responded that she has a list of codes for her.</p> | |

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| | <ul style="list-style-type: none"> ○ Do you think the healthy equity conversation is important? ○ How can we support providers in providing equitable care? ○ What have you done to enhance health equity in your practice? | <p>Jonathan Lyons with Pinnacle Care Holding responded to the first question Lori asked and stated that early intervention with Home Health care is important to achieve health equity and the primary care providers need to initiate home care as soon as possible because home care providers help manage and advocate the care of the member for follow up visits for medication etc. which can prevent trips to the ER or IP confinement.</p> <p>Angela Williams agreed with Jonathan but stated they have a problem with getting reimbursement which holds the patients back.</p> <p>Jonathan responded to Lori's second question and commented that ACLA can help by addressing the reimbursement models to value home care more.</p> | <p>Rachel Weary asked if they are aware of our Care Management Program.</p> <p>Angela responded and said that they do utilize the program but also said that their providers are so busy taking care of patients that she would like to see the Payor (ACLA) take a more active role in informing the patient about the program.</p> <p>Rachel thanked Angela and responded that they do outreach to our members to establish a relationship but the members don't always understand and since a relationship with the provider is already established it would be beneficial for the provider to let the patient know they have a care manager that can help them as well.</p> <p>Jonathan admitted that it is poorly utilized by the provider</p> | |
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| | | | <p>side and Angela agreed that having that conversation to introduce that care management terminology to the member in collaboration that they could do a much better job.</p> <p>Rachel agreed and asked if there is anything more they can do to assist. Angela suggested maybe if the plan could let them know with an indicator on their reports that the member has been enrolled in the program. They agreed to talk about this more offline.</p> | |
| <p>IV. Cultural Competency</p> | <p>Lori Payne, CLAS Coordinator Specialist for ACLA spoke to Cultural Competency (CC) as follows:</p> <ul style="list-style-type: none"> • Culturally competent care is seen as foundational for reducing disparities • It respects diversity as well as the cultural factors that can affect health and health care, such as language, communications styles, beliefs, attitudes, and behaviors. • Plan Member Race Makeup: <ul style="list-style-type: none"> ○ Unknown 38.19% ○ Black 36.42% ○ White 24.07% ○ Asian or Pacific Islander 0.83% ○ American Indian or Alaskan Native 0.45% ○ Native Hawaiian 0.03% ○ Hispanic 0.01% ○ Other Race 0.002% • Non-English Member Language Distribution: <ul style="list-style-type: none"> ○ 98.06% are English speaking ○ 1.53% are Spanish speaking ○ 0.18% are Vietnamese speaking ○ 0.08% are Arabic speaking ○ 0.004% are French speaking ○ 0.005% are Laotian speaking | <p>Angela asked if they can get the information that Lori referenced in the presentation regarding Interpretation services etc.</p> | <p>Lori asked Tamika Kehoe if it's possible to send the information to the providers and Tamika said yes that she can send it along with the Power Point presentation.</p> | |

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| | <ul style="list-style-type: none"> ○ 0.14% are Unknown ● ACLA has quarterly Provider CC Training in addition the Office of Minority Health has the following programs: <ul style="list-style-type: none"> ○ A Physician’s guide to Culturally Competent Care ○ Culturally Competent Nursing Care ● The Fenway Institute, National LGBT Health Education Center has: <ul style="list-style-type: none"> ○ “LGBT People: An Overview” ● Lori questioned the providers: <ul style="list-style-type: none"> ○ What challenges are you facing in providing culturally responsive care? ○ What challenges are your service populations facing in this area? ○ How can we enhance our existing services to help you better meet your patients’ cultural and linguistic needs? | | | |
| V. Important Medicaid Provider Information | <p>Tamika Kehoe, Manager Network Operations, presented the following new information from LDH:</p> <ul style="list-style-type: none"> ● IB 21-5 regarding the LA Medicaid Provider Enrollment Portal: <ul style="list-style-type: none"> ○ Will be launched tentatively late April 2021 to screen and enroll all Medicaid Providers and will be accessible on LA Medicaid website once it’s launched. ○ Designed to meet a CMS requirement and must be used by all Medicaid providers ○ All current providers must enter their info and sign the state’s participation agreement through the portal with 6 months of the launch date. ○ Reasons for the new portal: <ul style="list-style-type: none"> ➢ Part of CMS plan 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 Medicaid or the Children’s Health Insurance Program (CHIP). ➢ These regulations require State Medicaid agencies (SMAs) to gather and verify relevant provider-submitted information. | <p>Trampas Cranford added every Medicaid provider must enroll and that LDH will be sending out the invites with detailed information regarding the enrollment process.</p> | | |
| VI. Access Standards for Providers | <p>Stacie Zerangue, Director Provider Network Management, related the following regarding access standards for providers:</p> <ul style="list-style-type: none"> ● Standards for PCPs: <ul style="list-style-type: none"> ○ Routine/Preventative-within 6 weeks of the member’s call ○ Non-Urgent Sick Visits-within 72 hours or sooner if condition deteriorates ○ Urgent Medical Condition-Within 24 hours of the member’s call ○ Emergency Medical Condition-Immediately upon the member’s call or referred to an emergency facility ○ Specialty Care Consultation-with on (1) month of referral or as clinically indicated ○ Family Planning Appt-within one (1) week or as clinically indicated ○ After=Hours Care by a CPC or a covering PCP-24 hours/7 days a week ● Standards for OB/GYNs: <ul style="list-style-type: none"> ○ Pregnant women in their 1st trimester-with 14 business days of ACLA learning the member is pregnant ○ Pregnant women in their 2nd trimester-with 7 business days of ACLA learning the member is pregnant ○ Pregnant women in their 3rd trimester-with 3 business days of ACLA learning the member is pregnant ○ High-risk pregnant women-within 3 days of ACLA learning the member is high-risk or immediately if an emergency medical condition exists. ● Behavioral Health <ul style="list-style-type: none"> ○ Psychiatric Inpatient Hospital-Admit to hospital not to exceed 4 hours (emergency involuntary), 24 hours (involuntary) or 24 hours (voluntary) | | | |

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| | <ul style="list-style-type: none"> ○ ASAM Level 3.3, 3.5 and 3.7-within 10 business days ○ Withdrawal Management-within 24 hours when medically necessary ○ Psychiatric Residential Treatment-within 20 calendar days ○ BH Life-Threatening Emergency Care-an appointment shall be arranged within 1 hour of request or ER/UCC/CC ○ BH Non-Life Threatening Emergency Care-6 hours or ER/UCC/CC ○ BH Urgent Non-Emergency Care-An apt shall be arranged within 48 hours of request ○ BH Initial Vs Routine Non-Urgent Care-within 14 days ○ BH Follow-Up Vs Routine Care-30 days ○ BH Follow-Up Post D/C Care-within 30 days of D/C ○ According to hospital D/C instructions-according to hospital D/C instructions ● Wait Time in office for scheduled apt-not to exceed 45 minutes ● Delayed Appointments-Notify patient immediately if provider is delayed and if anticipated to be more than a 90 minute wait time the member shall be offered a new appointment ● Walk-in patients-Seen ASAP/Follow written provider procedures | | | |
| VII. COVID-19 Updates | <p>Tamika Kehoe, Manager Network Operations presented the following info regarding COVID-19 updates:</p> <ul style="list-style-type: none"> ● Reimbursement is only made for treatment administration on the COVID-19 vaccine with the limitations listed on the LA Medicaid COVID-9 Vaccine and Treatment Fee Schedule ● LDH extended existing Pas for telemedicine/telehealth services until April 30, 2021 in: <ul style="list-style-type: none"> ○ IB 20-4-COVID-19 MHR Telemedicine/Telehealth ○ IB 20-5-COVID-19 <ul style="list-style-type: none"> ➢ ABA ➢ DME ➢ Any necessary medical and surgical procedures ➢ HH ➢ EPSDT PCS ➢ Therapies (PT, OT & ST) ➢ PDHC ○ IB 20-6-COVID-19 LMHP Telemedicine/Telehealth ○ IB 20-7-COVID-19 SUD Telemedicine/Telehealth ● New PAs must be submitted with a begin date of May 1, 2021 | | | |
| VIII. Behavioral Health (BH) Incentive Measures/ Interventions | <p>Melody Sherrod, Quality Performance Specialist, shared the following:</p> <ul style="list-style-type: none"> ● Incentive Measures <ul style="list-style-type: none"> ○ Follow-Up after ED visit for Alcohol and Other Drug Use or Dependence (FUA) <ul style="list-style-type: none"> ➢ Members 13 years of age and older ➢ Principal diagnosis of Alcohol or Other Drug Use (AOD) ○ Follow-Up After Emergency Department Visit for Mental Illness (FUM) <ul style="list-style-type: none"> ➢ Members 6 years of age and older ➢ Principal diagnosis of mental illness or intentional self-harm ○ Follow-Up After Hospitalization for Mental Illness (FUH) <ul style="list-style-type: none"> ➢ Visit must be performed by a mental health professional ➢ Members 6 years of age and older ➢ Treatment of selected mental illness or intentional self-harm ○ Rate 1- The percentage of discharges for which the member received follow-up within 7 days ○ Rate 2:- The percentage of discharges for which the member received follow-up within 30 days ● Provider Interventions | <p>Angela Williams asked if they are using the HEDIS definitions for the 3 measures. Angela also asked if they have to have services such as counseling for follow ups if they see the PCP.</p> | <p>Melody responded and said yes they are using HEDIS definitions and for ED visit they're able to see a PCP and therapy along with the PCP visit.</p> | |

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| | <ul style="list-style-type: none"> ○ Telehealth Visits ○ ATLAS (State Treatment Facility Locator) ○ SAMHSA-Buprenorphine Practitioner Locator ○ ASAM MAT Training ○ ACLA Hosted BH Trainings ○ ASAM Trainings and Resources ● Member Interventions <ul style="list-style-type: none"> ○ CM Outreach/Enrollment ○ Text Messaging Campaign ○ Care Card ● Melody asked the following questions: <ul style="list-style-type: none"> ○ Do you treat patients with Substance Use Disorder (SUD) or mental illness? ○ Are there any barriers when referring patients to BH/SUD treatment? ○ Do you have any physicians who are certified MAT (Medication-Assisted Treatment) providers who can prescribe Buprenorphine for OUD? | <p>Angela said a barrier they have is in finding a provider to refer a patient for BH/SUD. She also said that when the patient is inpatient and they are discharged there is no follow up and when the patient gets to the PCP they expect them to continue the medications. Continuity of care is not happening as it should be.</p> <p>Melody asked if Angela's facility have MAT certified providers and Angela said they don't. Melody asked for them to email her and she'll give them information on the courses and how to register.</p> <p>Katrina Boden of Superior Counseling Services spoke up to say they offer counseling services in the Shreveport area and they can do virtual visits for continuity of care from discharge and Angela said she'll make a note of it and share with other providers at Affinity.</p> <p>Kenya Foster also suggested that they utilize our website's provider look up tool to assist in finding providers.</p> | | |
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| IX. Peer Support Specialist Implementation | <p>Danette Marshall, Contract Account Manager relayed the following information regarding PSS effective March 1, 2021:</p> <ul style="list-style-type: none"> • Peer Support Services (PSS) are an evidence- based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illnesses and/or substance use. • Services are provided by Certified Peer Support Specialists (CPSS) • Services are face-to-face interventions with the member present <hr/> <ul style="list-style-type: none"> • PSS must be provided under the supervision of a Licensed Mental Health Professional (LMHP) and under the administrative oversight of license and accredited local governing entities (LGEs). | | | |
| X. Open Discussion | <p>Danette added that our vision and dental brokers will be with us next meeting to answer any questions from vision and dental providers.</p> | | | |
| XI. Adjournment | <p>Tamika Kehoe adjourned the meeting at 12:24 pm (CST). The next meeting is on July 27, 2021 (location unknown at this time).</p> <p>Respectfully submitted by:</p> <p>Kelli Nolan, Director, Provider Network Operations Date</p> <p>_____ <i>Kelli Nolan</i> _____ <u>4/19/21</u></p> <p>Recorder: <u><i>Nancy Thibodeaux</i></u> Nancy Thibodeaux, Provider Network Analyst, Provider Network Operations</p> | | | |