

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

Attendees:

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

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).	CONCLUSION / RESULTS	ACTION STEPS / PERSON RESPONSIBLE	DATE DUE
II. Agenda and Attendance	Bridgette Robertson, Manager Network Operations-Operations , presented the agenda and organizations in attendance list for the meeting.			

<p>III. Utilization Management</p>	<p>Bridgette Robertson, Manager Network Operations-Operations, presented the Utilization Management slides for Utilization Management.</p> <ul style="list-style-type: none"> • UM Process is as follows: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ➤ Member’s name ➤ Member’s DOB ➤ Member’s ID ➤ Provider’s contact info ○ Turnaround Times are as follows: <ul style="list-style-type: none"> ➤ 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: <ul style="list-style-type: none"> ○ 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) <p>Question Kelli asked participants if they utilize the PA Lookup Tool.</p> <p>Response Natalie Holt-Simmons said they do use the look up too.</p>			
<p>IV. Population Health Management</p>	<p>Rachel Weary, Director Mkt Clin Population Health-Utilization & Case Management gave a brief overview and introduced Suonda Smith, Manager Integrated Care Mgmt, Care Coord. Case Mgmt, and Suonda and Rachel presented the slides with the following information:</p> <ul style="list-style-type: none"> • New Contract: Community Integration-Enrollees will be placed in one of three tiers based on their acuity level: <ul style="list-style-type: none"> ○ Tier 3 (Highest) <ul style="list-style-type: none"> ➤ 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 having 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 appt 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

	<p style="text-align: center;">1-888-643-0005</p> <p>Question: How to find the "Let Us Know" form?</p> <p>Responses: Suconda said it is in the provider portal. Kelli Nolan also added that it is on our website too under provider forms.</p> <p>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.</p> <p>Question: Diane Reidy asked if email is an option.</p> <p>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.</p> <p>Response: Diane said it would be to email about the member.</p> <p>Response: Rachel said they can meet on that and take it to leadership to come up with a resolution.</p> <p>Question: Kelli asked Diane what her thoughts are on using the portal for requests.</p> <p>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.</p> <p>Comment: Kelli said she just wanted to know the barrier and that she understands.</p>			
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V. Provider Tools for Supporting Equity: Louisiana State Health Assessment and Online Resources

Lori Payne, Market Health Equity Program Director, Administration, presented the slides with the following information:

- Provider Tools for Supporting Equity
 - Behavioral Health Fact Sheet
 - Chronic Disease Fact Sheet
 - Community Safety Fact Sheet
 - Louisiana State Health Assessment
 - Louisiana State Health Assessment Report
 - Maternal and Child Health Fact Sheet
- Louisiana State Health Assessment:
 - Parishes in Region 6 -Live links to Demographics, Foundations of Community Health, Behaviors and Exposures, Medical Conditions are provided on the slide.
 - It will ask questions such as:
 - How health are Louisianans? Specifically, where do inequities exist for health outcomes and behaviors?

	<ul style="list-style-type: none"> ➤ 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? ○ Main focuses are: <ul style="list-style-type: none"> ➤ Behavioral Health ➤ Chronic Disease ➤ Maternal and Child Health ➤ Community Safety ● NCQA HEDIS Equity Measures – MY 2022-related to: <ul style="list-style-type: none"> ○ COL-Colorectal Cancer Screening ○ CBP-Controlling Blood Pressure ○ HBD-Hemoglobin A1c Control for Patients with Diabetes ○ PPC-Prenatal and Postpartum Care ○ 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. <p>Question: Lori Payne asked if providers have seen or been exposed to any of the Health Equity information that ACLA has sent out.</p> <p>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.</p> <p>Question: Lori asked Bridgette Robertson if she will be sending out the presentation.</p> <p>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.</p> <p>Diane Reidy, Sheneka Dunn and Jennifer Williams all asked for a copy of the PP.</p>			
<p>VI. Provider Network Management</p>	<p>Ahmed Olayanju, Manager Provider Network Management, Provider Network Mgmt. presented the slides with the following information:</p> <ul style="list-style-type: none"> ● Medicaid Provider Enrollment Portal with the link: 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: 			

	<ul style="list-style-type: none"> ○ Prescribing Provider ○ Vaccinating Pharmacist ○ Pharmacy Provider 			
VII. Provider Network Operations	<p>Bridgette Robertson, Manager Network Operations-Operations, presented the slides with the following information:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Up to 30 days for appeal, 1st level disputes, 2nd level disputes and complaints ○ Up to 45 days for independent review reconsideration requests. • NaviNet can be accessed via AmeriHealth Caritas Louisiana Provider site: https://www.amerihealthcaritasla.com/provider/resources/navinet/index.aspx 			
IX. Open Discussion	<p>Question: Bridgette Robertson asked if anyone had additional questions, concerns or comments they'd like to share with the group.</p> <p>Response: Rhonda Baird spoke up and said she has an update if no one has questions at this time.</p> <p>Response: Bridgette said ok and thanked Rhonda.</p> <p>Comments: Rhonda said she wants to quickly go over our state priority measures for 2023. They are unchanged from the 2022 measures:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>			

