AmeriHealth Caritas Louisiana
Provider Advisory Council (PAC) Meeting Minutes
Wednesday December 20, 2023 11:00 a.m.

Attendees:	
Present from AmeriHealth Caritas Louisiana:	**Guest Attendees:**
Kyle Viator, Market President AC Louisiana, Administration	Alecia Peters, Billing Specialist, Excelth Inc.
Thomas Godfrey, Director Operations & Administration, Administration	LaTonya Seibles, Administrator, Louisiana BH Services of Seaside Healthcare
Kelli Clement, Director Provider Network Ops, Provider Operations and Administration	Katina Campbell, Credentialing Specialist, Lafayette Health Ventures
Rhonda Baird – Director Quality Management, Quality Management	Mica Toups, Director, Payor Contracting, SouthStar Urgent Care
Gwen Matthews, Director Provider Network Management, Provider Network Mgmt.	Lisa Savoy, Credentialing, Ochsner Lafayette General Medical Center
Jeff Sitko, Director Practice Transformation, Practice Transformation	Meagan Dupre, Credentialing Specialist, Lafayette Health Ventures
Robbynn Green, Director Pop Health Data Strategy, Quality Data Strategy & Acquisition	Hoyle Walls, Credentialing Coordinator, North Caddo Medical Center
Lori Payne, Mkt. Health Equity Program Director, Quality Health Equity	Stephanie Cubbit, Medical Biller, Citizens Medical Center
Bridgette Robertson, Manager Provider Network Operations, Provider Operations & Admin.	Jovon Thomas, Billing, Excelth, Inc.
Glynda Hurm, Manager Provider Network Management, Provider Network Mgmt.	Penny Collins, Billing Specialist, Excelth, Inc.
Lynette Hinton, Manager Provider Network Management, Provider Network Mgmt.	Jacqulin Spooner, Billing, Excelth, Inc.
Sarah Gazzo, Manager ICM Behavioral Health, Care Coord Case Management	Amy Puerto, Optometrist, Optometry Association of Louisiana
Renee Wilkerson, Provider Network Account Exec I, Provider Network Mgmt.	Antoinette Brazley, Medical Billing Specialist, Excelth, Inc.
Millissa Harrison, Provider Network Account Exec II, Provider Network Mgmt.	Chelsea Nabonne, Credentialing Specialist, Excelth, Inc.
Melissa Guillory, Provider Network Account Exec I, Provider Network Mgmt.	Jenny Miller, Credentialing Manager, Ochsner Health Systems
Lisa LeBeau, Provider Network Account Exec I, Provider Network Mgmt.	
Angela Salard, Provider Network Account Exec I, Provider Network Mgmt.	**Registered not in Attendance:**
Marilyn Thomas, Provider Network Account Exec I, Provider Network Mgmt.	Kristi Cadarette, Managed Care Liaison, Woman's Hospital
Nancy Thibodeaux, Provider Network Analyst, Provider Operations and Administration	Kelly Prejean, Sr. Manager of Credentialing & Enrollment, Community Care Partners
Carrie Blades, Supervisor Quality Management, Quality Management	Rhonda Collinsworth, Credentialing & Licensing Specialist, Affinity Health Group, LLC
Christopher McNeil, Program & Innovation Analyst, Pop Health Medical Services	Doris Holland, Office Manager, Alfredo E. Torres, M.D.
	Derenda Flowers, CFO, Body & Soul Services, Inc.

AGENDA ITEM	DISCUSSION			
I. Call to Order	Thomas Godfrey, Director Operations & Administration, Administration welcomed everyone to the PAC Meeting of December 20, 2023 (virtually via Zoom) at 11:00 a.m. and then turned the meeting over to Bridgette Robertson, Manager Provider Network Management.	CONCLUSION / RESULTS	ACTION STEPS / PERSON RESPONSIBLE	DATE DUE
II. Agenda	**Bridgette Robertson, Manager Network Operations-Operations,** presented the meeting agenda.			

III. PerformPlus Value-Based Arrangements	**Jeff Sitko, Director Practice Transformation, Practice Transformation,** presented the PerformPlus Value-Based Arrangements report. • PerformPlus Value-Based Arrangements are: o Developed to meet providers needs as well as increase the value-based care received by our enrollees and the tools to succeed in these models o We offer reports, dashboards and we will guide providers to utilize o We make it to where providers can manage accountability for outcomes such as: ➢ Improving member experience ➢ Avoid waste and duplication of care ➢ Bring cost trends in line with or below inflation ➢ Allow for customizations to meet the unique needs of our health care delivery partners o We offer value-based programs for multiple types of providers to also meet our member needs o Providers are incentivized on how well they can improve quality of care based on specific measures such as: ➢ Managing transitions in care ➢ Managing potentially preventable events ➢ Managing total cost of care ➢ Addressing social determinants of health ➢ Health equity ➢ Reducing hospital readmissions ➢ Preventative care Questions: None.			
IV. Data Sharing	**Robbynn Green, Director Pop Health Data Strategy, Quality Data Strategy & Acquisition** presented a slide with the following information: • Graphic shown reflected the processing of both structured and unstructured C-CDA data that we get from aggregators and how that processes various reporting programs that would be impactful for providers o Data Aggregator integrates with providers in network to extract encounter level data for our members and the data is shared in two formats: ➢ C-CDS-allows for internal parsing of discrete data ➢ PDF type-allows for our partner, Astrata, to overlay their Natural Language Processing (NLP) solution on the full encounter, thereby enhancing the amount and type of data abstracted from the note o Key criteria for success: ➢ Provider participation-providers must agree to integration with aggregator ➢ Most integrations take place within 8-10 weeks ➢ <10 hours of provider resource time/week is required, with most attention needed in first 2-3 weeks ➢ Provider can review data being shared at any time ➢ Data can be used for quality, risk adjustment and population health analytics and NLP data specific to quality/HEDIS reporting o Benefits of participation: ➢ Improved Value-Based Program and QEP results ➢ Reduced requests for medical records throughout the year ➢ No cost to provider ➢ Provides can create an agnostic approach to data sharing/interoperability ➢ May choose to share data with ANY payer		.	

	Questions: None.			
V. Provider Tools for Supporting Equity	**Lori Payne, Mkt. Health Equity Program Director, Quality Health Equity,** presented slides with the following information: • While working on building patient trust we have learned that members receiving care from a physician who shares their cultural background are more likely to: o Adhere to medication o Are more open about specific health concerns o Complete required testing more frequently including preventive care. • We want to know how we can help providers to achieve patient trust. • Our website includes a provider search for members to select a provider close to them that meets their needs by supplying the following details: o Language Spoken by Staff o Provider Has Undergone Cultural Competency o Gender • Members who desire to identify a provider who shares a similar cultural background may contact us directly and we will assist them. • We've updated our provider change form to aid in this assistance by adding the following details for providers to complete for us: o Race o Ethnicity • To access patient data on Social Determinants of Health (SDOH) needs and better inform care delivery, we have added five SDOH columns to the Provider HEDIS Report care: o Health Literacy Concern o Transportation Issue for Appointments o Housing Status Concern o Food Insecurity o Childcare Issue for Appointments • If a member reports these issues, we have a Find Help Support Site for providers to use at: https://acla.findhelp.com/ o Enter the member's zip code and connect them with an organization in their area that can help them address their issue(s). Questions: Lori Payne asked providers how they feel about us asking them about race and ethnicity. Responses: **Amy Puerto, Optometrist with Optometry Association of Louisiana** said that it's fine with her. She also added that as a minority doctor, she appreciates patients who can both feel more comfortable with her and "being at their level" can show a new face to all patients. She said it builds trust and more important than just identity is doctors who can communicate effectively and care about their patient delivery. She said that instills lifelong trust.	.	.	
VI. Implementation of Tiered Case Management	**Sarah Gazzo, Manager ICM Behavioral Health, Care Coord Case Management** presented slides with the following information: • In January 2023 we implemented this following LDH required Tiered Case Management program to provide for differing levels of Case Management based on the enrollee's needs: o Tier III – High Risk Intensive Case Management			

	➢ Monthly – In person Case Management meetings, more as required ➢ Quarterly - Formal in person general health re-assessment o Tier II – Medium (Rising) Risk Case Management ➢ Monthly – Case Management meetings at least monthly ➢ Quarterly - Formal in person general health re-assessment, updates to plan of care, attestation of quarterly updates to plan of care and communication of plan of care to enrollee and primary care provider o Tier I – Low Risk Case Management ➢ Quarterly – Case Management meetings at least quarterly, more as required within the enrollee's plan of care ➢ Annual - Formal in person general health re-assessment, updates to plan of care, attestation of annual updates to plan of care and communication of plan of care to enrollee and primary care provider • Tier level is determined by the enrollee's risk score and acuity level, combined with member needs • Care managers and community Health Navigators are deployed in all Regions of the State to support and ensure compliance with the Tiered CM program Questions: None.			
VII. Administrative Simplification	**Lynette Hinton, Manager Provider Network Management, Provider Network Mgmt.,** presented slides with the following information: • Providers who are registered with NaviNet can now submit the following via NaviNet: o Claim Reconsiderations (1st level disputes) o Claim Appeals (2nd level disputes) o Independent Review Reconsiderations o Complaints o Appeals on behalf of the member (medical necessity denials pre-claim) • Prior Authorization inquiries and submissions may be submitted electronically through NaviNet and in addition providers may be able to: o Verify if no authorization is required o Receive auto-approvals, in some circumstances o Submit an amended authorization o Attach supplemental documentation o Sign up for in-app status-change notifications directly from the health plan o Access a multi-payer authorization log o Submit inpatient concurrent reviews online if you have Health Information Exchange (HIE) capabilities (Fax is no longer required) o Review inpatient admission notifications and provide supporting clinical documentation • AmeriHealth Caritas Louisiana has developed the Condition Optimization Program (COP) to: o Help PCPs identify members with chronic and/or complex medical needs o Promote routine access to primary care for chronically ill members o Increase member appointment compliance through outreach o Improve accuracy and completeness of reporting to LDH regarding AmeriHealth Caritas Louisiana member diagnosis information • Providers now have the option to add supplemental documents to their 275 transactions such as:			

	○ Itemized Bills ○ Medical Records for HAC review ○ Single Case Agreements ○ Advanced Beneficiary Notices ○ Consent Forms ○ Manufacturer Suggested Retail Price/Invoices ○ Electric Breast Pump Request Forms ○ CME Checklist consent forms ○ Certification of the Decision to Terminate Pregnancy ○ Ambulance Trip Notes/Run Sheets **NOTE:** EOBs for 275 attachments should only be used for non-covered or exhausted benefit letters. • Lynette showed providers how to navigate our website to find newsletters and clinical policies • Kelli Clement added that NaviNet will begin housing provider recovery letters January 1, 2024. • Bridgette Robertson messaged that an Account Executive Map will be sent to all participants. Questions: None.			
VIII. Quality Management	Rhonda Baird, Director Quality Management, Quality Management presented slides with the following information: • LDH Priorities: ○ 2024 State Priority Measures ➢ Childhood Immunization Status: Combo 3 ➢ Immunizations for Adolescents: Combo 2 ➢ Cervical Cancer Screening ➢ Colorectal Cancer Screening ➢ Follow-Up after Emergency Department visit for Mental Illness: 30 days ➢ Controlling Blood Pressure ➢ Hemoglobin A1c Control for Patients with Diabetes: Poor Control (>9.0%) ➢ C-Section Rate for Low-Risk First Birth Women ➢ HIV Viral Load Suppression ○ 2024 Performance Improvement Projects ➢ Behavioral Health (BH) Transitions in Care ➢ Fluoride Varnish Application to Primary Teeth of all Enrollees aged 6 months through Age 5 by Primary Care Clinicians ➢ Screening for HIV Infection ➢ Improving Cervical Cancer Screening Rates among Healthy Louisiana Enrollees 21-64 Years of Age (CCS) ➢ Congenital Syphilis • Provider Quality Visits ○ In addition to each provider having their own Account Executive they also have their own Quality Performance Specialist (QPS) and a map is attached to indicate the QPS for a provider's region. ○ Reports on NaviNet and other areas that a QPS can help with: ➢ Care Gap Reports ➢ ADT Alerts ➢ Utilization Reports			

	➢ PCP Performance Reports ➢ How to close care gaps through Appian ➢ Risk Adjustment: Condition Optimization Program and Reimbursment ➢ Understanding HEDIS® Measures ➢ HEDIS® Tips ➢ LDH Priority Measures ➢ Quality Initiatives • HEDIS Documentation and Coding Guidelines are also available in NaviNet • CPT CAT II Code Provider Incentives • Provider Incentive for Behavioral Health Follow-Up Care • Cervical Cancer Screening Provider Incentive • Electronic Health Record (EHR) access to reduce administrative burdens on provider's office staff: o Medical Record Reviews: ➢ Utilization Management ➢ Risk Adjustment ➢ HEDIS® Hybrid ➢ Audits o Contact Rhonda Baird at rbaird@amerihealthcaritasla.com or (225) 218-5200 if interested in obtaining EHR access. • Quality Assessment & Performance Improvement (QAPI) Committee oversees AmeriHealth Caritas Louisiana's efforts to measure, manage and improve the quality of care and services delivered to our members, and evaluate the effectiveness of the QAPI Program o QAPI meets quarterly and providers may join in person or by phone o 2024 dates: March 26th, June 25th, September 24th, and December 10th o Meetings are 7:30am to 9:30 am o Provider honorarium is given for each meeting a provider joins o Contact Rhonda Baird (above contact info) if interested in serving on QAPI o Kyle Viator added the feedback from providers is crucial to determining initiatives that we can put in place that support overall care we can give our members. Questions: None.			
IX. Open Discussion	Question: Bridgette Robertson asked if anyone had additional questions, concerns or comments they'd like to share with the group. No questions. Comments: Kelli Clement reiterated provider feedback is so important to improve administrative burdens for the providers and we look forward to providers' feedback on any clinical or reimbursement policies we have. This advisory council is to get advice from you our provider network community to improve in all areas of the Plan. She thanked everyone for participating today.			

X. Adjournment	Bridgette Robertson announced the next PAC meeting will be held on March 13, 2024 and adjourned the meeting at 11:58 am (CST). Respectfully submitted by: Kelli Clement, Director Provider Network Operations Date _____ _____ ____ *Kelli Clement* 1-26-24 Recorder: Nancy Thibodeaux, Provider Network Analyst, Provider Network Operation *Nancy Thibodeaux* 1-26-24			