

Medical Management Meeting

4th ACHN Quarter 2021

Northeast Region

May 15th and May 29th

- **Please sign into the GoTo Meeting using the Office Name you are representing.**
- **In the Chat Box (Speech Bubble) please add your name, your practice name and your email address where we can forward you an evaluation.**
- **Questions to Kerri Sulyma at kerri.sulyma@northalcc.org**

Agenda

- Welcome – Laura Thompson, RN Director of Quality
- Medical Management Meeting Requirements – Dr. Rao Thotakura
 - 3 out of 4 meetings with one optional as WebEx
 - Through the National Emergency, Medicaid is allowing all meetings to be WebEx and count as in person
- NACC Case Management – How can we help You – Diane McCrary, RN BSN
- Quality Measure AMR-CH – Dr. Rao Thotakura
- Alerts & Medicaid Updates – Laura Thompson, RN

Dr. Thotakura

NACC's Care Coordination in Review

- **General Care Coordination**
 - Transition of Care
 - Behavioral Health
 - Traditional Care Coordination
- **Maternity Care Coordination**
- **Family Planning Care Coordination**

Medicaid Eligible patients can participate in multiple programs at one time and receive care coordination across the spectrum of services.

Care Coordination at Alabama Children's Clinic P.C.

How does Care Coordination help me and my staff?



Case Presentation from a PCP #1

11 year old Kason -

- Birth defects oculoauriculofronto nasal syndrome
- Cleft palate surgery, G Tube, Trach, Jaw surgeries
- Cochlear implant Rt
- Attends School
- Aide helps with feeding at school

How does NACC help with Case Management

- Coordinates with G Tube and Trach supplies
- Coordinates with Home health
- Coordinates with Provider visits/ Children's Hospital
- Resources to the legal Guardian(Grandmother)

Case Presentation from a PCP #2

18 month old Chanse

- Born with Hydrocephalus, polymicrogyria, microcephaly,
- Developed seizures
- Developmental delay
- Underwent VP shunt
- CRS for therapies
- On Keppra and ONFI
- Needs Strabismus surgery

How does NACC help with Case Management

- NACC helps to coordinate care through multiple levels of services in Huntsville and Birmingham
- Assists mother to keep up with f/u, EPSDT, Immunizations, medications etc.
- Provide resources for payment of utility bills

Case Presentation from a PCP #3

12 yr old Willow with Thrombocytopenia and absent Radius Syndrome

- Has ADHD
- Developmental delay
- Behavior concerns suspecting Autism Spectrum Disorder

How does NACC help with Case Management

- Received services to get referral assistance
- Non-Emergency Transportation assistance
- Resource identification for utility bills and Food assistance

Focus this Quarter is Asthma Medication Ratio: Ages 5-18

AMR-CH

Current Rate for 12-month Date 01/01/2020 – 12/31/2020	73.4%
2022 Target Rate is	74.4%



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Antidepressant Medication Management

Asthma Medication Ratio: Assesses children 5–18 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

$$\frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}} = \text{AMR Ratio}$$

Asthma Medication Ratio (AMR-CH)

Inclusion into the measure can be based on any of the following events:

- Outpatient visit or observation visit where there was a diagnosis of asthma and the patient received two separate asthma dispensing events.
- Acute inpatient visits where the patient received a principal diagnosis of asthma.
- ED visits with a principal diagnosis of asthma.
- At least four asthma medications dispensing events.

Tips to improve the Asthma Medication Ratio

- Submit claims and encounter information in a timely manner
- Ensure patients are accurately diagnosed with persistent asthma
- Evaluate patients before approving requests for refills of rescue inhalers
- Educate patients/care givers on asthma and taking asthma medications correctly, including the proper use of long-term controller medications
- Include community pharmacist as part of the care team
- Use EMR lists and prioritize patients with low AMR (less than 0.5)

Laura Thompson, RN

National Emergency

Alabama Medicaid expects for the National Emergency to be lifted as of October 1, 2021 – December 31, 2021 with a 3-month phase over back to face to face.

For NACC – this means we will remain remote until the first of January.

For the PCP – this means the possibility of Tele-Medicine ending after the Emergency has expired.

A L E R T

July 16, 2021

TO: All Providers

RE: COVID-19 Emergency Expiration Date Extended to August 31, 2021

Recent Medicaid Alerts

All previously published expiration dates related to the COVID-19 emergency are once again extended by the Alabama Medicaid Agency (Medicaid). **The new expiration date is the earlier of August 31, 2021, the conclusion of the COVID-19 national emergency, or any expiration date noticed by the Alabama Medicaid Agency through a subsequent ALERT.**

A listing of previous Provider ALERTs and notices related to the health emergency is available by selecting the Agency's COVID-19 page in the bottom section:

https://medicaid.alabama.gov/news_detail.aspx?ID=13729.

During the COVID-19 emergency, it is important to file claims as quickly as possible to ensure payment from Medicaid is made to Medicaid providers close to the date of service. The Centers for Medicare and Medicaid Services has increased the federal matching percentage for the emergency time frame, but states can only receive the increased match on claims that are paid during the emergency. Providers should include appropriate COVID-19 diagnosis code(s) on claims submitted to help with tracking of COVID-19.

Patient-Centered Medical Home

- **Attest to the Medicaid Agency.** After receiving PCMH Certification or making adequate progress from the national certifying entity, the PCP Group must attest (via PCMH Attestation Form) to the Agency no later than October 1st to receive PCMH Bonus eligibility for the upcoming fiscal year (e.g. to receive PCMH Bonus eligibility for FY 2022, the attestation form and supporting documentation must be received by October 1, 2021). The Agency will not accept attestations after the October 1st deadline.
- **Receive notification.** PCP Groups who attest to the Agency will be notified of their PCMH Bonus eligibility status via mail and/or e-mail.
- **Remember to attest every year.** PCP Groups that wish to continue to receive the PCMH Bonus must attest annually no later than October 1st.

A L E R T

July 15, 2021

TO: All Providers

RE: Notice of Issuance of New Medicaid IDs to SSI Recipients

Recent Medicaid Alerts

By August 2021, Alabama Medicaid recipients whose Medicaid benefits were awarded through Supplemental Security Income (SSI-Certifying Agency "S") should have received a new Medicaid identification card, with a new Medicaid number that starts with 530. A notification was mailed to recipients letting them know to expect a new Medicaid ID card with their new number by the end of August. The letter also informed recipients to present both Medicaid cards to their Medicaid providers. **The new Medicaid IDs will be effective on August 1, 2021.**

These guidelines will assist with eligibility verification/claims submission for those recipients during this transition:

- **All information for the previous Medicaid ID and the new Medicaid ID are being combined to allow providers to use either the previous card or new card for eligibility verification and claims submission.** When the merging process occurs, all eligibility, Prior Authorizations (PAs), and claims history will be combined and transferred to the new ID. However, due to the large amount of SSI certified recipients affected, this process may not be completed until Labor Day, September 6, 2021.
- Therefore, during the month of August before all Medicaid IDs are combined, providers must use the new Medicaid ID (beginning with "530") when checking current eligibility and submitting claims for any recipient whose ID has not been merged by August 1. If the data has not been transferred to the new number yet, the provider may need to ask for the old "500" eligibility number to verify eligibility for previous months.
- During check-in, providers and staff are encouraged to ask recipients if they have received a new Medicaid ID card, and whether they have more than one Medicaid number.
- Providers may use the eligibility verification function in the Provider Web Portal, Provider Electronic Solutions (PES) or the Automated Voice Response System (AVRS) to determine whether a recipient's Medicaid IDs have been combined.
- If a provider encounters a recipient who does not have an ID card with their new "530" number, the provider can log into the Provider Web Portal, PES or AVRS and enter the card number the recipient has presented. An eligibility verification request performed using the previous Medicaid ID will return the new Medicaid ID if the IDs have been combined. If the IDs have **not** been combined, the "530" number will not be displayed. The Provider may then contact the Provider Assistance Center for guidance at 1-800-688-7989.

If you experience any issues related to Prior Authorizations which were previously approved, please contact the Prior Authorization vendor for assistance.

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A L E R T

July 14, 2021

TO: All Providers**RE: Changes to Body Mass Index Requirement during Public Health Emergency**

Recent Medicaid Alerts

Effective August 1, 2021, the Medicaid Agency will reinstate the Body Mass Index (BMI) requirement. Beginning August 1, 2021, Primary Care Physicians (PCPs), nurse practitioners/physician assistants (collaborating with a PCP), PCP groups/ individual PCPs participating with an Alabama Coordinated Health Network (ACHN), Federally Qualified Health Centers, Rural Health Centers, Public Health Departments, Teaching Facilities, and OB/GYNs that bill procedure codes 99201-99205, 99211-99215, and 99241-99245 will be required to include a BMI diagnosis on the claim. The claim will be denied when a BMI diagnosis is not on the claim. A BMI diagnosis will only be required once on an annual basis for claims to pay.

EPSDT procedure codes 99382-99385 and 99392-99395 must also include a BMI diagnosis on the claim annually. The claim will be denied when a BMI diagnosis is not on the claim. Some specialists and nurse practitioners/physician assistants collaborating with these specialists are exempt from the BMI requirement. Refer to Chapter 40 of the Alabama Medicaid Provider Billing Manual for a list of provider specialists that are exempt from the BMI requirement.

Providers may verify BMI reporting on a claim during a calendar year by accessing the recipient's eligibility benefit panel via Provider Electronic Solutions (PES) Software or the Automatic Voice Response System (AVRS).

Under the *Benefit Limits* section, a response of "1" (or more) paid BMI visits indicates that the recipient had an annual BMI and a new BMI is not required for the claim to pay. A response of "0" paid BMI visits indicates that the recipient has not had an annual BMI reported and a BMI will be required for the claim to pay. See the screenshot below that details the location of the BMI visits on the recipient's eligibility benefit panel.

Coverage Type					
Country Code	County Name	Aid Code	Aid Description	Effective Date	End Date
Benefit Limits					
Service Description	Paid	Suspended			
DWPT Days	0	0			
Outset Days	0	0			
Respite/Other Visits	0	0			
BMI Visits	1	1			
HDRN Health Visits	0	0			
Amputations Surgery	0	0			
Dialysis Services	0	0			
Eye Frames	0	0			
Eye Lens	0	0			
Eye Exam	0	0			
Eye Fitting	0	0			
Eye Frames-Child	0	0			
Eye Lens-Child	0	0			
Eye Exam-Child	0	0			
Eye Fitting-Child	0	0			
Managed Care Organization Information					
MCO	Name	Primary Phone	Secondary Phone	From Elig Date	To Elig Date

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A L E R T

July 27, 2021

TO: All Providers

RE: EPSDT and PCP Referral Requirements

Recent Medicaid Alerts

1. Effective for dates of service on or after **September 1, 2021**, the Alabama Medicaid Agency (Medicaid) will resume the EPSDT referral requirement.

How does this impact how claims are to be billed?

Claims will deny and post error status codes on the remittance advices for those claims not indicating the service provided is as the result of an EPSDT referral. Refer to Appendix A–Well Child Checkup (EPSDT) of the Provider Billing Manual for billing instructions for EPSDT services.

How does this impact prior authorizations?

Services requiring prior authorization with an effective date of services on or after September 1, 2021, will be required to have a current EPSDT referral. Prior authorization requests submitted on or after September 1, 2021 will be required to include a current EPSDT referral with the prior authorization.

What types of providers does the EPSDT referral requirement impact?

Any Medicaid provider whose services require an EPSDT referral will be affected. Please refer to the Provider Billing Manual Chapters for the provider type and services performed.

Will the referral form be updated?

Yes. Form 362, the Alabama Medicaid Referral Form, will be updated and placed on the Medicaid website under the Resources, Forms Library link.

Link to the Provider Billing Manual:

https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2021.aspx

For questions related to the EPSDT referral process, email Jean.Wackerle@medicaid.alabama.gov.

2. Effective **August 1, 2021**, Medicaid will no longer require a Primary Care Physician (PCP) referral for services rendered for Medicaid recipients. The removal of the PCP referral requirement is for the following services or provider types: all specialists, Durable Medical Equipment (DME), outpatient hospital services, nephrology, optometrist/optician services/ophthalmologists, independent nurse, home health, glucose test strips/lancet, children's orthodontia, anesthesia, and ambulatory surgical centers. The specified provider types or services will no longer be required to indicate a referring provider on claims for reimbursement from Medicaid. Chapter 40 of the Provider Billing Manual will be updated in the October 2021 release. The Alabama Coordinated Health Networks (ACHNs) will no longer issue billing-only referrals after the August 1st effective date.

For questions related to the removal of the PCP referral requirement, e-mail ACHN@medicaid.alabama.gov.

For questions relating to filing claims relating to the EPSDT referral requirement, please contact the Gainwell Provider Assistance Center at 1-888-688-7989.

North Alabama Community Care

Care Coordination

Overview and Case Presentation

Medical Management Meeting

July – September 2021

Diane McCrary, RN BSN

Clinical Director

Current Program Structure

NACC encompasses three (3) programs under one umbrella who work together to create a seamless flow of care. The programs offer a comprehensive range of health services which covers different intensity levels. These programs include our General, Maternity, and Family Planning Medicaid Eligible Individuals.

Current Program Structure (cont.)

The New NACC is far from the old Health Home Program!

We can case manage EIs with only social needs, complex medical issues; however, no diagnosis is required.

Eligible EIs can participate in multiple programs at one time and receive care coordination across the spectrum of services.

General Care Coordination Goal

Improve healthcare outcomes through appropriate Care Coordination targeting high risk and/or high-cost individuals to improve the quality and the cost of healthcare.



General Care Coordination Services

NACC provides three (3) Core Services to the General Population. These services provide an additional level of support to enhance the primary care that you provide to those at risk or potentially at-risk patients:

- Transition of Care
- Behavioral Health
- Traditional Care Coordination.

Transition of Care

Registered Nurses (RNs), skilled in Acute Care, work collaboratively with hospitals in NACC's Six (6) counties which include Madison, Morgan, Limestone, Jackson, Marshall and Cullman.

NACC has access to admission and discharge reports that let us know when your patients are hospitalized, the date they are discharged and the discharge instructions. This allows us to provide a safe, timely and smooth transition from the acute setting back into the home environment.

TOC Team Approach

NACC has a diverse TOC Team that consists of RNS, LPNs and CHWs.

This team approach enables NACC to:

- Provide timely phone call attempts, within 48 hours of discharge, for discharges that occur Monday Through Friday and follow-up phone calls the next business day on discharges that occur over the weekend.
- Review discharge instructions and confirm understanding and confirm they have discharge medications.
- Assist with scheduling timely follow-up appointments with PCP / Specialist or both.

TOC RN can be conferenced in on Post discharge appointments.

Behavioral Health Services

NACC employs RNs with several years of Behavioral and/or Mental Health experience for the following duties:

- Work in conjunction with Mental Health Centers, Acute Care Hospitals, and patients to get them linked with appropriate services such as therapy, counseling or Psychiatric care
- Conference into appointments with Providers.

When NACC returns to the field, our BHNs will be embedded in our Community Mental Health Centers.

Traditional Care Services

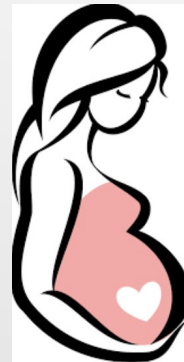
- ▶ Master and Bachelor Level Social Workers, Licensed Practical Nurses and Community Health Workers provide an array of Traditional Care Coordination Services:
 - Assist with coordination of Transportation services.
 - Link patients with PCPs and community resource assistance.
 - Teach patients / caregivers how to access and navigate through the health Care System.
 - Conference into or attend provider appointments.
 - Educate on Chronic Diseases and other diagnoses.

CCs will embed several days a week in a PCP practice and work out of their homes the remainder of the week.

Maternity Care Coordination Goal

Reduce maternal and infant morbidity and mortality and improve birth outcomes.

“Maternity outcomes in Alabama are less than optimal, and preterm birth rates and infant mortality are higher than the national average.”



Maternity Care Coordination

NACC has a robust team of RNs, LPNs, and SWs who screen, assess and enroll patients using Risk stratification to help provide appropriate care.

- All pregnant patients are screened for Substance and Drug abuse using the SBIRT tool
- Appropriate referrals for treatment are made on positive screenings

Maternity Care Coordination

To improve birth outcomes for both mother and baby and to reduce adverse birth outcomes, Maternity CCs remind and reiterate the importance of attending all scheduled appointments with DHCPs/ Maternal Fetal Specialists and following the prescribed treatment at each Face to face/Telephonic encounter throughout the enrollment period.

Family Planning Care Coordination Goal

Reduce the number of unintended pregnancies and improve the well-being of children and families in Alabama

Family Planning Care Coordination

NACC employs RNs and Licensed SWs to provide Family Planning Care Coordination Services.

Some Care Coordinators are crossed trained to provide both Maternity and Family Planning services.

Family Planning Care Coordination

The Care Coordinators case manage to prevent unplanned pregnancies and ensure proper birth spacing. These Family Planning CCs assess, remind, and reiterate the importance of planned parenthood throughout the enrollment period.

- They work collaboratively with County Health Departments and PCPs to educate and support patients so that they choose the birth control method that's best for them.
- FP CCs send out appointment reminders to patients.
- They provide education using the PT +3 Teaching Method to encourage and support the exercise of choice when consenting to Family Planning Care Coordination services.

Provider Quality Measures

How can referring to NACC's Care Coordination program help Providers meet Quarterly Quality Goals?

Examples include:

Education on Type 1 and Type 2 Diabetes.

- Reminders about Hemoglobin A1c checks.
- Ensuring access to and understanding how to use glucometer.
- Re-enforcing Diabetes Action Plan prescribed by Physician.
- Supporting on-going honest communication with PCPs and Specialists.

Provider Quality Measures (cont.)

Education about the importance of Well Check ups and EPSDT Screenings.

- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Childhood Immunization Status (Combo 3)
- Adolescent Well-Care Visits
- Immunizations for Adolescents (Combo 2)

Provider Quality Measures (cont.)

Education on Chlamydia Screening in Women Ages 21 – 24

- Care Coordinator assesses patients knowledge of why testing is important, especially for patients that report being sexually active.
- They also encourage patients to talk with their PCP/GYN Provider about appropriate screening and discuss the importance of annual gynecological exams

Case Presentation (1)

Example showing our Team approach in providing holistic case management to a Maternity EI and her newborn needing multiple services.

Case Presentation (2)

Example highlighting NACC's internal referral processes identifying additional needs, preventing fragmented care, and the opportunity for EI to self refer.

Case Presentation (3)

Example of working closely with the Provider to provide Care Coordination services to a non-English speaking EI.

Eligible Individuals through Alabama Medicaid

- Plan First recipients
- Maternity recipients
- Blind/Disabled children and adults
- Aged and related population
- Children under age nineteen (19)
- Parents or other Caretakers Relatives (POCR)



- Current/former foster care children
- Breast and Cervical Cancer patients
- American Indians (can opt-out from services)

What Do We Need From You?

Name, email and phone number for Facility contact person.

Facility designee to participate in MCT meetings.

- RN / SW / PA / NP / PCP
- Must be one of these licensed clinical staff to meet requirement.

If none of the above are available to participate, a facility designee who will be responsible for

- Ensuring the PCP reviews the care plan goals and the MCT meeting minutes
- Making recommendations if he or she does not agree
- Signing and dating the form and emailing back to assigned Care Coordinator.

Care Coordination Referrals

► Referral Form on our website at: www.northalcc.org



Care Management Referral Form

Cullman, Limestone, Madison, Morgan, Marshall, and Jackson Counties

Form must be completely filled out in order to be processed

Eligible Individual Name: _____ Date: _____

DOB: _____ Sex _____ EI / Guardian Phone # _____

Medicaid #: _____ Primary Language: _____

Home Address to include city and zip: _____

Emergency Contact: _____ Phone: _____

Referring Physician / Facility: _____

Contact Name: _____ Phone/Email: _____

Medical Diagnoses (Not required to make a referral):

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> BMI greater than 25 | <input type="checkbox"/> Substance Disorder |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> COPD | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Organ Transplant |
| <input type="checkbox"/> Other _____ | | |

Reason for Referral

- | | | |
|--|--|---|
| <input type="checkbox"/> Informatics—Reviewed Quality Measures | <input type="checkbox"/> NET Transportation Assistance | <input type="checkbox"/> Disease Education |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Housing | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Maternity Services |
| | <input type="checkbox"/> Community Resources | <input type="checkbox"/> Family Planning |

Special Instructions / Pertinent Information

Send Referral form to
Fax: (256) 382-2715
referrals@northalcc.org



Mailing: P.O. Box 18926
Huntsville, AL 35804

Phone: 256-382-2590
FAX: 256-382-2715

Toll Free: 1-855-640-8827
TTY #: 1855-219-6599

NACC Care Coordination Staff

➤ Care Coordinators

- Behavioral Health Nurses
- Transitional Care Nurses
- Licensed Social Workers
- Children with Medical Complexity, RN, BSN
- Children with Medical Complexity, LGSW
- Maternity SWs, RNs and LPNs
- Family Planning SWs and RNs



NACC Care Coordination Staff (cont.)

Community Health Workers

Pharmacists

- Pharmacy Director
- Community Pharmacist
- Transitional Pharmacist

Licensed Registered Dietician

- Provide services to EIs participating in Quality Initiative
- Working to expand these services

Contact Information

- ▶ Dana Garrard Stout Executive Director
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