

Patient Centered Medical Home Learning Session

February 15, 2024
9:00 a.m. – 11:00 a.m.

Dr. Lily Higgins, Chief Medical Officer

Dr. Michael Baer, Plan Medical Director

Dr. Alishia Richie, Plan Medical Director

Kim Beatty, Director Provider Network Management

Steve Dinsmore, Manager, Provider Network Operations

Meghan Stroud, Director Provider Network Management

Jessica Leibig, Manager Integrated Health



**CARE IS THE HEART
OF OUR WORKSM**

Delivering the Next
Generation
of Health Care

Housekeeping



- If you wish to come off your video – we completely understand.
- If you are not speaking, you must be on mute.
- We will be monitoring the chat – please feel free to put any questions you have in the chat!

Agenda

- Opening remarks
- 2024 PCMH Manual Review
- Quality Performance – Readmission rate
- Quality Performance - HEDIS and Related Formulary Updates
- Medical Assistance Renewals
- Benefit Data Trust (BDT)
- Community Based Care Management
- PCMH Pediatric Shift Care Component
- Integrated Care Plan (ICP) Requirements
- Special Needs Unit Coordinators
- PCMH Performance Score Card and Crosswalk

Opening Remarks



2024 Patient-Centered Medical Home Manual



The Patient-Centered Medical Home Program
Improving quality care and health outcomes

2024



The Patient-Centered Medical Home Program
Improving quality care and health outcomes

2024



Quality Performance

One of the areas of focus in 2024 will be on Plan All-Cause Readmission (PCR). For Members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

- KF is predicted to be below the 10th percentile compared to other plans
- ACPA is predicted to be at the 50th percentile

Each of your practices are able to see how you're performing for this measure on the Quarterly Quality Enhancement Program (QEP) performance cards.

Quality Performance 2023 HEDIS



- Annual Healthcare Effectiveness Data and Information Set (HEDIS®) reporting period from February to May
 - HEDIS MY 2023 submitted to NCQA June 14, 2024
- The Plans are contracted with PalmQuest and Inovalon (now ComplexCare Solutions) for annual medical record review process.
 - PalmQuest and ComplexCare Solutions are required to comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements
- We appreciate you working with PalmQuest or ComplexCare Solutions to schedule retrieval of requested member records
 - Records requested should be provided upon request in a timely manner

Quality Performance

2024 Diabetes HEDIS and Formulary Changes



Glycemic Status Assessment for Patients With Diabetes (GSD). NCQA revised and renamed this measure (formerly Hemoglobin A1c Control for Patients With Diabetes) to include a glucose management indicator (GMI) with hemoglobin A1c.

- GSD-The percentage of Members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:
 - Controlled Glycemic Status <8.0%
 - Uncontrolled Glycemic Status >9.0%: A lower rate indicates better performance for this indicator
- GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value

Quality Performance

2024 Diabetes HEDIS and Formulary Changes Cont'd



Glycemic Status Assessment for Patients With Diabetes; Blood Pressure Control for Patients With Diabetes; Eye Exam for Patients With Diabetes; Kidney Health Evaluation for Patients With Diabetes; Statin Therapy for Patients With Diabetes; Diabetes Monitoring for People With Diabetes and Schizophrenia; Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes.

- NCQA reassessed how these seven measures identify individuals with diabetes
 - Does not include those who take diabetes-related medications for reasons other than diabetes (e.g., weight loss) by adding a diabetes diagnosis requirement in the pharmacy method

***Formulary change due to manufacturer discontinuation**

Product name	Discontinuation date (per manufacturer)	FDA-approved Age	Statewide PDL Preferred Alternative	FDA-approved Age
Levemir Flexpen	April 1, 2024	2 years and older	Insulin glargine Solostar, vials (unbranded biologic for lantus [Winthrop brand only])	6 years and older
Levemir vials	End of 2024		Lantus Solostar, vials	
			Toujeo Solostar	
			Toujeo Max Solostar	

***Care Management is available for those with uncontrolled diabetes**

Quality Performance

2024 Asthma HEDIS Reminder and Formulary Change



Asthma Medication Ratio (AMR)

- The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year

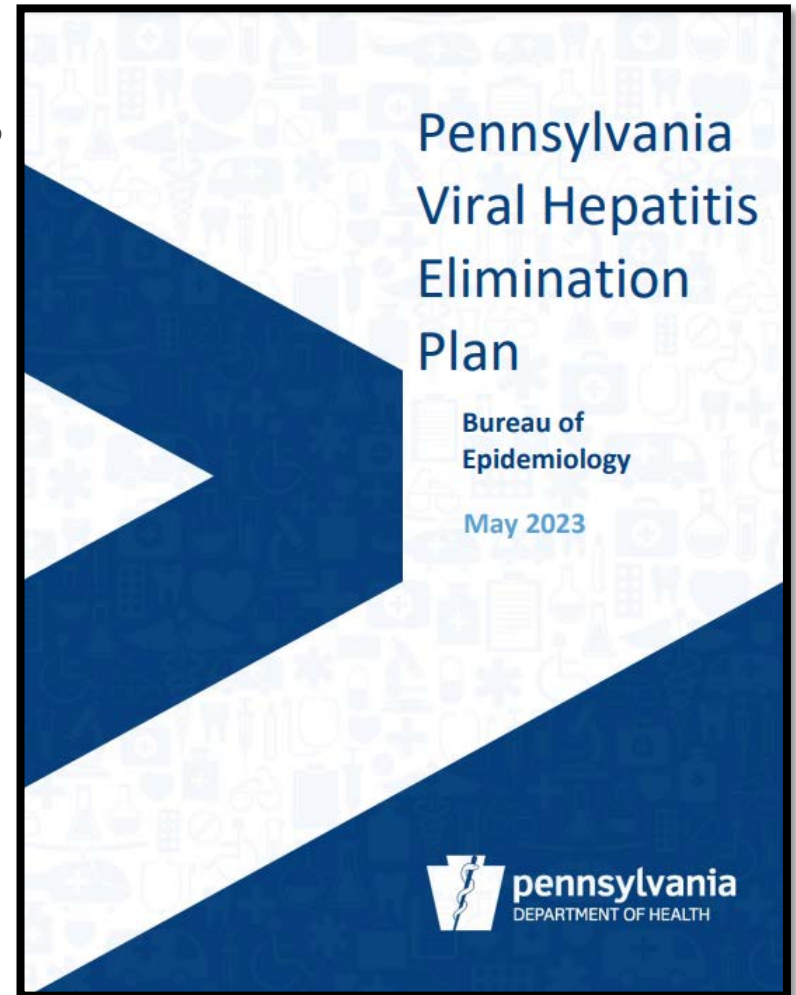
Product name	Discontinuation date (per manufacturer)	FDA-approved Age	Statewide PDL Preferred Alternative	FDA-approved Age
Flovent Diskus	January 1, 2024	4 years and older	Asmanex Twisthaler	4 years and older
			QVAR Redihaler	
Flovent HFA			Asmanex HFA	5 years and older
			Arnuity Ellipta	
			Pulmicort Flexhaler	6 years and older

***Care Management is available for those with uncontrolled asthma**

Quality Performance

Hepatitis C (HEP C)

- Communication sent to all providers sent 10/30/23
- Screening for HEP C and treating Hep C is a focus for 2024
- Pennsylvania (PA) Department of Health published the state's plan for the elimination of hepatitis.
- PA Department of Human Services has responded and is engaging the Managed Care Organization (MCO's) to intensify efforts in line with this plan such as removing PA requirements for all Preferred Drug List (PDL) Hep C medications (Quantity Limits (QL)and Non-PDL meds still require PA; see Plan Provider Notification from 10/30/2023)
- There will be an educational opportunity in an upcoming PCMH Learning session



<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/PA%20Hep%20Elim%20Plan%202023.pdf> (accessed 02/06/2024)

Hepatitis C Drug Prior Auth Removal Notice



To: AmeriHealth Caritas Pennsylvania (PA) and AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Providers

Date: October 30, 2023

RE: Hepatitis C Agents on the Preferred Drug List (PDL) no longer require prior authorization within quantity limits

We would like to remind you that effective July 10, 2023, preferred direct-acting antivirals in the "Hepatitis C Agents" class on the Pennsylvania Statewide Preferred Drug List (PA PDL) no longer require prior authorization when prescribed within quantity limits. This update is pursuant to Medical Assistance Bulletin (MAB) 2023062905, issued by PA Department of Human Services (DHS) on June 29, 2023.

Please note that prior authorization is still required for Non-Preferred agents in this class and for any request (Preferred or Non-Preferred) that exceeds quantity limits.

In addition, all Hepatitis C Agents remain designated as Specialty drugs for AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC and, therefore, must still be dispensed via a pharmacy included in AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC Specialty Pharmacy network.

Feel free to access the PA Preferred Drug List on the DHS website at PA PDL: <https://papdl.com>.

To utilize the Plan formulary go to www.amerhealthcaritaspa.com → Pharmacy → Formulary or www.amerhealthcaritaschc.com → Providers → Pharmacy Services.

If you have any questions regarding this change, please contact AmeriHealth Caritas PA Pharmacy Services at 1-866-610-2774 or AmeriHealth Caritas PA CHC Pharmacy Services at 1-888-674-8720.

To: Keystone First and Keystone First Community HealthChoices (CHC) Providers

Date: October 30, 2023

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In addition, all Hepatitis C Agents remain designated as Specialty drugs for Keystone First and Keystone First CHC and, therefore, must still be dispensed via a pharmacy included in Keystone First and Keystone First CHC's Specialty Pharmacy network.

Feel free to access the PA Preferred Drug List on the DHS website at PA PDL: <https://papdl.com>.

To utilize the Plan formulary, go to www.keystonefirstpa.com → Pharmacy → Formulary or www.keystonefirstchc.com → Providers → Pharmacy Services.

If you have any questions regarding this change, please contact Keystone First Pharmacy Services at 1-800-588-6767 or Keystone First CHC Pharmacy Services at 1-866-907-7088.

Member Medical Assistance Renewal Date in NaviNet



- Member redetermination date is displayed on the Eligibility and Benefits screen.
- You can access a full member redetermination report under the Administrative Report Inquiry section.

NaviNet Member Eligibility Snapshot



NantHealth | NaviNet | WORKFLOWS | HEALTH PLANS

Page viewed: 05/15/2023

Eligibility and Benefits for JOHN DOE

Male born on 01/01/2009

Patient Alert Details

- Care Gap for: Doe, John
- PCP History for: Doe, John
- Redetermination for: Doe, John**

No additional payer information on file

Active from 05/19/2017 to 12/31/2199

Member ID: xxxxxxxx | Service Date: 05/15/2023

INSURANCE DETAILS	PRIMARY CARE PROVIDER
Products: [REDACTED] - UNDER AGE 18	Jane Doe Phone: 800-555-5555 NPI: xxxxxxxxxx
Type: Medicaid	Member Language: Decline to State Identity Card Number: xxxxxxxx View Member Clinical Summary View EHR Care Gap for: Doe, John PCP History for: Doe, John Redetermination for: Doe, John

Benefits

Search ...

- Health Benefit Plan Coverage
- Brand Name Prescription Drug
- Chiropractic
- Dental Care
- Emergency Services
- Generic Prescription Drug
- Hospital
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health
- Pharmacy
- Professional (Physician) Visit - Office
- Urgent Care
- Vision (Optometry)

Health Benefit Plan Coverage

Benefit Status: Active Coverage

Prior Year History: Eligibility Begin Date: 05/19/2017

GROUP
Jane Doe Primary Care
NPI: xxxxxxxxxx
Phone: 800-555-555

Disclaimer: UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

NaviNet Member Redetermination Report

[Print page](#)

AmeriHealth Pennsylvania
Medical Assistance/
Connect Plans

AmeriHealth PA Medical Assistance Plan Administrative Report Inquiry

Select Report:

- Authorization Status Summary Report
- Authorization Status Summary Report
- Claim Status Summary RollUp
- Claims Status Summary Report
- COMPASS Specialist Provider Performance Report
- Panel Roster Report RollUp
- Panel Roster Reports
- PCP Performance Rollup Report
- Redetermination Report

Please note, to request a PDF report will open in Excel format

on your computer. To request CSV or Excel report file will have the option to simply save the report to your

Select Report: Redetermination Report

Please note, to request a PDF report file you must have the [Adobe Reader](#) application on your computer. To request CSV or Excel report file you must have the MS Excel application on your computer. The report will open in Excel format. If you do not have MS Excel on your computer, you will have the option to simply save the report to your computer.

Select Exit

Select Report:

- Redetermination Report
- Authorization Status Summary Report
- Claim Status Summary RollUp
- Claims Status Summary Report
- Panel Roster Report RollUp
- Panel Roster Reports
- PCP Performance Rollup Report
- Redetermination Report

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NaviNet Member Redetermination Alert



Run Date: 05/15/2023

Redetermination Report

Member ID	Member Name	Redetermination Date
XXXXXXXXXX	JOHN DOE	05/31/2023

End of Report

Disclaimer: The indicated redetermination dates for each member are only as current as of the last date the health plan received updates from the Medicaid agency. Some of the members on your panel may have been passively renewed or taken the necessary steps to recertify their Medicaid eligibility since this data was last updated.


How you can help- tear-offs to give out!



Question for discussion: Do you have these tear offs? Are you providing them to our Members?

Keystone First wants to make sure you and your family stay covered.

You want to make sure you and your family stay covered for all of your health care needs. Here's what you need to do now.

ACT NOW	HERE'S HOW
<ul style="list-style-type: none"> ✓ Update your information 	<ul style="list-style-type: none"> • Online: www.dhs.pa.gov/COMPASS • Mobile App: myCOMPASS PA  • Phone: 1-877-395-8930 or 215-560-7226 (if you live in Philadelphia) • In Person: Go to your County Assistance Office
<ul style="list-style-type: none"> ✓ Sign up for alerts from DHS TODAY 	<ul style="list-style-type: none"> • Text Alerts: Sign up at www.dhs.pa.gov/TEXT • eNotices: Go to www.dhs.pa.gov/COMPASS and opt-in to get emails
<ul style="list-style-type: none"> ✓ Complete your renewal information and return to DHS when it is due 	<ul style="list-style-type: none"> • Online: www.dhs.pa.gov/COMPASS • Mail: to your County Assistance Office • Phone: 1-866-550-4355 • In Person: Go to your County Assistance Office

Need more information?

Go to www.dhs.pa.gov/PHE.
You can also call us 24 hours a day, 7 days a week at 1-800-521-6860. For TTY, call 1-800-684-5505.




www.keystonefirstpa.com

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AmeriHealth Caritas Pennsylvania wants to make sure you stay covered.

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You can also call us 24 hours a day, 7 days a week at 1-888-991-7200. For TTY, call 1-888-987-5704.



Benefit Data Trust Flyers

Have you referred any members to BDT?



Is your patient:

- Enrolled in **Keystone First AND**
- Has **food insecurity** or other **SDOH needs OR**
- **Not currently signed up for public benefits and needs help applying?**

Your patient may be eligible for the **Supplemental Nutrition Assistance Program (SNAP)**, a benefit that helps offset the rising cost of groceries. Thousands of people in Pennsylvania can receive an average of **\$119 each month** to buy healthy foods. The PA Benefits Center can help patients and their households see if they qualify for programs like utility assistance (**LIHEAP**), subsidized childcare (**CCIS**), Children's Health Insurance Program (**CHIP**), and staying enrolled in **Medicaid** and many other benefits.

Make sure your patients aren't missing out on the assistance they may be eligible for!

The Pennsylvania Benefits Center can help **patients and their entire households** with every stage of the application process!

Call us at 855-479-5182

Monday through Friday, 9 a.m. - 5 p.m.

Our friendly and trained staff will help patients apply over the telephone at **no cost – it's free.**



The Pennsylvania Benefits Center is operated by Benefits Data Trust (BDT). Benefits Data Trust (BDT) improves health and financial security by harnessing the power of data, technology, and policy to provide dignified and equitable access to assistance. Together with a national network of government agencies and partners, we efficiently connect people today to programs that pay for food, healthcare, and more while helping to modernize benefits access for tomorrow. A nonprofit since 2005, BDT has secured more than \$10 billion in benefits for households across the country, helping to reduce hunger and poverty and build pathways to economic mobility. Learn more at bdttrust.org.



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NaviNet /BDT Poll

Pediatric Shift Nursing Care – Reminder

- The Patient-Centered Medical Home — Pediatric Nursing Care (PCMH PNC) is a medical home designed to provide comprehensive coordination of care for children receiving pediatric shift care nursing services.
- PCMH PNC's deliver whole-person, family-centered care for children receiving shift care nursing services through comprehensive case management and team-based care planning.
- Providers must have at least 20 Members in pediatric nursing care to qualify.
- To date, we have 3 eligible and participating in the program.

Integrated Care Plan (ICP) Poll

Integrated Care Plan (ICP) Requirements

Who qualifies

- Members aged 18 and older
- Diagnosed with a Serious and Persistent Mental Illness (SPMI)

Submit **both** the ICP and consent form to the Plan:

Email to: PCMH_ICP@amerihealthcaritas.com

Reimbursement:

- \$400 per member per year.
- Payments are monthly and utilize the check identifier ICP2.

Process Flow for ICP's and Consents

1. The Plan will send a monthly PCMH report to each PCMH.
2. PCMH can use the column header marked "CA" on the monthly PCMH report to identify members who have a documented PSMI.
3. Opportunity to obtain the consent and complete the ICP when the member presents to the PCMH for an appointment.
4. The consent is sent to compliance for review and to ACPA or KF care management (CM) for processing. Payment is sent to the PCMH in the month after the ICP/consent was sent.
5. CM processes the ICP with the appropriate Behavioral Health (BH)-MCO.

Integrated Care Plan (ICP) Discussion

Celebrate successes

- 2022 vs. 2023
 - Increase in participating PCMH's
 - Increase in total ICP's submitted
- Keystone Health Center
- Susquehanna Community Health
- Spectrum Health Services

Identify challenges

How the Special Needs Unit (SNU) Helps

- The SNU is a unit of care manager's providing coordination of services to Members with short-term or intermittent needs
- The SNU can help with referral and coordination with BH providers, as well as many other services, e.g., pharmacy, Durable Medical Equipment (DME), transportation, community resources, etc.
- The ICP forms submitted via email by your PCMH go to a SNU supervisor who assigns them to the SNU Case Manager.
- Your SNU Care Manager acts as the point person to coordinate and collaborate with you and the BH-MCO

Contact our Special Needs Unit Coordinator:

- Keystone First: Michael Giordano (484-497-1325) or mgiordano@keystonefirstpa.com
- AmeriHealth Caritas Pennsylvania: Maureen Storm (717-461-4109) or mstorm@amerihealthcaritaspa.com

PCMH Performance Score Card and Crosswalk



Patient-Centered Medical Home (PCMH)

July 2022

1 **Group ID:** 9999999

2 Total PCMH Payment YTD: \$67,493.64

Group Name: ABC CARE CENTER

Summary

<u>PCMH Performance Measures</u>	<u>Num</u>	<u>Denom</u>	<u>Rate</u>	<u>Target</u>	<u>Met</u>
Member Engagement	271	588	46.09%	50.00%	No
7 day discharge post admission	9	36	25.00%	75.00%	No
ICP submissions	1	202	0.50%	10.00%	No

4 PCMH Program Requirements

	<u>Yes/No</u>
SDOH	Yes
G codes	Yes
Tobacco Cessation Counseling	Yes
Contracted with a CBO	Yes

UNDERSTANDING YOUR PCMH SCORE CARD

1 – Practice Information

This is basic information about your practice; including your practice name and provider group ID number

2– Total PCMH Payment YTD:

This section contains a year to date snapshot of incentive payments to your practice.

3–PCMH Performance Measures

This section contains your practice's performance detail for the Performance Measures that include:

- **Member Engagement** How many members were actually serviced by the PCMH provider within the last year, as evidenced by an encounter submitted within the rolling 12 months.
- **7 day discharge post admission** Percentage of patients seen by a PCP or specialist within seven days of discharge from the hospital with an ambulatory sensitive condition within the rolling 12 months.
- **ICP Submissions** Integrated Care Plans (ICPs) for members with serious persistent mental illnesses year to date.

4–PCMH Program Requirements

This section contains your practice's requirements to be a part of the PCMH Program:

- **SDOH** As evidenced by an encounter submitted year to date with ICD-10 diagnostic codes (Z-code) for all patients with identified needs.
- **G codes** As evidenced by an encounter submitted year to date with HCPCS code G9919 (positive SDOH screening result) or G9920 (negative SDOH screening result).
- **Tobacco Cessation Counseling:** As evidenced by an encounter submitted year to date with one of the following codes 99406 or 99407 or G9016.
- **Contracted with a CBO** Does the provider hold a direct contract with a Community Based Organization(s)

PCMH Scorecard Reminder

- First introduced in July of 2022
- Scorecards data is re-run every 6 months
- Updated scorecards were generated in January of 2024
- **Be on the lookout for a meeting invite to review your first 2024 PCMH Scorecard**

2024 Attestation Discussion

- Attestation forms will be distributed in February 2024
- Completed attestation forms and documents requested must be returned within 60 days to ensure continue participation in the program.
- Shared resources question – let's discuss*

*Shared resources – If your practice location has **complete** care management on location, you are **not** sharing resources. If your practice has **multiple** locations and the resources are shared amongst the locations , **without** having a full care management team at the location, this would indicate shared services.

Wrap Up



Questions and Answers

Thank you for time and participation and most importantly for the commitment and care you provide to our Members.

Feedback Survey

Please note: the results will not be shared during this meeting



Thank you for joining us today!



More than
35 YEARS
of making
care the heart
of our **work.**

