



ALABAMA CARE NETWORK MID-STATE MEDICAL MANAGEMENT MEETING

FEBRUARY 25TH AND MARCH 13TH



WELCOME AND INTRODUCTIONS

Presenters

- Jim Hotten, Executive Director
- Melissa O'Brien, LICSW Manager of Care Management
- Dr. Peily Soong, MD – Medical Director
 - Pediatrician, Pediatrics East
- Ramsi Robinson, LBSW Case Manager

AGENDA

- Medicaid Updates
- ACHN Updates
- Medical Management Meeting Requirements
- Provider Quality Measures Reminders
- Case Manager's Role and FAQs



MEDICAID UPDATES

- Alabama Care Network Mid-State new contract started 10/1/24.
 - All PCP groups required to re-enroll with Medicaid
 - All PCP groups required to submit ACHN agreements
- Fiscal Year (FY) 2025 (October 1, 2024-September 30, 2025) Patient-Centered Medical Home (PCMH) Attestation Form deadline was 10/1/24. If you have any questions, please contact Medicaid.
 - Email: ACHN@medicaid.alabama.gov or Fax: 334-353-3856

MEDICAID UPDATES- MEDICAID ALERTS

Effective October 1, 2024:

- Pregnant adult recipients (ages 21 and older) will only be eligible for dental benefits during pregnancy and through the end of the month of 60 days postpartum when rendered by enrolled dental providers.
- Copayments for Medicaid covered services will be reinstated.

| Services with Copayments | Copayment Amounts | Based on Medicaid's Allowed Amount for the Services |
|--|--|--|
| Office Visits (<i>including visits to physicians, optometrists, nurse practitioners</i>) | \$0.65 to \$3.90 per office visit code | \$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65 |
| Federally Qualified Health Centers (FQHC) | \$3.90 per encounter | |
| Rural Health Clinic (RHC) | \$3.90 per encounter | |
| Inpatient Hospital | \$50.00 per admission | |
| Outpatient Hospital | \$3.90 per visit | |
| Ambulatory Surgical Centers | \$3.90 per visit | |
| Durable Medical Equipment/ Medical Supplies and Appliances | \$0.65 to \$3.90 per line item | \$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65 |
| Prescription Drugs | \$0.65 to \$3.90 per prescription | \$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65 |

MEDICAID UPDATES- MEDICAID ALERTS

- Effective October 1, 2024:
 - **Copayment does not apply to services provided to/for:**
 - Pregnant women
 - Emergencies
 - Nursing facility residents
 - Recipients less than 18 years of age
 - Native American Indians with an active user letter from Indian Health Services (IHS)
 - Family Planning
 - Vaccines and vaccine administration
 - **A provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.**
- [1.0_ALERT_Unwinding_Copay_Changes_7-2-24.pdf \(alabama.gov\)](#)

ACHN- MIDSTATE UPDATES

- New Contract began October 1st
- What this means for our team:
 - Updates/changes in our healthcare information management system
 - Updates/changes in required forms
 - New recipient contact schedule
 - Reenrolling all current maternity recipients and general care recipients who need care management services

ACHN- MIDSTATE UPDATES

■ MCTs

- Meeting with PCP and other providers (as needed) with ACHN team (Case Manager, Behavioral Health Nurse, and Pharmacist) and recipient to discuss recipient's needs and goals.
- Recipients stratified high risk.
- Medicaid asks for PCP and recipient attendance in meetings
 - Meeting for provider can be in person at ACHN office or virtual through zoom link.



ACHN- MIDSTATE UPDATES

- Medicaid has provided form in Provider absence
 - Recipient care plan and MCT Participation Form will be sent for every recipient who is scheduled for MCT- by fax or email at least 10 days before scheduled MCT.
 - Care plan must be reviewed and MCT Participation Form filled out and returned before MCT date for this to count in provider absence.
 - After MCT, documentation with summary notes from MCT meeting will be sent to provider to close loop.
 - Who is a good contact for your office?

**Alabama Coordinated Health Networks
Provider MCT Participation**

Instructions: This form should be completed by a provider who cannot attend the Multidisciplinary Care Team (MCT) meeting or send an authorized delegate, familiar with the recipient's history, to represent him/her (e.g. RN, social worker, nurse practitioner or physician's assistant).

I, _____ (printed provider's name), provide the following recommendations for the Alabama Care Network Midstate (ACNM) MCT scheduled for _____ (date) for the recipient, _____ (recipient's name) and to aid in the development of the recipient's Comprehensive Care Plan. I have reviewed the individualized care plan developed by the Primary Case Manager, _____ (printed case manager name) in conjunction with the recipient, and here communicate any concerns, questions, or recommendations as necessary.

Please select the following regarding the Comprehensive Care Plan:

I agree with the proposed Comprehensive Care Plan.

I agree with the proposed Comprehensive Care Plan but have the following edits or recommendations:

I do not agree with the proposed Comprehensive Care Plan. Comment: _____

Provider Signature _____ Date: _____

Date of Signature _____ Date: _____

ACHN- MIDSTATE UPDATES

- New QR Code for Recipients
 - Link to ACHN Midstate website with recipient handbook and updated program information.



The cover of the 'Recipient Handbook' for the Alabama Care Network Mid-State. It features a scenic background of a river valley with green hills and a sunset sky. At the top center is the logo for 'Alabama CareNetwork Mid-State', which includes a circular emblem with the state of Alabama and the text 'Alabama CareNetwork Mid-State'. Below the logo, the text reads 'Alabama Coordinated Health Network (ACHN)' and 'Recipient Handbook'. At the bottom, a white box contains contact information: 'Alabama Care Network Mid-State', '417 20th Street North, Suite 1100, Birmingham, AL 35203', '1-833-296-5245 (toll-free) | Fax: 205-449-9759', and 'www.alabamacarenetwork.com'. At the very bottom, it says 'UPDATED 10/01/2024'. A small disclaimer at the bottom edge states: 'Alabama Care Network Mid-State does not participate in any discriminatory practices. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-296-5245 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-833-296-5245 (TTY: 711).'

MEDICAL MANAGEMENT MEETING REQUIREMENTS

- **Reminder**
 - A PCP or physician extender (NP or PA) from each contracted clinic must attend 3 of 4 yearly Medical Management Meetings to remain in compliance.
 - An average of 2-3 meetings are held per quarter

Provider Quality Measures





PROVIDER QUALITY MEASURES - CHILD

| # | MEASURE ABBREVIATION | MEASURE DESCRIPTION |
|---|----------------------|--|
| 1 | CHL-CH | Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy [Ages 16 - 20] |
| 2 | CIS-CH (Combo 3) | Childhood Immunization Status: [Combo 3: DTaP; IPV; MMR; HIB; HEP B; VZV; PCV] |
| 3 | IMA-CH (Combo 2) | Immunizations for Adolescents [Combo 2: Meningococcal, Tdap; HPV] |
| 4 | WCV-CH1 | Child and Adolescent Well-Care Visits [Ages 3-11] |
| 5 | WCV-CH2 | Child and Adolescent Well-Care Visits [Ages 12 - 17] |



PROVIDER QUALITY MEASURES - ADULT

| # | MEASURE ABBREVIATION | MEASURE DESCRIPTION |
|---|----------------------|--|
| 1 | CHL-AD | Chlamydia Screening in Women rates include CPT 87801, the AMA multi STI test policy [Ages 21 - 24] |
| 2 | HBD-AD (controlled) | Hemoglobin A1C Control for Patients with Diabetes HbA1c Control <8% [Ages 18 - 75] |
| 3 | PPC-AD | Postpartum Visits [7-84 Days After Delivery] |

TIMELINE FOR QM IMPLEMENTATION

- Everyone will get full bonus for next 6 quarters (Oct 24 to March 26).
- HOWEVER, reporting year is a 12 month period with 9 month gap.
 - Thus, the reporting period that determines the April 2026 payment **started in July 2024** and ends June 2025.
 - QM scores for practices/providers are already available online:
 - <https://www.medicaid.alabamaservices.org/alportal/Default.aspx?tabid=22>
 - Report MGD-S362-Q
- Remember, you must meet 50% of the QM to receive your bonus.
 - Peds needs 3/5
 - Adults need 2/3



ROLE OF THE CASE MANAGER AND FAQs

RAMSI ROBINSON



ALABAMA CARE NETWORK MIDSTATE TEAM



CASE MANAGERS

- Social Workers (25)- Bachelors or Masters degree
- Nurses (13)- Associates or Bachelors degree
- Pharmacists (2)- Doctor of Pharmacy
- Community Health Workers (7)- non licensed or have degree in similar field



CASE MANAGERS

- Licensed Social Workers and Nurses
- Alabama Care Network Mid-State Staff Directory
<https://www.alabamacarenetwork.com/mid-state/meet-our-team/>



CASE MANAGERS

- Are embedded in primary care offices (adult and pediatric)
- Are embedded in OBGYN offices
- Are embedded in several local hospitals such as UAB, St. Vincent's, Med West, Grandview, and Brookwood
 - Currently working to expand to Children's of Alabama
- Are able to meet with recipients in their home or in the community

CASE MANAGERS


- Help Medicaid recipients in Jefferson and Shelby County establish primary, maternity, mental health and other needed care.
- Assist with resources based on recipient need (transportation, food, housing, etc.).
- Assist in scheduling various appointments and help with follow up.
- Explain health conditions to recipients and teach them the best ways to take care of themselves.
- Link recipients to our pharmacists to address medication concerns.
- Advocate for recipients based on needs.
- Are not able to provide “hands on” care.

CASE MANAGERS

- Enroll recipients to address health needs or concerns expressed by the recipient but also address quality measures:
 - Well visits for birth to 19
 - PCP visit annually for adults to obtain BMI measurement
 - Prenatal and Postpartum Care: Timeliness of Prenatal Care
 - Link recipients to Substance Use Treatment
- Enroll recipients to Quality Improve Programs:
 - Childhood Obesity- BMI > 85 %- provides healthy lifestyle education and/or linking to UAB Dietitian Services.
 - Infant Mortality- Women 18-44 with DM or HTN diagnosis receive targeted education, blood pressure cuff and or glucometer and test strips.
 - SUD- Substance Use Disorders- linking recipients to Recovery Resource Center and/or other treatment options.

CASE MANAGERS

- Accessing a Case Manager by making a referral
 - If embedded- can give referral or speak with CM directly while in clinic setting
 - Call ACHN phone queue line 1-833-296-5245
 - Send ACHN referral to fax number 205-449-9759
 - Send ACHN referral through website <https://www.alabamacarenetwork.com/mid-state/how-to-get-our-help/>
 - Send referral through email address acnmidstate@uabmc.edu

 **Care Management Referral Form**
To be eligible for services, individual must have Medicaid

417 20th Street North, Suite 1100
Birmingham, AL 35203

For questions, please call:
Toll Free: (833) 296-5245
Fax: (205) 449-9759

Name: _____ Guardian Name (if applicable): _____
Medicaid ID: _____ DOB: _____
Physical Address: _____
Phone Numbers: _____

Please attach a current medication list and demographic information.

Type of Referral:

| | |
|--|---|
| <input type="checkbox"/> General Care Management | <input type="checkbox"/> Quality Improvement Project – Childhood Obesity |
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Quality Improvement Project – Infant Mortality |
| | <input type="checkbox"/> Quality Improvement Project – Substance Use Disorder |

Hospital Referral? Yes No Discharge Date: _____
Provider Referral? Yes No Last Visit Date: _____
Referring Provider Name: _____

Reason for General Care Management Referral:

| | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Non Compliance: | <input type="checkbox"/> Clinic Visits | <input type="checkbox"/> Medication | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medication Education | | | |
| <input type="checkbox"/> Inappropriate ED Utilizations | | | |
| <input type="checkbox"/> Frequent Hospitalizations | | | |
| <input type="checkbox"/> Diagnosis Education | | | |
| Diagnosis: _____ | <input type="checkbox"/> Newly Diagnosed | <input type="checkbox"/> If Diabetic, A1C Level: _____ | |

Patient needs behavioral health follow-up:
 Psychiatry Substance Abuse Counseling

Transportation

Other: _____

Additional Comments: _____

Referral Source Contact Person: _____ Phone: _____ Fax: _____
Referring Agency: _____ Date of Referral: _____

Please fax completed form to: (205) 449-9759

Form Updated 8.13.24

CASE MANAGERS

- A day in the life
 - Embedded Staff
 - Field Staff
 - Office/Administrative Day



CASE MANAGER

- Impact within the community
 - Success stories



THANK YOU FOR PARTICIPATING

Questions?