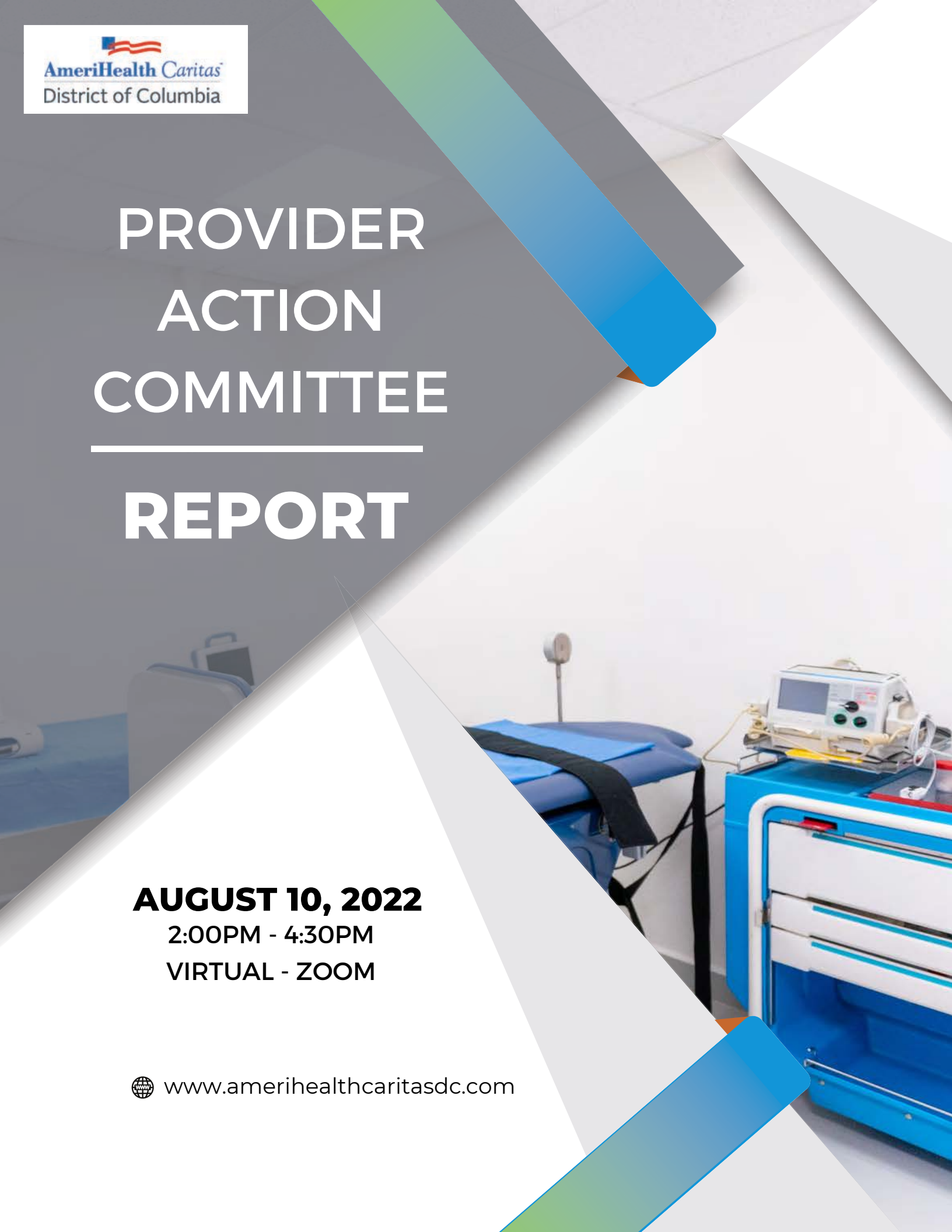
AmeriHealth Caritas
District of Columbia

PROVIDER ACTION COMMITTEE

REPORT



AUGUST 10, 2022

2:00PM - 4:30PM

VIRTUAL - ZOOM

www.amerihealthcaritasdc.com

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EXECUTIVE SUMMARY

The mission of the AmeriHealth Caritas DC (AmeriHealth) Provider Action Committee (PAC) is to create a partnership with providers and community-based organizations who share the same goals and values, that are focused on helping DC residents obtain access to care, stay well, and build healthy communities. This PAC is an opportunity for DC metro area providers to directly engage with AmeriHealth Caritas DC program leadership and work towards actions that can improve the care and livelihood of members.

This committee will provide critical input on innovative and collaborative strategies focusing on developing actions that can be taken to work towards outcomes which will improve efficiencies in your practices. AmeriHealth Caritas DC finds it is vital to their mission to collaborate with providers and community-based organizations to proactively improve the health status of those they serve. Increased emphasis on medical outcomes, preventive care, and other social determinants of health will reward all stakeholders.

The August 2022 PAC session served as an informative platform which was effective and provided the participants with insightful, timely information and tools. Participants were able to ask questions and get direct responses from leadership in AmeriHealth Caritas DC. A range of topics were covered from Pharmacy Authorization, Prior Authorization, Medical Authorization, Concurrent Review, Discharge Planning, Medical Appeals, Peer-to-Peer, and Social Determinates of Health Resources. Most of the questions were directed towards the pharmacy authorization process and how delivery works as well as the Meds Made Easy Program. The AmeriHealth team was able to successfully answer all of the questions to the participants' satisfaction.

The following programs were well received by the providers:

- **Meds Made Easy:** A medication adherence program to help members who are at risk of being unable to keep up with timely medication refills.

- **Let us Know Program:** Allows AmeriHealth and providers to see where patients may have care gaps that need to be filled. Providers can submit forms to recommend members for different services.

OVERVIEW

AmeriHealth Caritas DC held its Provider Action Committee meeting on **Wednesday, August 10, 2022,** to a virtual audience of **eight (8)** providers and administrative staff. This event took place from **5:30 pm to 7:00 pm Eastern Standard Time (EST) on Zoom.** This meeting was recorded, and all participants were notified before the start of the discussion. The following topics were discussed during the virtual session; Multiple authorization processes, Concurrent Review, Discharge Planning process, Medical Review Process, Peer-to-Peer Review, as well as Social Determinants of Health Resources. By better informing providers and educating them on our Utilization Management, Pharmacy processes and resources, AmeriHealth Caritas DC reaffirms their committment to closing the access and service gaps for those they serve. After the participants concluded the discussion, they were provided a post-event survey with five (5) fillable and multiple-choice questions centered on understanding their experience and seeking to learn ways to enhance future engagements.

The Provider Action Committee meeting was facilitated by Tamu Tucker of MMI Consulting Group, LLC, note taking was also handled by Tamu Tucker, and registration was carried out by Barbara Monagan and Alishsia Reid at AmeriHealth Caritas DC and Alexandra Herndon of MMI Consulting Group, LLC. Six (6) AmeriHealth representatives, Barbara Monagan, Tracey Davis, Cheryl Gray, Cassandra Arnold, Melissa Wallace and Darla Bishop served as speakers during the virtual session. Barbara Monagan introduced the session by providing the purpose of the new Provider Action Committee. Tracey Davis followed, providing the audience information about the Pharmacy Prior Authorization Process. Cheryl Gray walked everyone through how to submit prior authorization requests online. Melissa Wallace discussed the Medical Authorization Process as well as Concurrent Review and Discharge Planning. Cassandra Arnold went over the two types of Provider Appeals and how the process works. Melissa Wallace returned to explain how providers have the right to request a Peer-to-Peer review. Then Darla Bishop laid out resources available to address social determinants of health. We had no questions during the Question-and-Answer (Q&A) session of the committee meeting due to questions being asked earlier throughout the meeting.

OVERVIEW

The facilitator driven agenda was broken up into ten (10) parts:

- Welcome and Agenda, along with minor housekeeping rules, were provided by the Facilitator, Tamu Tucker
- Opening Remarks and Purpose of Committee by Barbara Monagan
- Pharmacy Authorization Process by Tracey Davis, PharmD
- Prior Authorization by Cheryl Gray
- Medical Authorization Process by Melissa Wallace
- Concurrent Review and Discharge Planning by Melissa Wallace
- Medical Appeals Process by Cassandra Arnold
- Peer-to-Peer by Melissa Wallace
- Social Determinants of Health Resources by Darla Bishop, DrPh
- Facilitated Question and Answer (Q&A) with the audience

Due to all the questions occurring during the topic discussions the Q&A session was focused on wrapping up our inaugural Provider Action Committee meeting. Barbara Monagan thanked our presenters and highlighted that the great thing about AmeriHealth Caritas DC is they have a plethora of value-added benefits for the enrollees and that is what sets AmeriHealth apart in the marketplace.

PARTICIPANTS

AmeriHealth Caritas DC attracted a diverse participant group from across the D.C. and Maryland region. The attendees were made up of five (5) general medical services, and one (1) urgent care service.

Attendee	Institution	Location
Michelle Barnes Marshall	Michelle D Barnes Marshall MD	Washington DC
Darius Bell II	Gerald Family Care, PC	Maryland/Wash DC
Silvia Figueroa	Andromeda Transcultural Health	Washington DC
Sally Ford	Gerald Family Care, PC	Washington DC
Latonya Harris	Metro Health Inc	Maryland/Wash DC
Amani Scott	*Not Provided*	*Not Provided*
Lena Scott	Gerald Family Care, PC	Maryland/Wash DC
Eric A Tchuigoua	SDM1 Stop Health Primary Care	Maryland/Wash DC

Questions & Answers

Question by Barbara Monagan, for Tracey Davis, PharmD, regarding Pharmacy Authorization:
Are there limitations (set times) around the time that the pharmacies deliver?

Response: Most pharmacies deliver between Monday and Friday and typically head out for delivery around 2:00pm - 4:00pm. We do have access to CaryRx that will do more rapid response deliveries, but the prescription has to be sent to them directly for it to be processed.

Question by Eric Tchuigoua (attendee), for Tracey Davis, PharmD, regarding Pharmacy Authorization:
I heard that Prior Authorization will not be required after Sept 12, 2022, is that correct?

Response: Yes, we made changes at our last P&T Committee meeting.

Question by Eric Tchuigoua (attendee), for Tracey Davis, PharmD, regarding Pharmacy Authorization:
The Meds Made Easy program, I know you said you contact the patients that you think may benefit. Is there a way it can be added to the Let Us Know form so that we can fax that information to you when we come across a patient we think would benefit as well?

Response: That is a great idea, we can take that back and work to get that updated.

Question by Eric Tchuigoua (attendee), for Tracey Davis, PharmD, regarding Pharmacy Authorization:
Are you guys switching from NaviNet to Surescripts, or is it the same?

Response: No. You have your electronic health record, and most are compatible with Surescripts.

Questions & Answers *...continued*

Question by Eric Tchuigoua (attendee), for Tracey Davis, PharmD, regarding Pharmacy Authorization:

The mail order service, is it only for patients ages 61-85?

Response: No, it's for any patient with a chronic disease, there is no age limit for that benefit.

Question by Barbara Monagan, for Melissa Wallace, regarding Concurrent Review:

Is the current medical review process rendered on site or are they done virtually.

Response: No, we have not yet moved from virtual reviews.

CONCLUSIONS

The participants in the August 2022 Provider Action Committee meeting asked great questions, and expressed a genuine interest in understanding the authorization processes at AmeriHealth Caritas DC. AmeriHealth Caritas DC leadership delivered detailed information on resources available, how to ensure providers are able to process their patients claims properly, as well as help ensure patient care gaps are addressed. One action item came from this meeting; AmeriHealth leadership will update the Let Us Know form so that there is a place for providers to note and refer patients they are working with that would benefit from the Meds Made Easy program.

The two points noted in the Q&A session:

- There is a need to update the Let Us Know form so that providers can submit their patients to programs like Meds Made Easy.
- Prior authorization in pharmacy will be going away September 12, 2022.

AmeriHealth Caritas
District of Columbia

Provider Action Committee | August 2022

AmeriHealth Caritas District of Columbia
1250 Maryland Avenue SW, Suite 500
Washington, DC 20024

AmeriHealth Caritas District of Columbia

PROVIDER ACTION COMMITTEE

MEETING MINUTES

Thursday, August 10, 2022

5:30pm – 7:00pm

FACILITATOR:

- Tamu M.J. Tucker, Facilitator, Provider Advisory Committee

SPEAKERS:

- Bobbie J. Monagan, Director, Provider Network
- Tracey Davis, PharmD, Director, Pharmacy
- Cheryl Gray, Account Executive II
- Cassandra Arnold, Account Executive II
- Melissa Wallace, Manager, Utilization Management
- Darla Bishop, DrPH, Manager, Marketing and Community Health Programs

AGENDA:

- Welcome and Agenda
- Opening Remarks
- Purpose of Committee
- Pharmacy Authorization Process
- Prior Authorization
- Medical Authorization Process
- Concurrent Review and Discharge Planning
- Medical Appeals Process
- Peer-to-Peer
- Social Determinants of Health Resources
- Questions and Answers

DISCUSSION:

- <u>Welcome and Agenda</u>
    - Tamu Tucker started meeting with introductions and meeting instructions.

DHCF This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

- Opening Remarks/Purpose of Committee – Bobbie Monagan
    - Purpose of this meeting is to bring our provider committee together to talk through processes and procedures.

- Pharmacy Authorization Process - Tracey Davis, PharmD
    - We offer 30-day supply of medications, there are some maintenance medications that allow for a 90-day supply. We also have mail order and home delivery options. 85% of a prescription must be used before they can get a refill. Prior authorization is required for anything that is not on the plans formulary or something that exceeds plan limits.
    - Providers can contact PerformRx to request the prior authorization by fax, online, or verbally by phone. The more detail the better when making the request. Requests are reviewed within 24 hours, but patients can receive up to a 5-day supply to ensure there is no gap in care while processing the prior authorization. If it is denied you will receive notification as to why, typically more information is needed. You can also place your prior authorizations in the Electronic Pharmacy Prior Authorization (ePA) via Surescripts.
    - We will fill prescriptions from a previous provider for up to 60 days during the patients transition to our health plan. The member and provider will receive a letter regarding this.
    - Our DME benefit allows patients to get many products like blood pressure monitors, test strips, or peak flow meters with a prescription, at the pharmacy. OTC products are also allowed to be paid up to $60 when written as a prescription if an OTC is needed to supplement the patient's treatment.
    - Meds Made Easy is a medication adherence program that targets those that are at risk of not being compliant with timely medication refills. We partner with three local pharmacies that are responsible for medication reconciliation, pill packaging, medicine delivery, and medication education. This is to help eliminate barriers for those that have a hard time keeping up with medication refills.
    - **Question** by Bobbie Monagan: Are there limitations around the time that the pharmacy's deliver; are there set times they deliver? **Response** by Tracey Davis, PharmD: Most deliver between Monday and Friday and typically they leave for delivery around 2-4pm. We do have access to CaryRx that will do more rapid response deliveries, but the prescription has to be sent to them directly.
    - **Question** by Eric Tchuigoua: I heard that Prior Authorization will not be required after Sept 12, 2022, is that correct? **Response** by Tracey Davis, PharmD: Yes, we made changes at our last P&T committee meeting.
    - **Question** by Eric Tchuigoua: The Med Made Easy program, I know you said you contact the patients that you think may benefit. Is there a way it can be added to the Let Us Know form so that we can fax that information to you when we come across a patient we think would benefit as well? **Response** by Tracey Davis, PharmD & Bobbie Monagan: That is a great idea, we can take that back and work to get that updated.
    - **Question** by Eric Tchuigoua: Are you guys switching from NaviNet to Surescripts, or is it the same? **Response** by Tracey Davis, PharmD & Bobbie Monagan:No. You have your electronic health record and most are compatible with Surescripts.

- **Question** by Eric Tchuigoua: The mail order service, it's only for patients from 61-85? **Response** by Tracey Davis, PharmD: No, it's for any patient with a chronic disease, there is no age limit for that benefit.

- Prior Authorization – Cheryl Gray
  - We have two methods for submitting prior authorization. We encourage providers to submit electronic requests through NaviNet.
  - NaviNet Demo: NaviNet website walk through to complete a prior authorization and the detailed information needed.
  - Please remember you can request your Provider Account Executive to do a more in-depth review of the prior authorization process, so reach out if you need more training.
  - Bobbie: There is no such thing as too much information, the more you can enter into the system the easier it is for our utilization department.

- Medical Authorization Process/ Discharge Planning – Melissa Wallace
  - There are three ways to submit, by portal through NaviNet, which goes right to the nurses, by fax, or by phone. Our hours are 8am - 5pm Monday through Friday, and there is an on-call nurse available as needed. We have 14 days to review a request and we try to expedite but it cannot always be done. Prior Authorization is needed for home-based services after the 18th visit in the year if using the G code, or after the 6th skilled nurse visit or the 12th PT/OT/ST visit if using the S code.
  - Concurrent Review is inpatient hospitalization. The team will review your request based on medical necessity, using the InterQual rating system; the more information provided the better. The Utilization Manager will facilitate the discharge plan and communicate with the case manager in the hospital and the discharge planner to provide them our in-network providers. They will facilitate calls if needed as well. If there is a denial you can request a peer-to-peer evaluation where one of our medical directors can speak with the facility physician and discuss the case.
  - **Question** by Bobbie Monagan: Is the current medical review process rendered on site or are they done virtually. **Response** by Melissa Wallace: No, we have not moved from virtual reviews.

- Medical Appeals Process – Cassandra Arnold
  - There are two types of appeals; administrative appeals deal with incorrect claims payment and medical appeals deal with denials based on medical necessity and prior authorization. Providers can review the appeals policy on our website. Medical necessity must be clearly documented in the member's medical record. We use InterQual Criteria as guidelines for determinations related to medical necessity. Individual member factors and the characteristics of the local health delivery system are also taken into consideration. Any request that is not addressed by, or does not meet, medical necessity guidelines is referred to the Medical Director or designee for a decision. Providers must call within two business days of receiving the determination. Please note that appeals are different than disputes.

- If a provider does not receive payment for a claim within 45 days or has concerns regarding any claim issue, claims status information is available on NaviNet. You can also submit concerns regarding your claim using the self-service Interactive Voice Response or call provider services. If a claim or a portion of a claim is denied for any reason or underpaid, the provider may dispute the claim within 60 days from the date of the denial or payment.
- Bobbie: It is imperative in the dispute appeals process that as much clinical documentation and or information is provided because it is necessary for us if the denial needs to be overturned. There may be documentation we did not receive at first but it could be instrumental on helping us on the back end.

- Peer-to-Peer – Melissa Wallace
  - When there is a denial of a claim, the provider has a right to request a peer-to-peer review. The provider or their personnel can call in with the treating provider's contact information, including the best time to call, the members name and ID number, and the JIVA certification number. This is placed in the JIVA system and the medical director is notified. Within the first day calls go out to the provider to have a discussion to go over possible missing information regarding the claim. This conversation will be documented.

- Social Determinants of Health Resources – Darla Bishop, DrPH
  - We understand that there are things that happen in our members lives that keep them from maintaining the care they need. We have several things in place to help you connect our members to services.
    - Findhelp.org (previously Aunt Bertha). Here you can type in a zip code and key words to be connected to just about anything related to health, food, housing, and transportation support right on our website.
    - Let Us Know Program. We can do many things to help your office run smoothly and connect our members to services. We can also look up their care gaps and let you know about them so you can help resolve other issues if possible. You can also use this to refer them to case management; we have a great program for those that need hand holding for a new condition, chronic condition, and even pre-natal care. There are many ways you can Let Us Know; call the rapid response team, the locally based community outreach team, or you can call provider services directly. You can also check NaviNet in our events calendar, or fill out the online request for intervention.
    - Wellness Center. We are expected to be fully open in October 2022, we have a new location off Anacostia Gateway near Good Hope Rd and MLK. Here we can connect them to ways to learn and practice healthy behaviors.
- Questions and Answers
  - None.

ACTION ITEMS:

- Update the Let Us Know form to allow providers to notify us of patients that may benefit from the Meds Made Easy program.

POINTS OF CONTACT:

- Bobbie J. Monagan, Director, Provider Network Management
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