



ALABAMA CARE NETWORK MID-STATE MEDICAL MANAGEMENT MEETING

DECEMBER 7 AND 14, 2022



WELCOME AND INTRODUCTIONS

Presenters

- Kristin Mizerany, MD – Medical Director
 - Pediatrician, Mayfair Medical Group
- Whitney Krutulis– Associate Director, RN, MSN

AGENDA

- Introductions
- Medicaid Updates
- Medical Management Meeting Requirements
- Goal of ACHN
- FY 2022 in Review
- Care Coordination Timelines
- Quality Measures
- Bonus Payments
- Quality Improvement Projects
- STDs/Congenital Syphilis
- Family Planning
- CME



MEDICAID UPDATES – COVID-19*

- COVID-19 Emergency extended to 12/31/22
- Effective **January 1, 2023**, Alabama Medicaid will increase the annual physician office visit maximum to 32 for Medicaid recipients receiving cancer treatment during the calendar year (January - December). This increase will be available for each calendar year in which the recipient is receiving cancer treatment and is applicable for all cancers.
- Dental Coverage has been added for pregnant recipients age 21 and older until 60 days postpartum (or from date pregnancy ends)
 - Effective date 10/1/22

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
 - An average of 2-3 meetings are held per quarter
 - Currently, all meetings can be attended via webinar
 - Once public health emergency is over, 2 meetings must be attended in person and the 3rd may be attended via webinar

GOAL OF ACHN

- Creation of a delivery system that allows for seamless Care Coordination across eligibility categories and incentivizes quality outcomes;
- Address statewide and regional health outcome goals;
- Conduct outcome-focused population management activities;
- Facilitate timeliness of key health activities (e.g., Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings, flu shots, early entry to prenatal care, care for substance use disorder);
- Reduce barriers impacting health outcomes; and
- Flexibility to address regional quality issues (e.g., asthma in a region due to environmental issues; substance abuse targeted in a local area where there is a high incidence of neonatal abstinence syndrome (NAS) infants).

HOW CAN WE HELP SUPPORT YOUR PRACTICE?

- Work collaboratively to assist you with meeting quality measures
 - Proactive EPSDT reminder calls, Provide vaccine education and appointment scheduling assistance, Ensure timely referrals for prenatal care for pregnant women, Proactive outreach for preventative care such as mammograms and cervical cancer screenings
 - Provide medication education, disease process education (newly diagnosed diabetics or asthmatics)
 - Access to a designated Care Coordinator and Supervisor
- Reduce the everyday barriers/Social Determinants of Health that impact your patient's health outcomes
 - Transportation
 - Utility Bills
 - Lack of Food Resources or Lack of Knowledge about Government Assistance Programs
 - Application Assistance

ACHN REFERRAL FORM/WEBSITE

Need help getting the information on our website? [CLICK HERE.](#)

For information about Coronavirus Disease (COVID-19) and Alabama Medicaid, [CLICK HERE.](#)



Mid-State

Coordination Services
We Offer

How to Get Our Help

Find a Doctor

Meet Our Team

Contact Us

Resources



Medicaid Providers

Jefferson-Shelby
Region

WELCOME TO ALABAMA CARE NETWORK MID-STATE

Alabama Care Network Mid-State serves Medicaid recipients in Jefferson and Shelby Counties.

At Alabama Care Network Mid-State, we want to help people with Medicaid stay as healthy as they can. We have a team of specially trained staff to help reach this goal. Our team works with your doctor to help you get the care you need.

<https://www.alabamacarenetwork.com/mid-state/>



Care Coordination Referral Form

To be eligible for services, individual must have Medicaid and their Physician must be contracted with the Alabama Coordinated Health Network (ACHN)

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"/> Family Planning | <input type="checkbox"/> Quality Improvement Project – Childhood Obesity |
| <input type="checkbox"/> General Care Coordination | <input type="checkbox"/> Quality Improvement Project – Infant Mortality |
| <input type="checkbox"/> Maternity | <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 Coordination Referral:

- Non Compliance:
 Clinic Visits Medication Other _____
- Medication Education
 Inappropriate ED Utilizations
 Frequent Hospitalizations
 Diagnosis Education
Diagnosis: _____ Newly Diagnosed If Diabetic, A1C Level: _____
- Patient needs behavioral health follow-up:
 Psychiatry Substance Abuse Counseling
- Transportation
 Other: _____

Date Obtained: _____

Additional Comments: _____

Referral Source Contact Person: _____ Phone: _____ Fax: _____

Referring Agency: _____ Date of Referral: _____

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

Form Created 6/2/2021

FY 2022 IN REVIEW

- # of patient's served (duplicates removed)
 - General- 7,096
 - Maternity-5,943
 - Family Planning- 1,488
- # of contracted PCPs
 - 54
- # of clinics with a Care Coordinator embedded
 - 9
 - Cahaba, Christ Health, Greenvale, Metro, Midtown, Pathway, Pediatrics East, Pediatrics West, UAB Primary Care Clinic

CARE COORDINATION TIMELINES

- Referral- assigned to Care Coordinator within 1 business day of receipt of referral
- Screening
 - All referrals will be verified for eligibility and screened no later than 5 business days from the receipt of the referral.
 - Contact will be attempted within five (5) Business Days of screening
- Assessment
 - Els identified as medium or high risk will receive a Health Risk and Psychosocial Assessment. Health and Psychosocial Assessments will be completed within twenty-one (21) calendar days from initial health risk screening.
- Creation of Goals
 - The needs identified in this health risk and psychosocial assessment will be the basis for the El's care plan. Care Plans will be person/caregiver-centered and with a team approach
- Total Contact Attempts
 - At least three (3) attempts will be made within thirty (30) Calendar Days, including a written letter

ACHN BONUS PAYMENTS

BONUS PAYMENTS

This is a Bonus pool in the amount of \$15 million annually to fund three Bonus payments for Participating PCP groups.

The Bonus Payment pool is paid quarterly and allotted as follows:

- 50% for Quality
- 45% for Cost Effectiveness
- 5% for PCMH Recognition

Quality Metric Performance

Cost Effectiveness

Patient-Centered
Medical Home Activities

Impacted by
attribution

Regional ACHN Participation Payment
Enhanced FFS Rate

Above payments are achievable if physician participates with
regional ACHN entity

Base Fee-For-Service – Current FFS schedule for all physicians*

* Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will **NOT** be eligible for Participation Rates or Bonus Payments.

MEDICAID UPDATES – BONUS PAYMENTS

- **Quality Bonus Payment (50%)**
 - Will be based on the actual performance effective October 1, 2021
 - Bonus for FY 2022 is calculated based on the CY 2020 services (obtained from the claims data)
 - Must achieve at least half of the annual quality metrics
 - Quality Measures scorecards are available quarterly
- **Cost Effectiveness Bonus Payment (45%)**
 - Calculated based on the attributed recipient's risk scores and associated costs
 - Cost effectiveness scorecards are available quarterly
- **PCMH (5%)**
 - Based on annual attestation
 - Must be PCMH recognized or achieved adequate progress towards PCMH recognition
 - Attestation is due to the Agency no later than October 1st annually

PCP INCENTIVE QUALITY MEASURES

PROVIDER MEASURES				
Measure		Measure Description	State-wide Baseline	Benchmark
1	W34-CH	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	61.1%	66.7%
2	AWC-CH	Adolescent Well-Care Visits	43.0%	45.0%
3	CIS-CH	Childhood Immunization Status (Combo 3)	70.5%	74.0%
4	IMA-CH	Immunizations for Adolescents (Combo 2)	20.4%	24.6%
5	AMM-AD	Antidepressant Medication Management (Continuation Phase)	29.6%	37.1%
6	HA1C-AD	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	73.4%	83.3%
7	FUA-AD	Follow-Up after Emergency Department Visit for Alcohol and other Drug Abuse or Dependence (30 days)	11.4%	12.4%
8	CHL-AD	Chlamydia Screening in Women Ages 21 - 24	9.7%	54.3%

Benchmarks represent national rate.

ACHN QUALITY MEASURES

Measure Abbr..	Measure Description	Mid-State Base..	Numerator	Denominator	Oct 2021 Rate
ABA-AD	Adult Body Mass Index Assessment	30.9%	11,038	12,889	85.6%
AMM-AD	Antidepressant Medication Management	27.4%	350	1,378	25.4%
AMR-AD	Asthma Medication Ratio: Ages 19–64	52.0%	416	620	67.1%
AMR-CH	Asthma Medication Ratio: Ages 5–18	77.6%	3,113	3,782	82.3%
CAP-CH1	Children and Adolescents' Access to Primary Care Practitioners..	80.7%	4,903	6,167	79.5%
CAP-CH2	Children and Adolescents' Access to Primary Care Practitioners..	72.8%	17,621	24,066	73.2%
CAP-CH3	Children and Adolescents' Access to Primary Care Practitioners..	74.9%	17,583	21,423	82.1%
CAP-CH4	Children and Adolescents' Access to Primary Care Practitioners..	73.0%	23,491	29,074	80.8%
CCS-AD	Cervical Cancer Screening	39.1%	6,390	13,988	45.7%
IET-AD1	Initiation and Engagement of Treatment for AOD [Initiation]	42.8%	545	1,674	32.6%
IET-AD2	Initiation and Engagement of Treatment for AOD [Engagement]	3.5%	64	1,674	3.8%
LBW-CH	Live Births Weighing Less Than 2,500 Grams	10.6%	459	3,807	12.1%
PPC-CH	Prenatal and Postpartum Care: Timeliness of Prenatal Care	62.4%	2,297	3,489	65.8%
W15-CH	Well-Child Visits in the First 15 Months of Life	50.3%	2,586	5,186	49.9%
WCC-CH	Weight Assessment and Counseling for Nutrition and Physical ..	8.6%	39,827	43,294	92.0%

Quality Improvement Projects

Childhood Obesity

- Providing proactive outreach to patients past due for EPSDT screenings with BMI of 85% or greater
- 22 Days in 2022 Challenge

Healthy Lifestyle Kit including:

- Educational Materials
- Activity tracker (similar to fitbit)
- Daily Healthy Lifestyle Log (includes steps, nutrition, water intake)
- Portion Control Plate (3-11) /Portion Control Containers (12-18)
- Exercise Bands (12-18)
- Coloring Book, Crayons, and Stickers (3-11)
- Video Series available on ACHN website to further support healthy living

Infant Mortality

Hypertension education

- Video series available on ACHN website to support healthy pregnancy
 - How to Count the Kicks
 - Count the Kicks App
 - Benefits of Breastfeeding
 - Safe Sleep for Babies
 - Family Planning
- EIs who complete video series will receive an incentive
- Full time Family Planning Coordinator and 3 multi-program care coordinators

Substance Use Disorder

- Targeting patients with a SUD diagnosis with a new MAT prescription in the last 60 days and providing proactive outreach by Care Coordination staff with experience in SUD
- Partnered with the Crisis Center to provide dedicated Peer Support Specialist
- Partnered with UAB to develop CME modules for providers which focus on SUD. CME is now live on ACHN website.

22 DAYS IN 2022- CHILDHOOD OBESITY QIP

AGE 3-11



AGE 12-18





Fruit – 1 serving of fruit = 1 medium piece or 2 smaller pieces of fruit OR 1 cup of chopped fruit

Vegetables – 1 serving of vegetables = 1 medium potato OR 1/2 cup cooked vegetables OR 1 cup salad vegetables

Water – 1 full glass of water

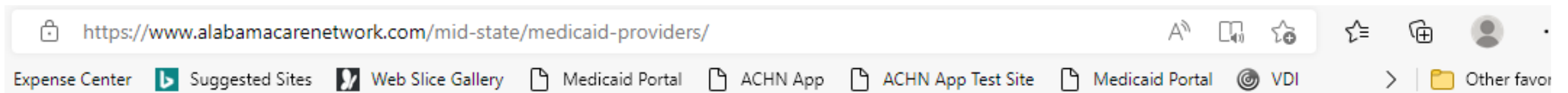
Steps – Try and Reach 10,000 - Record your total number of steps at the end of each day.

Instructions – Place a number in each square for how many ~~ounces~~ servings of fruit, vegetables, and glasses of water you have had at the end of each day.



Week 1	Monday Day 1	Tuesday Day 2	Wednesday Day 3	Thursday Day 4	Friday Day 5	Saturday Day 6	Sunday Day 7
Fruit							
Vegetables							
Water							
Steps							

CME AVAILABLE- STIGMA ASSOCIATED WITH SUBSTANCE USE



Need help getting the information on our website? [CLICK HERE.](#)

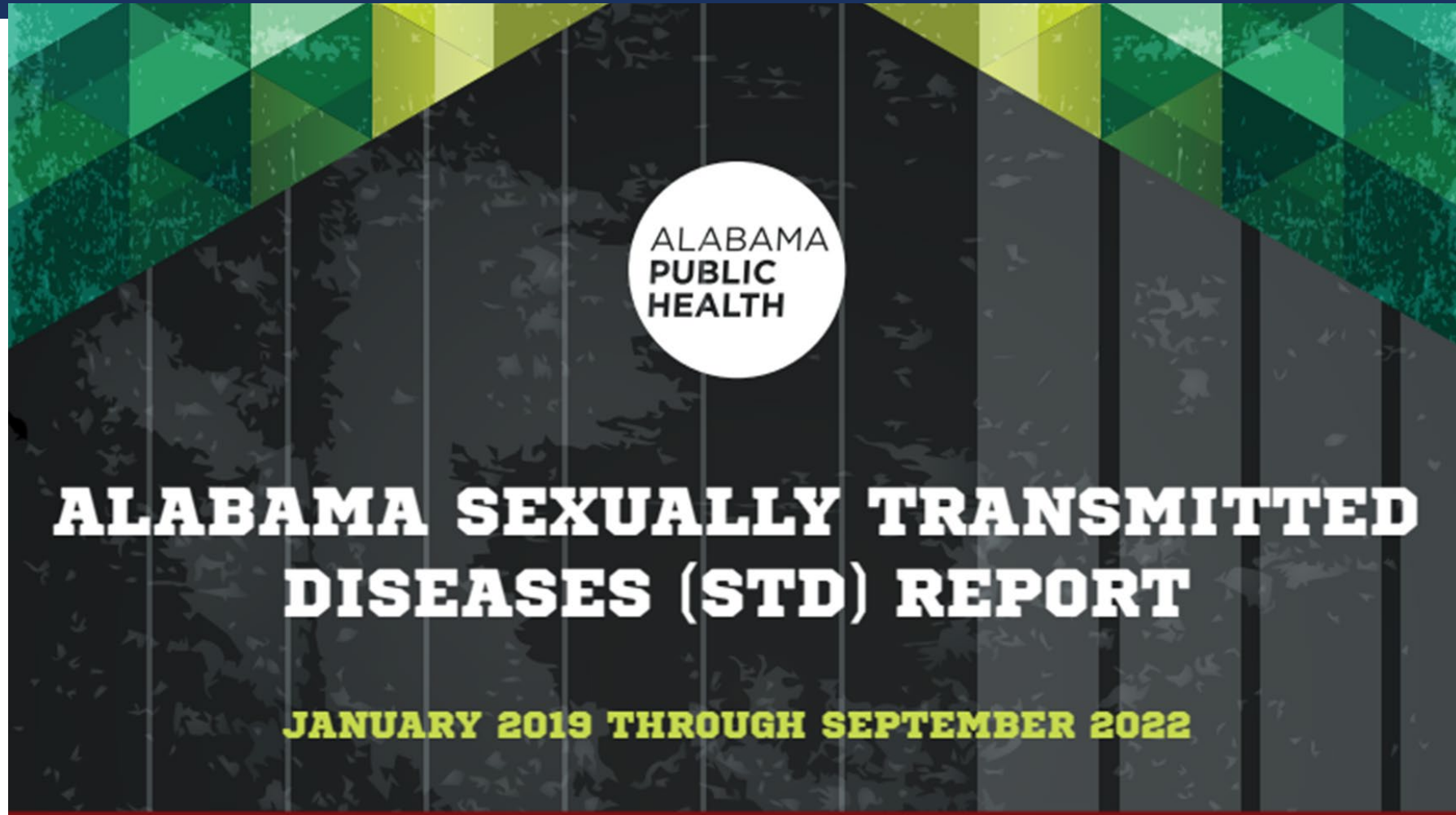
For information about Coronavirus Disease (COVID-19) and Alabama Medicaid, [CLICK HERE.](#)

Continuing Education

Continuing Education about the stigma associated with substance use is now available to Medicaid providers. To learn more, click the link below.

[CONTINUING EDUCATION COURSE: SUBSTANCE USE STIGMA](#)

SEXUALLY TRANSMITTED DISEASES



https://www.alabamapublichealth.gov/std/assets/stdreport_jan2019-sept2022.pdf

CHLAMYDIA IN ALABAMA

ALABAMA STD REPORTS - JANUARY THROUGH SEPTEMBER 2022

CHLAMYDIA REPORT	2019		2020		2021		JAN - SEPT 2022	
	Cases	%	Cases	%	Cases	%	Cases	%
Black	11,948	38.3	9,377	35	11,495	36.5	9,029	38.6
White	3,815	12.2	3,111	11.5	4,069	12.9	3,753	16.0
Hispanic	658	2.1	558	2.1	336	1.1	337	1.4
Other/Unknown	14,787	47.4	13,976	51.7	15,605	49.5	10,297	44.0
Total	31,208	100.0	27,022	100.0	31,505	100.0	23,416	100.0

CHLAMYDIA IN ALABAMA

AGE (YEARS)	Cases	%	Cases	%	Cases	%	Cases	%
<10	40	0.1	56	0.2	49	0.2	27	0.1
10-14	266	0.9	206	0.8	275	0.9	190	0.8
15-19	9,675	31.0	7,957	29.4	8,962	28.4	6,646	28.4
20-24	11,852	38.0	10,257	38.0	12,051	38.3	8,716	37.2
25-29	5,180	16.6	4,665	17.3	5,285	16.8	3,892	16.6
30-34	2,121	6.8	2,015	7.5	2,621	8.3	2,087	8.9
35-39	1,053	3.4	953	3.5	1,092	3.5	889	3.8
40-44	452	1.4	431	1.6	573	1.8	445	1.9
45-54	423	1.4	334	1.2	424	1.3	377	1.6
55-64	115	0.4	120	0.4	145	0.5	124	0.5
≥65	31	0.1	28	0.1	28	0.1	23	0.1
Total	31,208	100.0	27,022	100.0	31,505	100.0	23,416	100.0

GONORRHEA IN ALABAMA

ALABAMA STD REPORTS - JANUARY THROUGH SEPTEMBER 2022

GONORRHEA REPORT	2019		2020		2021		JAN - SEPT 2022	
	Cases	%	Cases	%	Cases	%	Cases	%
Black	6,529	45.1	6,486	45	7,215	44.6	5,299	51.0
White	1,940	13.4	1,813	12.6	2,014	12.4	1,591	15.3
Hispanic	122	0.8	140	1.0	80	0.5	89	0.9
Other/Unknown	5,882	40.6	5,972	41.4	6,877	42.5	3,405	32.8
Total	14,473	100.0	14,411	100.0	16,186	100.0	10,384	100.0

GONORRHEA IN ALABAMA

AGE (YEARS)	Cases	%	Cases	%	Cases	%	Cases	%
<10	14	0.1	25	0.2	21	0.1	12	0.1
10-14	78	0.5	89	0.6	92	0.6	64	0.6
15-19	3,027	20.9	3,016	20.9	3,216	19.9	2,141	20.6
20-24	4,607	31.8	4,552	31.6	5,162	31.9	3,183	30.7
25-29	2,975	20.6	2,950	20.5	3,223	19.9	1,986	19.1
30-34	1,579	10.9	1,589	11.0	1,950	12.0	1,305	12.6
35-39	914	6.3	945	6.6	1,092	6.7	695	6.7
40-44	549	3.8	520	3.6	617	3.8	424	4.1
45-54	489	3.4	460	3.2	556	3.4	384	3.7
55-64	197	1.4	210	1.5	206	1.3	154	1.5
≥65	43	0.3	55	0.4	51	0.3	36	0.3
Total	14,472	100.0	14,411	100.0	16,186	100.0	10,384	100.0

SYPHILIS IN ALABAMA

ALABAMA STD REPORTS - JANUARY THROUGH SEPTEMBER 2022

PRIMARY & SECONDARY SYPHILIS REPORT	2019		2020		2021		JAN - SEPT 2022	
	Cases	%	Cases	%	Cases	%	Cases	%
Black	425	68.3	337	64	473	61.5	443	59.1
White	161	25.9	156	29.8	249	32.4	257	34.3
Hispanic	14	2.3	14	2.7	18	2.3	16	2.1
Other/Unknown	22	3.5	16	3.1	29	3.8	34	4.5
Total	622	100.0	523	100.0	769	100.0	750	100.0

SYPHILIS IN ALABAMA

AGE (YEARS)	Cases	%	Cases	%	Cases	%	Cases	%
<10	0	0.0	0	0.0	0	0.0	0	0.0
10-14	0	0.0	0	0.0	0	0.0	1	0.1
15-19	32	5.1	29	5.5	44	5.7	30	4.0
20-24	151	24.3	104	19.9	143	18.6	150	20.0
25-29	157	25.2	115	22.0	170	22.1	144	19.2
30-34	102	16.4	88	16.8	117	15.2	134	17.9
35-39	57	9.2	53	10.1	100	13.0	88	11.7
40-44	46	7.4	37	7.1	71	9.2	51	6.8
45-54	51	8.2	64	12.2	86	11.2	86	11.5
55-64	17	2.7	23	4.4	32	4.2	50	6.7
≥65	9	1.4	10	1.9	6	0.8	16	2.1
Total	622	100.0	523	100.0	769	100.0	750	100.0

CONGENIAL SYPHILIS ALERT

**Alabama Department of Public Health (ADPH)
Alabama Emergency Response Technology (ALERT)
Health Alert Network (HAN)
08/09/2022**

Highest Recorded Congenital Syphilis in Alabama: Let's Stop It!

Key Message

Alabama reported 36 cases of congenital syphilis in 2021, the highest number since 2006. The reported cases were more among women who received prenatal care than those who did not receive care. The most missed opportunities to prevent congenital syphilis among prenatal care recipients in Alabama were lack of syphilis diagnosis in the early third trimester.

Key Facts

Women who are pregnant can become infected with the same STDs, including syphilis, as women who are not pregnant.

Women with a history of treated syphilis before or during pregnancy may have babies with congenital syphilis. Between 2018 and 2022, there were thirteen CS cases with unidentified missed opportunities. Our research showed that all the mothers of these infants were adequately treated thirty days before delivery. Our findings also showed that there are a few pediatricians in the state who evaluate infants born to mothers with a history of syphilis regardless of treatment history and the CDC recommended evaluation criteria. All the infants tested had either long bone X-ray abnormality, an abnormal CSF protein, or WBC values suggestive of CS, which had to be reported to the CDC as probable cases.

Untreated syphilis in pregnancy can cause miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth.

STI SCREENING PRACTICES

- Adolescents represent most STIs though only 25% of sexually active people
- Though screening is universally recommended, nationally representative data shows most pediatricians do not adhere to STI screening recommendations
- Barriers:
 - lack of time for sexual health counseling
 - cultural or language differences
 - discomfort among providers with the topic
 - adolescent concerns about confidentiality

Office-Based Screening for Sexually Transmitted Infections in Adolescents

Taraneh Shafii, MD, MPH,* David Levine, MD[†]

RECOMMENDED STI SCREENING

TABLE 1

Recommended STI Screening Guidelines for Adolescent Female Patients

Organization	Guideline
AAP	All sexually active patients ≤ 25 y old
ACOG	All sexually active adolescent patients
AAFP	All sexually active patients ≤ 24 y old
CDC	All sexually active patients < 25 y old
USPSTF	All sexually active patients ≤ 24 y old

https://publications.aap.org/pediatrics/article/145/Supplement_2/S219/34445/Office-Based-Screening-for-Sexually-Transmitted?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000

RECOMMENDED STI SCREENING

- Annual screening for *C trachomatis* and *Neisseria gonorrhoea* for all sexually active women <25 yo
- STI testing may be offered to all sexually active men
- CT and CG screening is recommended year for MSM
- Sexually active people 13-64 yo be screened for HIV yearly
- Syphilis screening- MSM and risk based

*Annual Chlamydia screening in Women ages 21-24 is a PCP incentive Quality Measure (statewide baseline only 9.7%)

https://publications.aap.org/pediatrics/article/145/Supplement_2/S219/34445/Office-Based-Screening-for-Sexually-Transmitted?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000

OVERCOMING BARRIERS TO STI SCREENING

- Confidential care:
 - Private, alone time with the adolescent separate from caregivers
 - Set the stage early about clinic policy and what to expect at adolescent visits
- How to put into practice:
 - providing letters to family explaining practices of adolescent confidentiality
 - post clinic policies is waiting areas and clinic rooms
 - Consider universal screening for STIs in all adolescents regardless of sexual activity so patients do not feel singled out as different to their caregivers

https://publications.aap.org/pediatrics/article/145/Supplement_2/S219/34445/Office-Based-Screening-for-Sexually-Transmitted?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000

FAMILY PLANNING SERVICES

- Family Planning Eligibility
 - Family Planning Care Coordination shall be provided to eligible women ages 19 through 55 and men age 21 or older, for vasectomy/vasectomy related services. Family planning Care Coordination shall also be provided to eligible females of childbearing age, 8 through 55, and males of any age who may be sexually active and meet the criteria for full Medicaid eligibility.
 - Els who are sterilized by a tubal ligation or vasectomy are not eligible to receive Family Planning Care Coordination under the ACHN Program.
 - Els must give written or verbal consent prior to receiving Family Planning Care Coordination.

FAMILY PLANNING SERVICES

- Care Plan Focus for all receiving Family Planning Care Coordination
 - Contraception
 - STDs
 - Self-Breast Exam (women), Testicular Self Exam (men)
 - Additional individualized needs

QUESTION FOR PROVIDERS

Are you interested in being trained to insert a Nexplanon?



THANK YOU FOR PARTICIPATING

Questions?