# It Matters to Passport Monthly Provider Forum

August 25, 2021



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BY MOLINA HEALTHCARE

# Agenda

- About the It Matters Program
- Meet the Provider Services Team
- Important Plan Updates and Reminders
- Upcoming It Matters to Passport Forum Dates
- Behavioral Health & Substance Use Disorder
- Open Forum/Provider Feedback

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# It Matters to Passport

It Matters to Passport is a unique avenue for our Provider Community to engage with the Health Plan in real time to solicit feedback and recommendations to minimize administrative hurdles and simplify the ways providers engage with us to improve the provider experience to better focus on delivering patient-centered care.

We want to hear from you! Submit your feedback to Passport via:

- Email: ItMatters@passporthealthplan.com
- It Matters to Passport Suggestion Box
- Attending one of our monthly forums:
  - Visit www.Passporthealthplan.com/ItMatters to register!

**Your feedback is important, and *It Matters to Passport*!**

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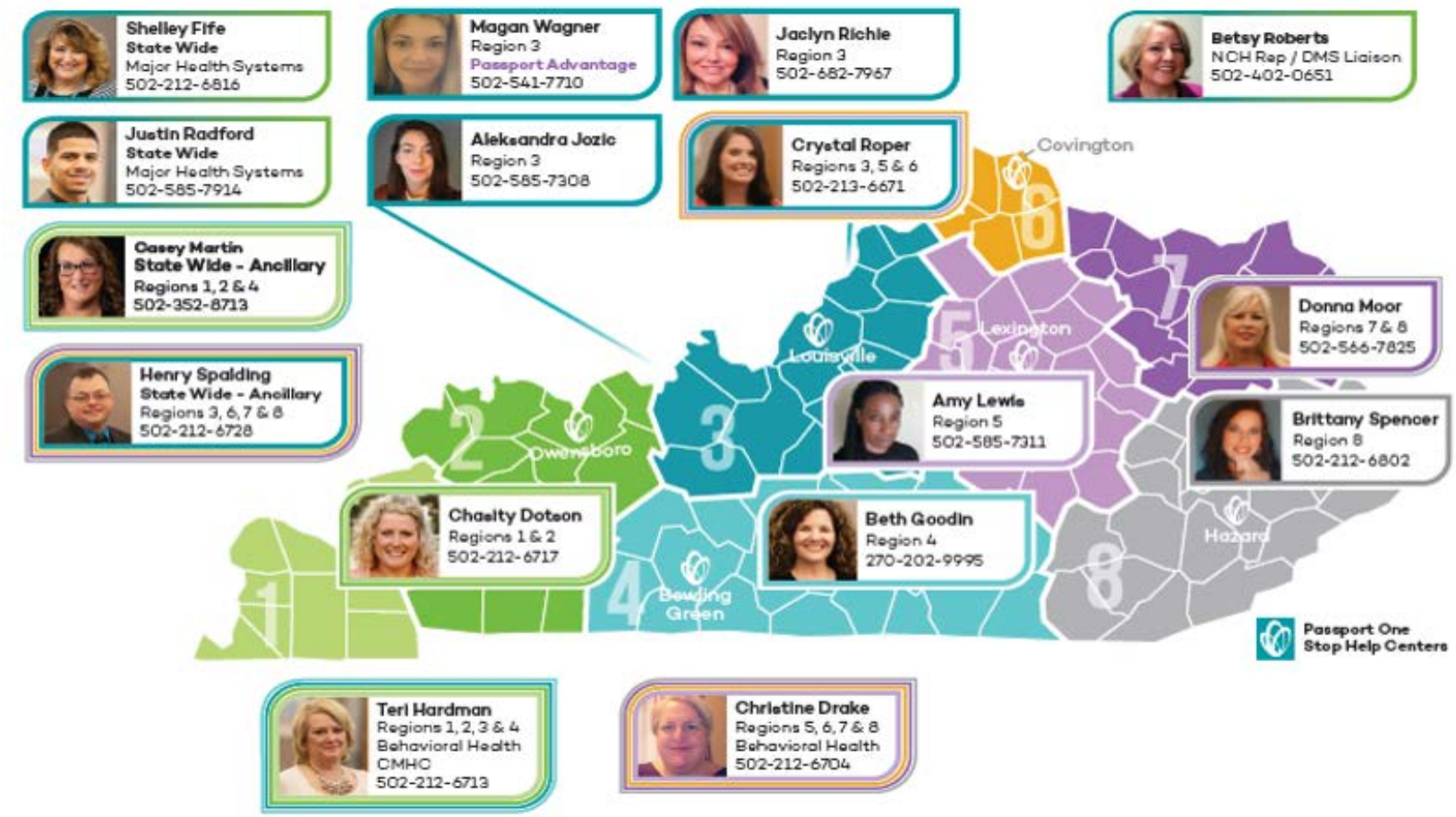
# Meet the Provider Services Team

Your dedicated Provider Services Representative is always a phone call or email away!

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# Important Updates and Reminders

**Inpatient and Outpatient Prior Authorizations Suspended**
Effective August 11, 2021 DMS has suspended all inpatient and outpatient prior authorization requirements.

**New Provider Online Directory Coming September 1**
Great opportunity to ensure Passport has accurate provider demographic information. Click here to learn more!

**Use Availity for Instant Access to Information**
Consider logging into Availity to obtain quick information regarding items such as member eligibility, claim status, access to RA's and more!

**COVID-19 Vaccine Incentive for Members**
Passport members who receive the vaccine on or after June 1, 2021 may quality for a $100 gift card to Wal-Mart, Amazon, Kroger or CVS. For more information or for a flyer to give to your Passport members click here.

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# Upcoming It Matters to Passport Forum Dates

**Mark your calendars and join us for our monthly virtual forums!**

- September 29, 2021 – Quality
- October 27, 2021 – Community Engagement/Health Education
- November 17, 2021 – EPSDT
- December 15, 2021 – A Year in Review

Visit www.Passporthealthplan.com/ItMatters for more information or to register!

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# Behavioral Health and Substance Use Disorders

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# Topics for Discussion

- Trends from 2020 in BH
- Trends in 2021
- Vaccine Information
- Overview of Case Management
  - Social Determinants of Health
  - Substance Use Disorder Model of Care
- Overview of Utilization Management
- Provider Services
  - Surveys
  - Resources

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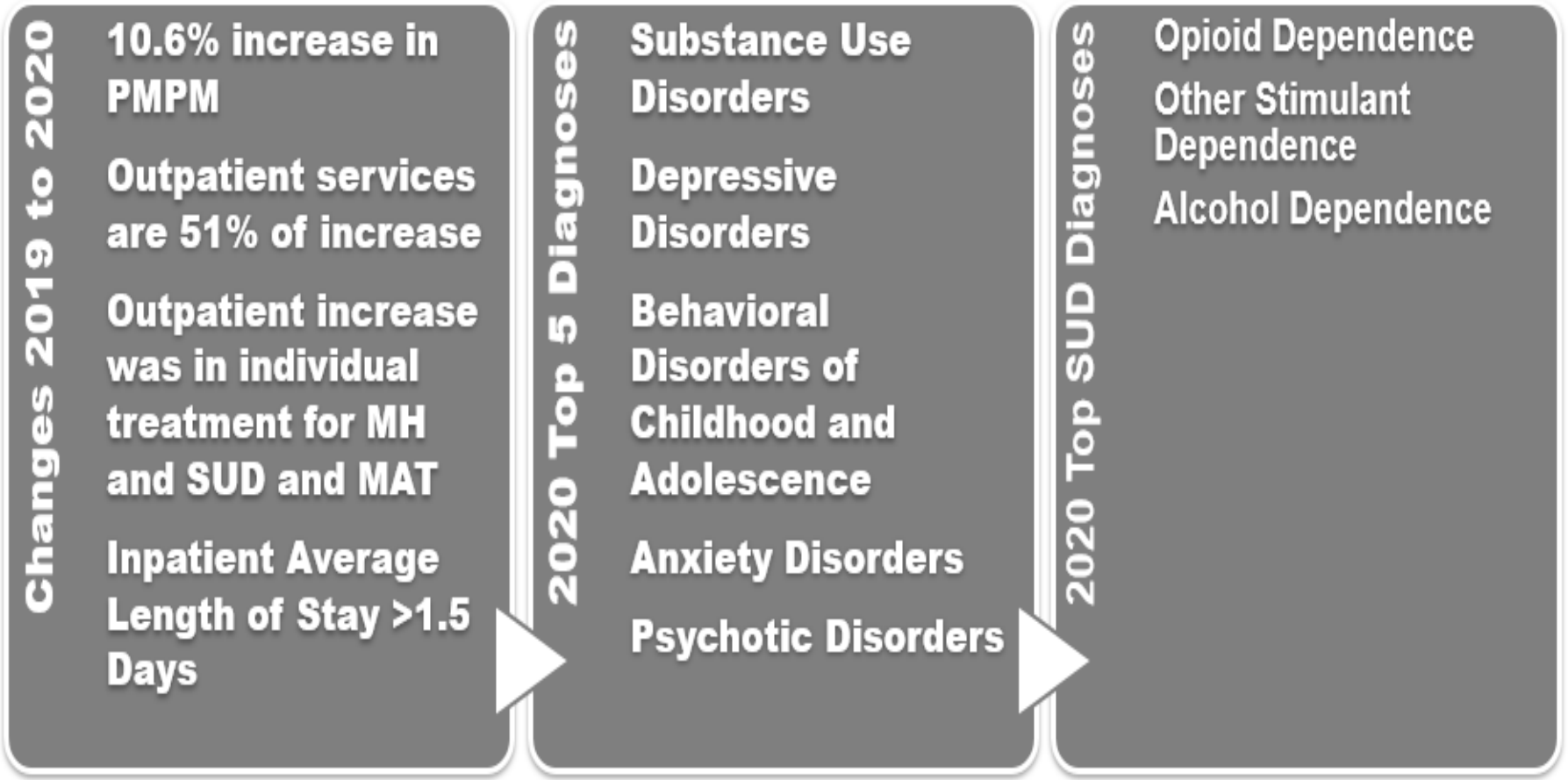
# 2020 Trends

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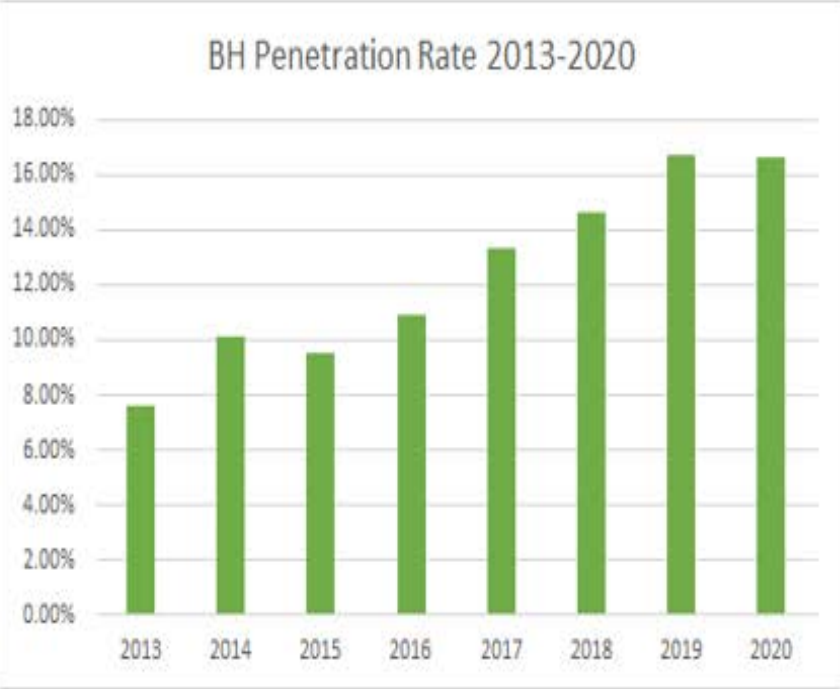
# Behavioral Health Trends 2013-2020

BH Utilization continually matches and then exceeded membership growth.  In 2020, over 16% of enrollees utilized BH services.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# 10/19-9/20 Trend Changes: COVID-19 Impact on BH Trends

**18%** Drop in Inpatient Utilization

- Predominately due to changes in adult inpatient utilization
- Offset by increased length of stay by nearly 2 days for first 6 months of period

**6%** increase in Diversionary Level of Care Utilization

- SUD Partial Hospitalization had the largest increase
- SUD Intensive Outpatient Program decreased

Telehealth Impact on Outpatient Services

- Prior to 3/20 Telehealth accounted for **1%** of Outpatient Service Delivery
- Telehealth utilization for Outpatient Services hit peak in April of **41%** of Services
- Final Quarter of 2020 ended with **30%** Telehealth Utilization for Outpatient Services

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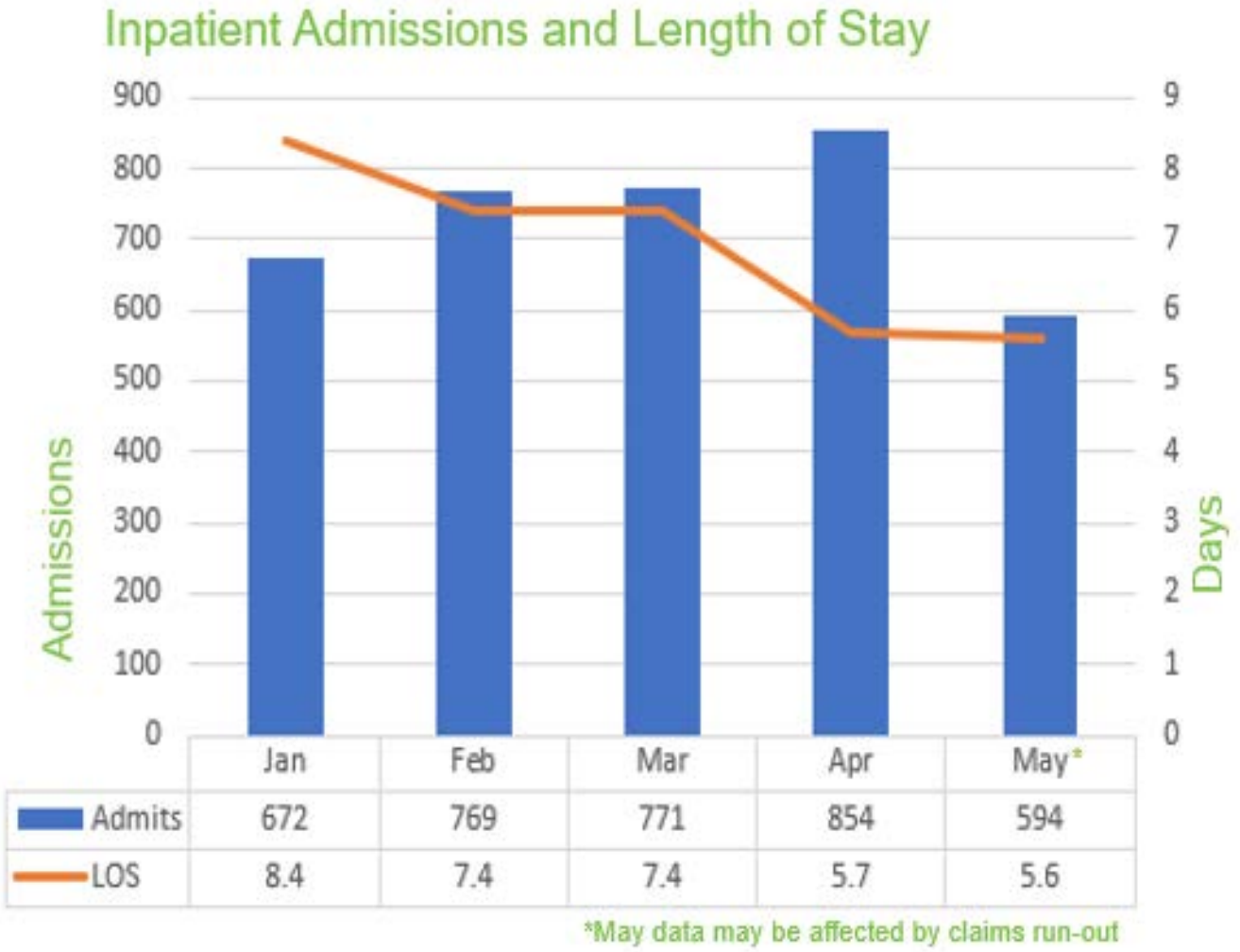
# 2021 BH Inpatient - Admissions




| | Jan | Feb | Mar | Apr | May* |
|---|---|---|---|---|---|
| Admits | 672 | 769 | 771 | 854 | 594 |
| LOS | 8.4 | 7.4 | 7.4 | 5.7 | 5.6 |

*May data may be affected by claims run-out

Utilization count by number of unique enrollee inpatient admissions and average length of stay

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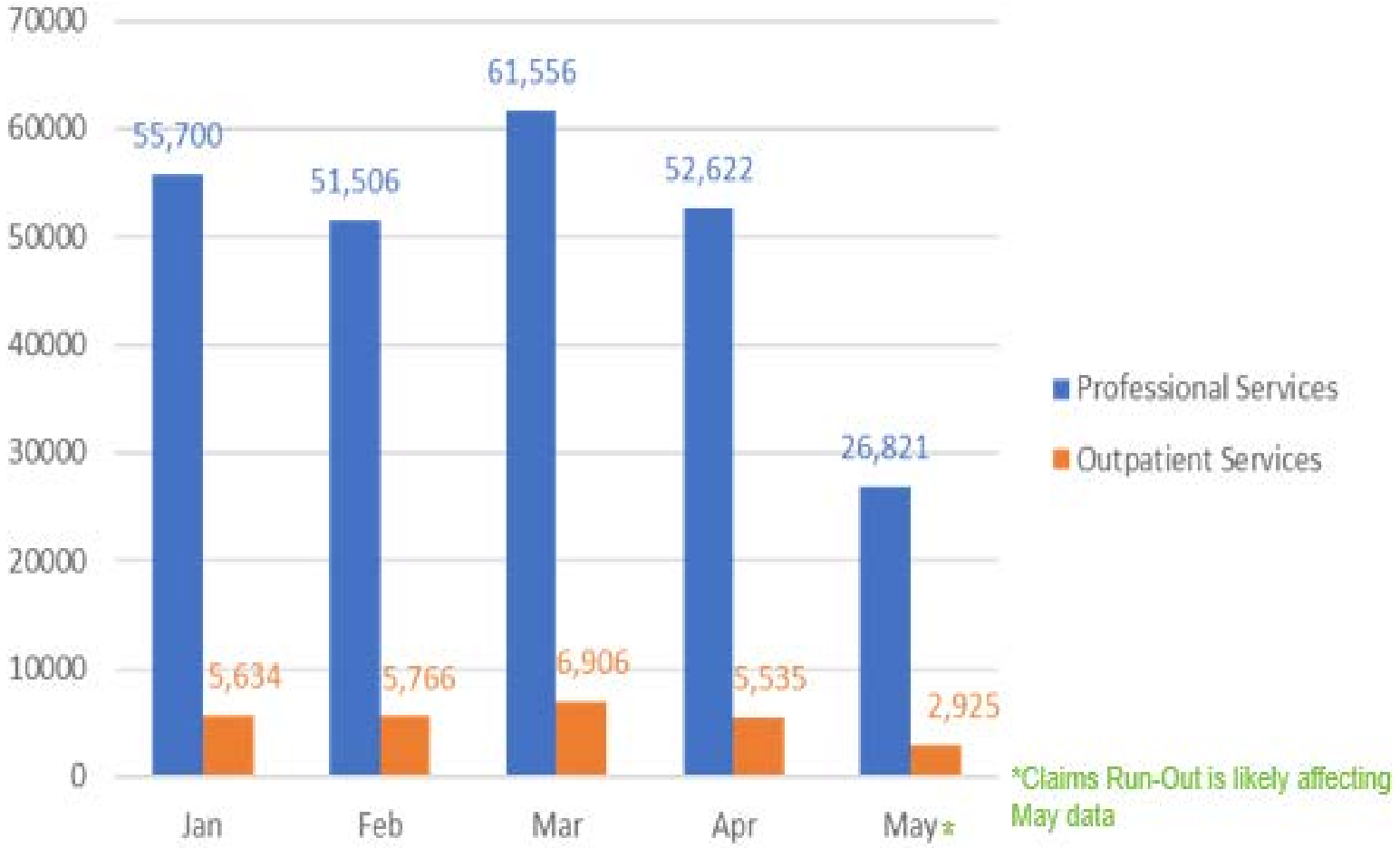
# 2021 BH Outpatient - Claims




Utilization count by number of unique outpatient and professional claims.

Around 81% of Outpatient and Professional BH claims are tired to Telehealth services.

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# 2021 BH Outpatient - Claims

Top 4 procedures for outpatient and professional claims – month over month.

| Highest Service Utilization | |
|---|---|
| 90837 | Individual Therapy, 60 minutes |
| 90832 | Individual Therapy, 30 minutes |
| H0038 | Peer Support Services (15 minute unit) |
| H0015 | Intensive Outpatient Program |

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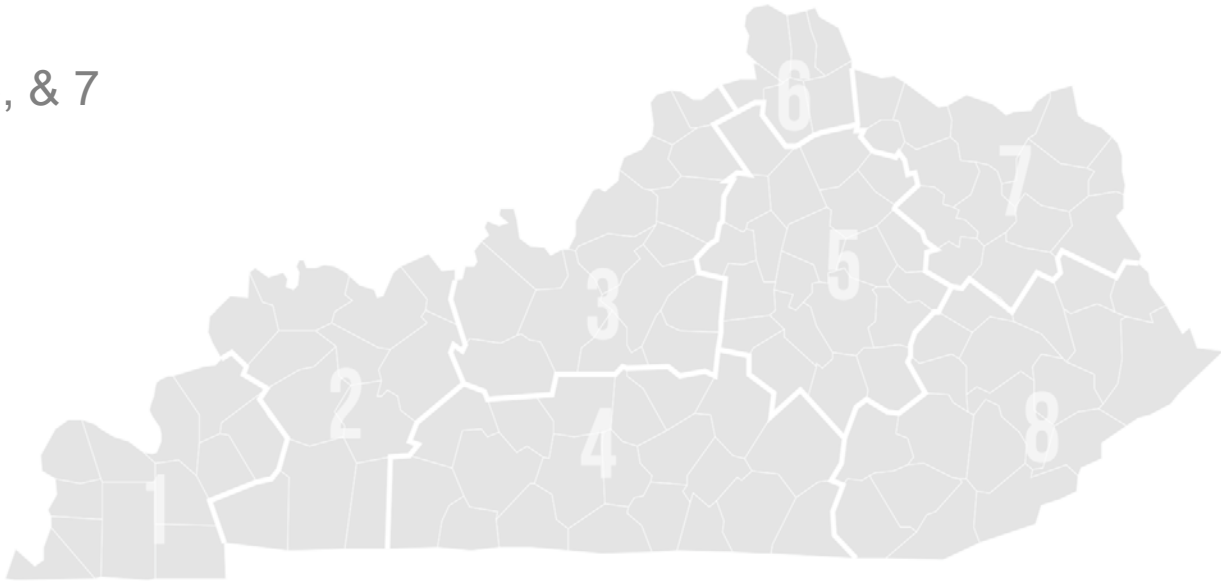
# COVID-19 Vaccination Rates for Passport Membership

**Highest Percentage Vaccinated:** Region 3
**Lowest Percentages Vaccinated:** Regions 1, 2, 6, & 7




**Rates of Racial Groups:**

20% White/Caucasian
6% Black/African-American
1% Asian

Of those vaccinated 40% vs 60%

## COVID-19 Outreach Efforts:

Over 20,275 Case Manager Personal Calls to Alert to Vaccine Opportunities in Region 3, 4, & 7

Partnered with Community Organizations to Sponsor Vaccination Events/Opportunities

Over 177,000 Text and Auto Dialer Outreach

Nearly 800 have Requested Incentive

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# What is Health Plan Care Management?

**CARE MANAGEMENT INCLUDES…**

- Assessment
- Member-centered goal setting
- Care Coordination
- Increasing members' self-management skills
- Increasing member's knowledge about their conditions
- Collaboration with providers and community based organizations
- Advocacy

**CARE MANAGEMENT IS NOT..**

- Therapy/direct care
- A replacement for Targeted Case Management or other provider care/case management services
- Claims Processing
- Utilization Management

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# Four Levels of Care Management

| Level of Care Management | Target Population and Goals | Care Team Members Available |
|---|---|---|
| Level I | Members with conditions such as asthma, diabetes, depression, hypertension, and heart failure who are self-managing their condition well, but whose unmet needs put them at risk for future health problems.<br>Focuses on disease prevention and health promotion | Health Manager, Community Connector, Housing Specialist, EPSDT Coordinator |
| Level II | Moderate risk members who have a priority condition or are part of a population with rising risk.<br>Goal is to reduce the burden of disease through education and coordination of care. Focuses on self-management skills. | Care Manager, Transition of Care Coach, Community Connector, Housing Specialist, Peer Support Specialist, EPSDT Coordinator, Dietitian |
| Level III | High risk members with multiple chronic conditions and/or social determinant of health needs.<br>Goal is to improve functional capacity and regain optimal health. Formal Interdisciplinary Care Team meetings are held with member and providers to collaborate on plan of care. | Care Manager, Transition of Care Coach, SUD Navigator, Community Connector, Housing Specialist, Peer Support Specialist, EPSDT Coordinator, Dietitian |
| Level IV | Highest risk members with need for stabilization and/or end stage diagnoses.<br>Goal is to stabilize member's health status, improve ability to cope with severity of condition, and improve quality of life as defined by the member's preferences and goals. Formal Interdisciplinary Care Team meetings are held with member and providers to collaborate on plan of care and help to ensure services are provided in the least restrictive setting. | Care Manager, Transition of Care Coach, SUD Navigator, Community Connector, Housing Specialist, Peer Support Specialist, EPSDT Coordinator, Dietitian |

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# Care Team Members

| Multi-Disciplinary Team | Level I | Level II | Level III | Level IV |
|---|---|---|---|---|
| Health Manager | ✓ | | | |
| Care Manager | | ✓ | ✓ | ✓ |
| Transition of Care Coach | | ✓ | ✓ | ✓ |
| SUD Navigator | | | ✓ | ✓ |
| Community Connector | | ✓ | ✓ | ✓ |
| Housing Specialist | ✓ | ✓ | ✓ | ✓ |
| Peer Support Specialist | | ✓ | ✓ | ✓ |
| EPSDT Coordinator | ✓ | ✓ | ✓ | ✓ |

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# CM Programs, Supports and Models of Care

- Transition of Care (Toc)
- EPSDT Program
- Emergency Department Diversion and Monitoring Program (EDD)
- High Risk Obstetrics (HROB) Program*
- Supporting Healthy Moms and Babies
- Social Determinant of Health (SDoH) Supports
- Chronic Kidney Disease/Kidney Failure Model of Care (CKD/KF MoC)
- Coordinated Services Program (CSP)*
- Opioid Use Disorder Model of Care (OUD MoC)*

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# HROB: 180 Health CM for OUD

**180 Health Partners**

- Community of Support
  - Care Manager
  - Peer Support Specialist
  - Virtual Community
- Mother-Centered Plan with or without MAT and OB/GYN coordination
- Post-Partum Support
- TCM

# Coordinated Services Programs (CSP)

- Historically known as “Lock-in”
- For members who have been identified as high risk for misuse of medications or medical services because they have:
  - multiple prescriptions for medications with abuse potential
  - prescriptions written by multiple providers,
  - use of multiple pharmacies and/or
  - ED visits at several locations for non-emergent conditions
- Goal: to prevent death or injury from prescription drug misuse while preventing Medicaid fraud, waste or abuse.
- Members are contacted by CM staff depending on member preference and level of need ranging from weekly to monthly
- Referrals for CSP come from inbound member files, internal stratification reports, CM and UM referrals, and Provider referrals
- Members in this program have access to all CM staff as needed, with the exception of the Health Manager (for Level I only)

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# Opioid Use Disorder Model of Care

- Enrollees with confirmed diagnosis or illicit use
- Substance Use Disorder Navigators with experience and/or training in working with individuals with SUD act as the CMs for this model of care
- Use ASAM and NIDA assessments (initial and full/ongoing) to assess enrollee needs
- Frequency of contact is based on enrollee's risk level.
- Risk levels (2-4) are determined from NIDA responses, utilization, and other factors
- Goal is to move enrollees farther on their recovery journey; reduce risks, increase member self-management of OUD

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# OUD MOC and KORE

The Opioid Use Disorder Model of Care and Kentucky Opioid Response Effort both focus on:

- Opioid Overdose Survivors - SUD Navigators outreach members with any T40 codes which represent opium, heroin, methadone, other opioids and other synthetic narcotics
- The needs of parents, parents-to-be and children effected by opioid use
- Harm Reduction and meeting the member where they are.
- Access to care and evidence based treatment

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# OUD MOC and KORE

The Opioid Use Disorder Model of Care and Kentucky Opioid Response Effort can work together to:

- Reduce the stigma associated with OUD
- Assure members with OUD have access to Naloxone
- Collaborate with Quick Response Teams to further reach any member in need
- Connect members with OUD to Recovery Housing Networks across the state

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# Care Management Referrals

**Access CM Referral Form**: www.passporthealthplan.com
*Select Healthcare Professionals, then Medicaid, then Forms.

**Email:** CareManagement_KY@passporthealthplan.com

**Phone:** 800-578-0775
*Select the Care Management option

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# Utilization Management Overview (1 of 3)

The UM Department conducts authorizations for the following review types:

- Acute and Elective Inpatient (Including Medical, Behavioral Health/Substance Use, LTAC and Rehab)
- Prior Authorizations for select outpatient services
- Retrospective review for retro eligible members

Providers may utilize the PA Look Up Tool to identify outpatient service that require authorization.

Providers may submit requests / notification of services via:

- Fax: 833-454-0641
- Provider Web Portal (available on provider website)
- Phone: 800-578-0775
- Mail: Passport Health Plan by Molina Healthcare, Attn: Healthcare Services Dept., 5100 Commerce Crossings Drive, Louisville, KY 40229

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# Utilization Management Overview (2 of 3)

DMS has suspended authorizations for the following:

- All Behavioral Health/Substance Use Disorder authorizations (inpatient & outpatient)
- All Medical Services conducted by Provider Type 01 (Facility) for both inpatient and outpatient services
- All other services require an authorization

The UM Department will continue to accept notification of services that are suspended to support our providers with discharge planning and referrals to Case Management/Transition of Care.

When authorization requirements are reinstated by DMS, Passport UM will require prior authorization for specified services as required by Federal and State regulations as well as the Passport Hospital or Provider Services Agreement.

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# Utilization Management Overview (3 of 3)

**Integration**

Passport UM does not subcontract our core care management services for both behavioral health and physical health needs. Our functional structure is built on the principles of true physical health / behavioral health integration with an emphasis on whole-person care.

For Members, this means streamlined, easily accessible, coordinated care without the frustrations and lag times.

**We directly integrate physical health and behavioral health management services, coordinating the holistic needs of members—a proven model that differentiates Molina from nearly every other MCO.**

**Provider Portal**

Managing Prior Authorizations/Service Requests electronically provides many benefits to Providers such as:

- Easy to access 24/7 online submission and status checks
- Ensures HIPAA compliance
- Ability to receive real-time authorization status
- Ability to upload medical records
- Increased efficiencies through reduced telephonic interactions
- Reduces cost associated with fax and telephonic interactions

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# HEDIS Quality Measures (1 of 2)

| HEDIS Measure Name | Sub-measure |
|---|---|
| Antidepressant Medication Management (AMM) | Effective Acute Phase Treatment |
| Antidepressant Medication Management (AMM) | Effective Continuation Phase Treatment |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | Blood Glucose Total |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | Cholesterol Total |
| Use of First-Line Psychosis Care for Children and Adolescents on Antipsychotics (APP) | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Total |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) | 30 Day follow-up for discharge total |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) | 7 day follow-up discharge total |
| Follow-Up After Hospitalization for Mental Illness (FUH) | 30 Day follow-up for discharge total |
| Follow-Up After Hospitalization for Mental Illness (FUH) | 7 day follow-up discharge total |
| Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) | Total – 30 day follow-up – age 13+ years old |
| Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) | Total – 7 day follow-up – age 13+ years old |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM) | 30 day follow-up for discharge total |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM) | 7 day follow-up for discharge total |

# HEDIS Quality Measures (2 of 2)

| HEDIS Measure Name | Sub-measure |
|---|---|
| Use of Opioids at High Dosage (DHO) | |
| Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) | Engagement of AOD Treatment Total |
| Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) | Initiation of AOD Treatment Total |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) | |
| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | |
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychosis Medications (SSD) | |

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# Performance Improvement Plans

- Two Performance Improvement Plans (PIPs): Diabetes and Social Determinants of Health (SDoH)
- All Medicaid plans working on the same PIPs
- PIPs are for two years: 2021-2022
- Reports are submitted regularly to DMS


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# SDoH Initiatives

Social Determinants of Health (SDoH) are conditions in the places where people live, learn, work, play, and pray that affect a wide range of health and quality-of-life risks and outcomes.

SDoH have far-reaching effects on health, quality of life, and well-being. They are complex and often overlapping, and they frequently underscore health disparities in a community. The COVID-19 pandemic has likely had significant and far-reaching effects on SDoH.

**The best efforts to address a person's overall health needs include addressing SDoH.**

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# SDoH and Passport Health Plan by Molina Healthcare

In an effort to extend our capacity to address the SDoH needs of our members, in 2021 we developed a SDoH Specialist team comprised of:

- Community Connectors
- Peer Support Specialists
- Housing Specialists

The SDoH Specialist team works to address multiple and often complex SDoH needs of our members.

We have a ‘no wrong door’ approach to CM and SDoH Specialist services.  A member can self-refer or anyone (e.g. provider) can refer on a member’s behalf.

Email: CareManagement_KY@passporthealthplan.com
Phone: (800) 578-0775
*Select the Care Management option

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# DMS SDoH Project

The Kentucky Department of Medicaid Services (DMS) recognizes the importance of SDoH and has asked that all MCOs participate in a project focusing on SDoH.

***One of the aims of the project is to engage Providers in SDoH assessment and referral as appropriate.***

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# What Can I Do as a Provider? (1 of 2)

**1) Assess for SDoH**

Using an SDoH screener is an effective way to assess the SDoH needs of your clients. You may already be using an SDoH screener. If you do not have one, there are several ready-made options available and you can choose one that is a good fit for your workflow.

There are many options, here are just a couple:

The Accountable Health Communities Health-Related Social Needs Screening Tool:
https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE):
https://www.nachc.org/wp-content/uploads/2020/04/PRAPARE-One-Pager-9-2-16-with-logo-and-trademark.pdf

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# What Can I Do as a Provider? (2 of 2)

**2) Include the appropriate SDoH Z-Code(s) with your diagnosis**

This will greatly impact our ability to identify and assist members who have SDoH needs.  See the list of SDoH Z-Codes on the next few slides.

**3) Make a referral to Case Management**

If you discover that a client has SDoH needs and you have consent from the clients, you can contact Passport and our team will work with your client/our member on the identified SDoH needs.  This can be a collaborative partnership with the SDoH services you may already offer your clients.

To make a referral:
Email: CareManagement_KY@passporthealthplan.com
Phone: (800) 578-0775
*Select the Care Management option

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# SDoH Z-Codes

Z-Codes are a special group of codes provided in the ICD-10-CM for the reporting of factors influencing health status and contact with health services.

SDoH Z-Codes identify SDoH factors and are important in the identification of clients/members who could benefit from SDoH Services.

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# SDoH Z-Codes (1 of 6)

| CMS-IDENTIFIED Z-CODES | DESCRIPTION |
|---|---|
| **Z55** | **Problems related to education and literacy** |
| Z55.0 | Illiteracy / low-level literacy |
| Z55.1 | Schooling unavailable and unattainable |
| Z55.2 | Failed school examinations |
| Z55.3 | Underachievement in school |
| Z55.4 | Educational maladjustment / discord with teachers or classmates |
| Z55.8 | Other problems related to education and literacy |
| Z55.9 | Problems related to education and literacy, unspecified |
| **Z56** | **Problems related to employment and unemployment** |
| Z56.0 | Unemployment, unspecified |
| Z56.1 | Change of job |
| Z56.2 | Threat of job loss |
| Z56.3 | Stressful work schedule |
| Z56.4 | Discord with boss or workmates |
| Z56.5 | Uncongenial work environment |
| Z56.6 | Other physical or mental strain related to work |

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# SDoH Z-Codes (2 of 6)

| CMS-IDENTIFIED Z-CODES | DESCRIPTION |
|---|---|
| **Z57** | **Occupational exposure to risk factors** |
| Z57.0 | Occupational exposure to noise |
| Z57.1 | Occupational exposure to radiation |
| Z57.2 | Occupational exposure to dust |
| Z57.3 | Occupational exposure to other air contaminants |
| Z57.4 | Occupational exposure to toxic agents in agriculture |
| Z57.5 | Occupational exposure to toxic agents in other industries |
| Z57.6 | Occupational exposure to extreme temperature |
| Z57.7 | Occupational exposure to vibration |
| Z57.8 | Occupational exposure to other risk factors |
| Z57.9 | Occupational exposure to unspecified risk factor |

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# SDoH Z-Codes (3 of 6)

| CMS-IDENTIFIED Z-CODES | DESCRIPTION |
|---|---|
| **Z59** | **Problems related to housing and economic circumstances** |
| Z59.0 | Homelessness |
| Z59.1 | Inadequate housing |
| Z59.2 | Discord with neighbors, lodgers, or landlord |
| Z59.3 | Problems related to living in residential institution |
| Z59.4 | Lack of adequate food and/or safe drinking water |
| Z59.5 | Extreme poverty |
| Z59.6 | Low income |
| Z59.7 | Insufficient social insurance and/or welfare support |
| Z59.8 | Other problems related to housing and/or economic circumstances |
| Z59.9 | Problem related to housing and/or economic circumstances, unspecified |

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# SDoH Z-Codes (4 of 6)

| CMS-IDENTIFIED Z-CODES | DESCRIPTION |
|---|---|
| **Z60** | **Problems related to social environment** |
| Z60.0 | Problems of adjustment to life-cycle transitions |
| Z60.2 | Problems related to living alone |
| Z60.3 | Acculturation difficulty |
| Z60.4 | Social exclusion and/or rejection |
| Z60.5 | Target of (perceived) adverse discrimination and/or persecution |
| Z60.8 | Other problems related to social environment |
| Z60.9 | Problem related to social environment, unspecified |
| **Z62** | **Problems related to upbringing** |
| Z62.0 | Inadequate parental supervision and/or control |
| Z62.1 | Parental overprotection |
| Z62.2 | Upbringing away from parents |
| Z62.3 | Hostility towards / scapegoating of child |
| Z62.6 | Inappropriate (excessive) parental pressure |
| Z62.8 | Other specified problems related to upbringing |
| Z62.9 | Problem related to upbringing, unspecified |

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# SDoH Z-Codes (5 of 6)

| CMS-IDENTIFIED Z-CODES | DESCRIPTION |
|---|---|
| **Z63** | **Other problems related to primary support group, including family circumstances** |
| Z63.0 | Problems in relationship with spouse or partner |
| Z63.1 | Problems in relationship with in-laws |
| Z63.3 | Absence of family member |
| Z63.4 | Disappearance / death of family member |
| Z63.5 | Disruption of family by separation or divorce |
| Z63.6 | Dependent relative needing care at home |
| Z63.7 | Other stressful life events affecting family and household |
| Z63.8 | Other specified problems related to primary support group |
| Z63.9 | Problem related to primary support group, unspecified |
| **Z64** | **Problems related to certain psychosocial circumstances** |
| Z64.0 | Problems related to unwanted pregnancy |
| Z64.1 | Problems related to multiparity |
| Z64.4 | Discord with counselors |

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# SDoH Z-Codes (6 of 6)

| CMS-IDENTIFIED Z-CODES | DESCRIPTION |
|---|---|
| **Z63** | **Other problems related to psychosocial circumstances** |
| Z65.0 | Conviction in civil and criminal proceedings without imprisonment |
| Z65.1 | Imprisonment and other incarceration |
| Z65.2 | Problems related to release from prison |
| Z65.3 | Problems related to other legal circumstances |
| Z65.4 | Victim of crime and terrorism |
| Z65.5 | Exposure to disaster, war, and other hostilities |
| Z65.8 | Other specified problems related to psychosocial circumstances |
| Z65.9 | Problem related to unspecified psychosocial circumstances |
| **272.9** | **Problem related to lifestyle, unspecified** |

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# Behavioral Health Provider Service Representatives

| Territories | Provider Services Rep. | | Provider Type | Contact Info |
|---|---|---|---|---|
| | Teri Hardman |  | Behavioral Health, **Regions 1, 2, 3, 4** and all Community Mental Health Centers & BH for Recovery Works, BH for Baptist Health, KY One, and University of Louisville & Spero | 502-212-6713<br>Teri.Hardman@molinahealthcare.com |
| | Christine Drake |  | Behavioral Health **Regions 5, 6, 7, 8** and BH for Norton Healthcare | 502-212-6704<br>Christine.Drake@molinahealthcare.com |


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# Provider Surveys

**2021 Evidence-Based Practices Survey:**

Evidence-Based Practices (EBPs) are interventions based on scientific evidence demonstrating that they improve client outcomes in treatment.

The Kentucky Department of Medicaid Services (DMS) has requested that all Managed Care organizations survey network Behavioral Health providers on which EBPs they currently utilize.

Please complete a brief 6-question survey on the EBPs you use in your practice.  It will take approximately 2 minutes.

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