

STATE OF TENNESSEE

THL Updates Webinar

07/20/2023

Agenda

- General Updates
 - Primary Care Quality (PCQ) Team
 - MCO Collaboration: Engagement Evaluation Process
 - Initial THL Visits
 - Case Manager Education Requirements
 - Priority Areas

THL Status Enhancements

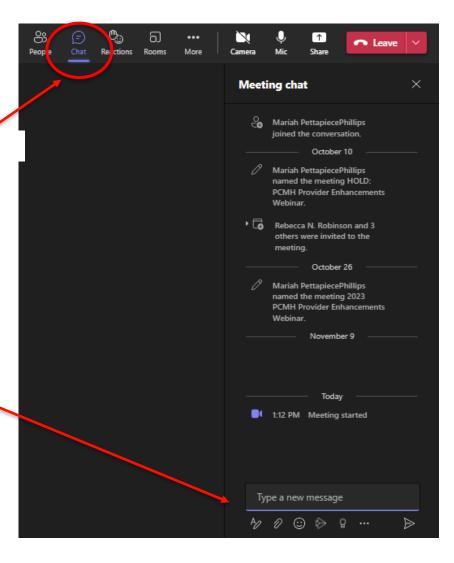
- THL Status Review
- Attributed Not Enrolled: Concerns with Logic
- Inactive No BH Status V. ANE Status
- Adjustments to Attributed Not Enrolled Status
- Status Enhancements: What's Next?
- CCT Updates
 - Upcoming Enhancements
 - Risk Condition Filters Update
 - Addition of Assigned PCP in Quality Measure Reports
- Dates and Announcements



Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the chat box function
- Comments will automatically be sent to everyone in call
- This will also be used during all Q&A portion of the presentation





General Updates



Primary Care Quality (PCQ) Team

- Anna Chandler, Primary Care Quality Director
 - <u>Anna.L.Chandler@tn.gov</u>
- Sara Cox, THL Program Manager
 - <u>Sara.F.Cox@tn.gov</u>
- Primary Care Quality PCMH Lead
 - Vacant
- **Michelle Bryant**, Primary Care Quality Provider Outreach & Engagement Coordinator
 - Michelle.A.Bryant@tn.gov
- **Ginny Cooper**, Primary Care Quality Program Coordinator
 - Virginia.E.Cooper@tn.gov
- Alexandra (Ali) Hulten-Stroop, Digital Quality Specialist, Care Coordination Tool
 - <u>Alexandra.E.Hultenstroop@tn.gov</u>



MCO Collaboration: Engagement Evaluation Process

- In June, the 3 MCO THL teams met to collaborate on the THL Engagement Evaluation Process
- They were able to develop a guide to promote alignment in scoring and coaching during the Engagement Evaluation Process



Initial THL Visits

- Previously, the initial THL visit was required to be completed face-to-face
- During the pandemic, initial visits were permissible to be completed via telehealth
- <u>Update: Initial visits may continue to be completed via telehealth at the</u> <u>discretion of the THL provider</u>
- Previously, initial THL visits were required to include the activity code *initiate, complete, update, or monitor the progress of a comprehensive person-centered care plan (G9004)* paired with a Billing Code
- <u>Update: Initial visits can now include *any* THL activity code paired with a Billing Code</u>



Case Manager Education Requirements

- Previously, THL case managers "shall have at minimum, a bachelor's degree, or an RN and be licensed to practice in Tennessee" (TLH POM, Section 2.2)
- <u>Update: In addition to RNs and bachelor's level individuals, a licensed</u> <u>practical nurse (LPN) is now able to serve as a THL case manager</u>.
- Reminder: Case managers, as part of the care team, act as the primary point of contact for members and social support relationships. See Section 2.2 of the THL POM for more information regarding Program Requirement expectations.



THL PY2023-2024 Priority Areas

• TennCare has identified the following Priority Areas for PY2023-PY2024:



• MCOs will focus on strategies to assist providers in improving performance in these Priority Areas



THL Status Enhancements



THL Status Review

Status	Description
Active	Member actively enrolled in THL
Attributed Not Enrolled (ANE)	Member who is attributed to a THL provider but has not yet enrolled or opted out of services
Inactive No Behavioral Health Treatment (Inactive No BH TX)	 Member who was in the Active status but has not had BH TX in the past 6 months OR Update: Member who was in the ANE status but has
	not had BH TX in the past 24 months
Inactive No Contact	Member who could not be contacted for 6 months or more and MCO has made explicit decision to put into this status
Inactive Opt-Out	Member who has explicitly expressed desire to opt out of THL
Discharge	Member who has been discharged from the program



Reminder: Members must have 9 months of attribution in the Active and/or ANE Status in order to be included in the Member Panel for Outcome Payment calculations 11

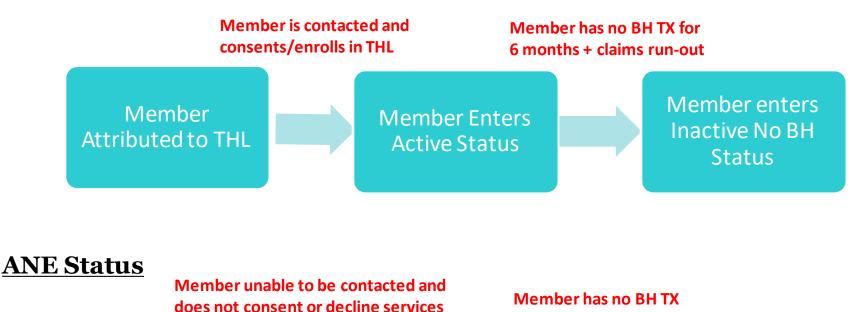
Attributed Not Enrolled: Concerns with Logic

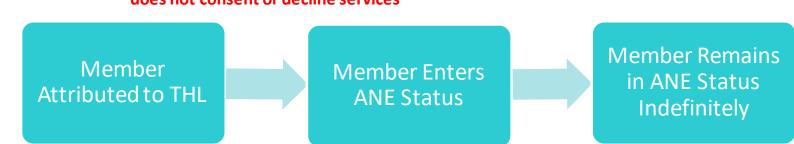
- If a member is in the Active Status and does not have BH TX for 6 months, they are placed in Inactive No BH Status
- Conversely, if a member was attributed to a THL provider and member did not enroll in or decline services for THL, they remain on the ANE status indefinitely, regardless of BH TX
- **Concern**: Providers have members who have been on the ANE status since program inception and are unable to remove them from attribution



Current State: Active, ANE, and Inactive No BH TX Status

Active Status

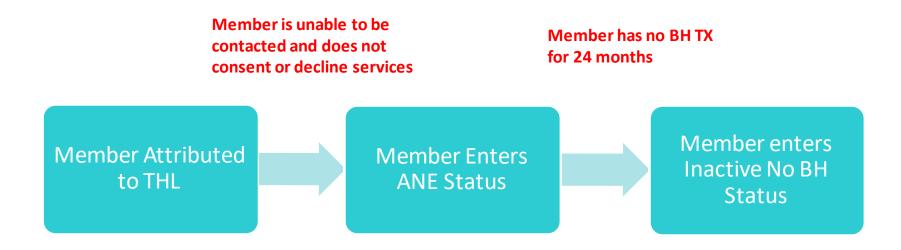






Future State: Inactive No BH TX & ANE Status

- Beginning August 2023, members in the ANE status who have not had a BH treatment in the previous 24 months, will be moved into the Inactive No BH TX status
- As a reminder, members in Inactive No BH TX status who have a qualifying BH encounter will re-enter the ANE status





Status Enhancements: What's Next?

- Inactive No Contact and Discharge Statuses
 - TennCare is currently collaborating with MCOs to improve the operationalization of these statuses
 - The goal of these adjustments is to allow for providers to better manage their attributed panels
- Updates on Status adjustments will be provided during the 2024 Program Enhancements Webinar which will be held December 2023



CCT Updates



Upcoming Enhancements: Risk Condition Filters Update

- Update to the Risk Analysis, Risk Condition Filters
 - Anticipated release: End of summer
 - This will allow users to choose either Primary Medical and/or Primary Behavioral, with or without an additional Chronic Condition
 - Currently something must be selected in all fields, making it difficult to do the exact search needed

Practice		Provider 🔒	Care Manager	
Practice Overview	÷.	Line of Business MEDICAID	Coverage Type PCMH	Health Plan Practice Risk Category View Report Amerigroup-PCMH V Rural Health Services Consortium High - Critical V
Enrollment	-	Primary Medical Condition Abdominal hernia	Primary Behavioral Condition	Other Condition Time Period Multiple Other Conditions 02/2022 V
			# Behavioral Condition A	Click Here To Modify Report Criteria
Risk Analytics	Fo	Risk Stratification Member Risk	Alcohol-related disorders	A
Quality Measures			Anxiety and fear-related disorders	
	1.26	Data is unavailable for the select	Bipolar and related disorders	he report criteria.
			Cannabis-related disorders	The superior of the first first
			O Depressive disorders	
			Disruptive, impulse-control and conduct disorders	
			Feeding and eating disorders	
			Hallucinogen-related disorders	

*For illustration purposes only, final product may vary.



Upcoming Enhancements: Addition of Assigned PCP in Quality Measure Reports

- Addition of Assigned PCP Columns to the Quality Measure Reports
 - Anticipated release: Fall
 - This will show for both PCMH AND THL members, regardless of if their PCP is in the PCMH program
 - Addition will be seen within the tool as well as able to be exported

 																main +	D	Ð	Measures	Quality
B Addicatessant Hodication Management (solute only)Effortine Contrustion) Filter 0 0 NA 40% 0% 0 B Dommin: Cardinovaskie/ Filter Contrustion: Filter 0 0 0 NA 49% 0% 0 B Cantralino Honit Cardinovaskie/ Filter State 0 0 0 NA 49% 0% 0 B Controllino Honit Cardinovaskie/ Diabetes: Comprehensive Diabetes: State: Control for Interest With Diabetes: Iblatics: Diabetes: Iblatics: Diabet	Gaps Closed Manually	Saps Closed by Claims/ Clinical) Meet ark	Gaps To Benchri	nce(%)	Varian	Benchmark			Denominator			Not Met	Met		Measure		₿	n Reports	Custor
Image: Solution Control for Patients Web 0 <td></td> <td>h</td> <td>Domain: Behavioral Healt</td> <td>0</td> <td></td> <td></td> <td></td>															h	Domain: Behavioral Healt	0			
© Controlling High Bood Pressure 0 0 0 NA 49% 0% 0 © Domain: Diabetes: Comprehensive Diabetes Care 50% 0% 0 © Bood Pressure Control for Premers Web 0 0 0 NA 50% 0% 0 © Diabetes: 0 0 0 0 NA 51% 0% 0 © Exerc Exerc for Premers: Web Diabetes: 0 0 0 NA 51% 0% 0 © Intervision Air: Creation for Premers: Web 0 0 0 NA 47% 0% 0 © Datetes: Holic concreation for Premers: Web 0 4203 0% 4203 0% 0 0 © Datetes: Holic concreations of Addiscents – Total rate 0 4203 0% 26% 1093 0% Met (0) Next Met (4203) Depthic (0) Denoministure (4203) 0% 100% 10% 10%	0	0	0		•	0%	•	40%	NA	0	0)	0	0	Management ontinuation Phase	Antidepressant Medication (adults only) – Effective C				
a Subtraction (spin) insign insift insign insift insign insign insign insig															onditions	Domain: Cardiovascular C	8			
Bit Bood Pressure Control for Primerits W(b) 0 0 0 0 0 NA 55% 0% 0 IP See Exam for Primerits W(b) Debretss 0 0 0 0 NA 51% 0% 0 0 IP See Exam for Primerits W(b) Debretss 0 0 0 0 NA 51% 0% 0 0 IP Immovement for Primerits W(b) Debretss 0 0 0 0 NA 47% 0% 0 0 0 0 NA 47% 0% 0	0	0	0			0%	96 🏲	4	NA	0	0)	0	0	ssure	Controlling High Blood Pre				
Image: Constraint of Databases 0 <														es Care	ehensive Diabete	Domain: Diabetes: Compr	8			
International products and Laborets 0 0 0 0 NA 0% 0 International for Patterns Web 0 0 0 0 NA 47% 0% 0 International for Patterns Web 0 0 0 0 0 NA 47% 0% 0 International for Patterns Web 0 0 0 0 0 NA 47% 0% 0 International for Patterns Web 0 4203 0 4203 0% 26% 1093 Met (0) Not Met (4203) Explicit (0) Denominator (4203) 1 <	0	0	0		•	0%	56% 🏲		NA	0	0)	0	0	Patients With					
□ Databases: HighLic poor control (=5,0%) 0 <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0%</td> <td>1% 🏲</td> <td></td> <td>NA</td> <td>0</td> <td>0</td> <td>)</td> <td>0</td> <td>0</td> <td>h Diabetes</td> <td>Eve Exam for Patients Wit</td> <td></td> <td></td> <td></td> <td></td>	0	0	0			0%	1% 🏲		NA	0	0)	0	0	h Diabetes	Eve Exam for Patients Wit				
Immunitions for Addescents - Total rate 0 4203 0 4203 0 4203 0 9 26% 1093 Met (0) Not Met (4203) Exp/Exc (0) Denominator (4203) Exp/Exc (0) Denominator (4203) Exp/Exc (0)	0	0	0			0%	fo 🏲	47	NA	0	0)	0	0	or Patients With trol (>9.0%)	Hemoglobin ALC Control f				
Combination.2 O 40.05 O 42.05 0% 20% 20% 20% Met (0) Not Met (4203) Exp(Fbic (0) Denominator (4203) Exp(Fbic (0) Denominator (4203) Exp(Fbic (0) <																	8			
	0	0	1093		6 •	26%		26% 🏲	0%	4203	0	3	4203	0	cents – Total rate	Immunizations for Adolese Combination 2				
Member ID Last Name First Name Code & Description Date Documented/ Performed Rendering Provider Source MCO Name Attribution Start Date Attribution End Date THL Status												r (4203)	nominator	(0) Der	4203) Exp/Exc (Met (0) Not Met (
		THL Status				MCO Name	Source	Rendering Provider	ited/ 🗸	Date Documer Performed	n			First Na	Last Name	Member ID				
													2	1	2					

*For illustration purposes only, final product may vary.



Dates and Announcements

- Provider Performance Report Survey- Closes on **Friday, July 21st COB**
 - Link in chat
 - Can also be found in email or June PCT Newsletter
- Final PY2022 Provider Performance Reports for will be delivered
 <u>August/September 2023</u>
- 2024 Program Enhancements Webinar will be held in **December 2023**





THANK YOU

Questions?