

Alaska Medicaid and Alaska Behavioral Health 2025 Spring Provider Outreach

May 7 & 8, 2025

9:00 am – 3:30 pm AKT

Comagine Health

JOINTLY ACCREDITED PROVIDER™

INTERPROFESSIONAL CONTINUING EDUCATION

Welcome to 2025 Spring Provider Outreach Accreditation Statement & Disclosure

Approved Provider Statements: In support of improving patient care, the Alaska Department of Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education and the National Association of Boards of Pharmacy (NABP), and the American Nurses Credentialing Center (ANCC), American Academy of Physician Assistants (AAPA), American Psychological Association (APA), Association of Social Work Boards (ASWB), American Dental Association's Continuing Education Recognition Program (ADA CERP), Commission on Dietetic Registration (CDR), and the Council on Optometric Practitioner Education (COPE) to provide continuing education for the healthcare team.

Joint Provider Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint Providership of the Alaska Department of Health (AKDOH) and the University of Alaska Anchorage College of Health. AKDOH is accredited by the ACCME to provide continuing education for the healthcare team.

Contact Hours: AK DOH designates this activity for a maximum of 9.25 contact hours, commensurate with participation.

- American Medical Association (AMA) Physician's Recognition Award (PRA) Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- American Nurses Credentialing Center (ANCC) Continuing Nursing Education
- American Psychology Association
- Association of Social Work Boards (ASWB)
- Other members of the Healthcare Team

Financial Disclosures: No commercial or in-kind support was received for this educational activity. All speakers and planners report no relevant financial relationships related to the content of this activity.

Requirements for Successful Completion: To receive CE credit please make sure your attendance is recorded, you have attended at least 80% of each day credit is claimed, and you've completed the course evaluation provided by the program facilitators to claim your credit.

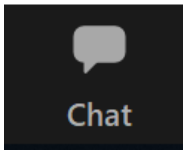
3211 Providence Drive BOC3
Suite 250, Anchorage, AK 99508
907-786-6589
uaa_cache@alaska.edu
uaa.alaska.edu/CACHE

Agenda Day 1

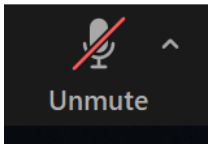
9:00-9:10 am	**Opening Remarks**
Yvette Stratton, RN, CCM Executive Director, Care Management, Comagine Health	
9:10 – 9:30 am	**State Initiatives and Behavioral Health Updates**
Andrea Mueca Deputy Director, Division of Behavioral Health	
9:30 – 9:50 am	**State Initiatives and Updates**
Lynne Keilman-Cruz Interim Director, Division of Health Care Services	
9:50 – 11:00 am	**Utilization Management (UM) Services Breakout Session**
Teresa Kirn, RN, ICQI Clinical Manager, Comagine Health	UM - Physical health
Linda Rasmussen, LCSW Clinical Supervisor, Comagine Health	UM - Behavioral Health
11:00 – 11:15 am	**Break**
11:15 – 12:15 am	**Alaska Medicaid Coordinated Care Initiative (AMCCI) Program**
Grace Ingram, RN, CCM Manager, AMCCI, TEFRA, and DSDS Waiver Reviews, Comagine Health	
12:15 – 12:45 pm	**Lunch Break**
12:45 – 1:45 pm	**Care Coordination and CM Breakout Session**
Kim Lawrence, MSW, LCSW, CCM Care Coordinator Lead, Comagine Health	Care Coordination- Behavioral Health
Deon Westmorland, RN, BSN, CCM Senior Director, Implementation and Quality, Comagine Health	Case Management-Complex- Physical Health
1:45 – 3:15 pm	**Alaska Native Cultural Overview Presentation**
Ann Hansell Program Manager, Community Health Services Administration, Alaska Native Tribal Health Consortium	
3:15 – 3:30 pm	**Closing Remarks**
Yvette Stratton, RN, CCM Executive Director, Care Management, Comagine Health	

Housekeeping

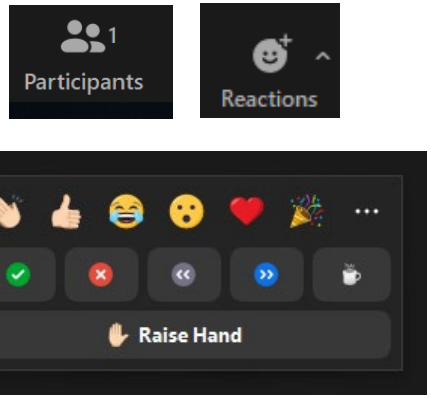
Use the **Chat** as a backchannel for questions and comments & to participate in activities



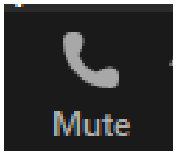
Remain on **mute** when you're not speaking. Unmute yourself only when you want to speak.



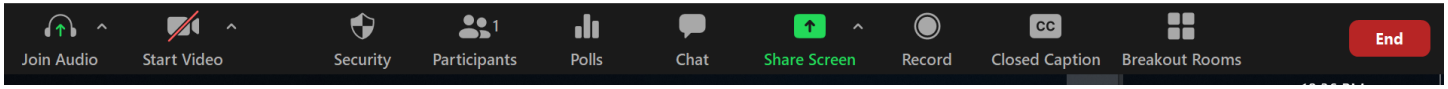
Click on **Participants** or **Reactions** to share reactions



If you are joining us **by phone**, please **dial *6 to mute / unmute.**



Note: This session is being recorded. The recording and slide deck will soon be posted to the Comagine Health website.



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Opening Remarks

Yvette Stratton, RN, BSN, CCM
Executive Director, Care Management

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State Initiatives and Behavioral Health Updates

Andrea Mueca

Deputy Director, Division of Behavioral Health

State of Alaska
Department of Health

Division of Behavioral Health

Spring 2025 Provider Outreach

Andrea Mueca, Deputy Director

Division of Behavioral Health

The Division of Behavioral Health is committed to expanding access to care, improving the behavioral health system, and addressing the challenges that continue to affect Alaskans.

Our collective efforts focus on:

- Expanding reimbursable services to address the full continuum of behavioral health needs, including crisis care, treatment, and long-term recovery.
- Supporting workforce development and retention to ensure that the talented professionals who are dedicated to this work have the resources and training they need to thrive.
- Continuing our focus on engaging youth and rural communities, ensuring that solutions are tailored to the unique needs of every Alaskan.

FY2024 Accomplishments

- Extension of the 1115 Behavioral Health Reform Demonstration Waiver through Dec. 31, 2028
- Behavioral Health Workforce Policy Academy
- Crisis Services Assessment

Behavioral Health

System Improvements

Behavioral Health Provider Supports	Certified Community Behavioral Health Clinic Planning Grant	Crisis Services Continuum Expansion	Behavioral Health Rate Methodology Review	Medicaid Provider Enrollment Efficiencies	Crisis Contact Center

Thank You!

Andrea Mueca

Deputy Director

Division of Behavioral Health

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State Initiatives and Updates

Lynne Keilman-Cruz

Interim Director, Division of Health Care Services

Utilization Management (UM) Services Breakout Session

Teresa Kirn, RN, ICQI
Clinical Manager, Comagine Health

UM - Physical Health

Linda Rasmussen, LCSW
Clinical Supervisor, Comagine Health

UM - Behavioral Health

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Break

Please return at 10:55 AKT

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Alaska Medicaid Coordinated Care Initiative (AMCCI)

Grace Ingrim RN BSN CCM

Manager AMCCI, TEFRA and Waiver Programs

Topics for Discussion

- The “Who, What, and Why” of AMCCI
- The “How” of AMCCI and role of Community Health Workers and Case Managers
- Resources
- Updates
- Contact Information

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Program Overview

- In partnership with the State of Alaska Division of Health Care Services pilot program launched in 2015 to support challenges of caring for the high ED utilizers with complex medical needs
- This population tends to incur overall higher utilization of medical services and often have issues of mental health, substance abuse and identified issues of health disparity
- Needs often exacerbated by social determinants of health such as lack of adequate housing, transportation, issues of health literacy, and disparity



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Addressing the Problem

- Initially started in Anchorage with adult population
- Goals to reduce ED utilization / admissions / improve health outcomes
- Interventions- establish PCP, specialty care as needed, evaluate SDOC such as housing/ food / transportation
- Staffing model includes Community Health Workers (CHW) and RN / LCSW Case Managers
- Physician consultation as needed

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Addressing the Problem (cont.)

- Wholistic approach and collaboration with other community agencies supporting needs such as housing, finances, food, and medical resources
- Use of Evidenced based practices such as medication reconciliation and Motivational interviewing are used for engagement; along with clinical education to support complex medical and behavioral health needs
- High impact interventions aimed at education, advocacy, barrier resolution, improving health literacy



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Lessons Learned



Impacts of case management interventions targeting social determinants of health as well as non-healthcare related intervention not wholly quantified. May also have a positive impact beyond medical expenses, such as lowered judicial costs and shelter/housing burden.



"One stop shop" more effective for delivery of services; however, care is often fragmented between providers and requires more support to ensure good outcomes



Limited ability to participate in telehealth services due to inadequate data packages and hardware to support HIPAA compliant visits



Effects from the pandemic such as isolation- increased trauma response in individuals who have experienced isolation as a form of punishment



Further downward spiral of mental health, substance abuse, and neglecting health care needs



Decreased ability to access health care with further impacts to transportation such as decreased bus services, changes to transportation benefits

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Strategies and Solutions

Over time the program has evolved to meet changing needs

Expanded geographic areas Fairbanks, Wasilla, Kenai and statewide

Youth aged 16 and older

Newly Enrolled Medicaid Members

Care Coordination for less complex cases

November 2024 to include complex behavioral health and substance use disorder (SUD)

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Service Model

- Comagine Health
  - Face-To-Face Model /telephonic
  - Anchorage, Matanuska-Susitna, Kenai and Fairbanks population
  - High risk, complex medical conditions, and/or high utilization
  - BH / SUD - Anchorage population

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AMCCI Goals



- Reduce unnecessary ER visits & costs
- Bridge gap between mental and physical health through program expansion to include those with complex BH / SUD
- Reduce health disparity gap and mitigate social determinates of health
- Improve treatment plan adherence and health outcomes
- Support shift to self management

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AMCCI Services

- Member Case Selection from claims /Direct Referrals
- Outreach
- Voluntary
- Assessments to determine needs
  - Case Management
  - Care Coordination

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AMCCI Services

- Care Planning / Goals
- Education



- Coordination & Access to Care
- Facilitating access to community services
- Health Empowerment & Promotion

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Comagine Results thru December 2024

*From 11/1/2015 to 12/31/2024

Comagine Health served 191 members and achieved the following outcomes:

- 45% reduction in ER Costs
- 39% reduction in ER Visits
- 38% reduction in Inpatient Costs
- 39% reduction in Inpatient admissions

*2024 Calendar Year Annual Report of Case Management Activity

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Diagnosis Information

Calendar Year						Program-To-Date	
2022		2023		2024		PTD	
Dx Category	%	Dx Category	%	Dx Category	%	Dx Category	%
Circulatory	19%	Digestive	19%	Behavioral Health	20%	Circulatory	20%
Behavioral Health	15%	Behavioral Health	14%	Endocrine	20%	Endocrine	20%
Respiratory	15%	Respiratory	14%	Digestive	13%	Musculoskeletal	11%
Endocrine	15%	Circulatory	14%	Circulatory	13%	Nervous System	9%
Digestive	11%	Nervous System	14%	Respiratory	13%	Behavioral Health	9%

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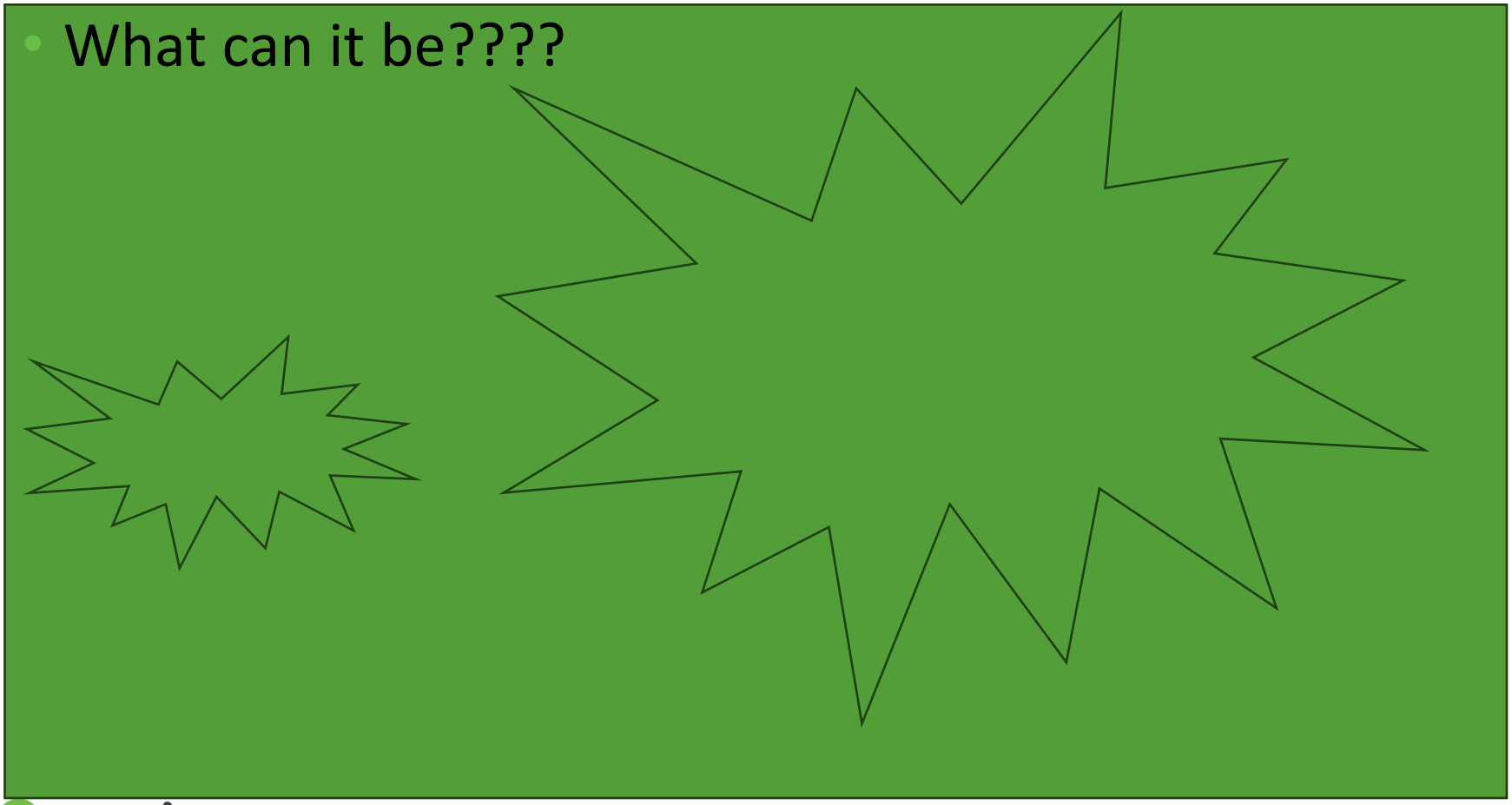
New Beginnings….



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New and Exciting!!!

- What can it be????



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Behavioral Health /Substance Use Disorder (SUD) Case Management

- Collaborative effort Comagine Health, HCS and DBH
- Started active selections January 2025
- Population with higher rates of morbidity and premature mortality compared to general population
- Multi barriers and difficulty accessing quality health care
- More likely to engage in unhealthy practices such as poor nutrition, smoking, SA, failing to seek health care regularly[10]

[10] Vreeland B. Bridging the gap between mental and physical health: a multidisciplinary approach. J Clin Psychiatry. 2007;68 Suppl 4:26-33. PMID: 17539697 https://pubmed.ncbi.nlm.nih.gov/17539697/

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Behavioral Health /SUD Case Management



Goals anticipated

To bridge gap physical & mental health

Reduce costs to SOA



Staffing model to include CHWs and RN with BH / SUD experience



Hope to bring more data next year!!

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Comagine Health AMCCI Case Study

- Candidate Selection
- Claims analysis identified as potential
- Simon Doe 52-year-old male
- 6 Emergency room (ER) visits in last year
- Medical Diagnoses: COPD, Crohn's disease, RA chronic pain
- Behavioral Health Diagnosis : Depressive Disorder, SUD

The Member's Story

Initial Contact, Screening, and Assessment

- Was living alone, isolated without other family or close contacts in community
- History of substance misuse and legal issues
- Limited income and ability to gain employment from legal history. Some college. Food stamps. Temp work for income
- Needing to establish with Primary Care Physician (PCP), Behavioral Health; referrals for specialty care

The Member's Story (cont.)



Physical limitations:

Chronic pain

Limited endurance

Medication side effects



Barriers:

Lack of support

Limited income

Prior legal issues limiting access to resources and services

Depression

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The Member's Story (cont.)



What do we know so far?



Strengths



Potential Barriers



Needs



Potential Goals

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Member Care Plan

Goals:

- Develop trust and collaborative relationship
- Assisted member to obtain medical and mental health evaluations; attendance at appts
- Adherence to POC
- Identification of education / work opportunities
- Education on appropriate ER utilization

Member Care Plan (cont.)

- Interventions:
  - Ongoing assessments, adjusting plan of care as needed
  - Coached member on available medical, behavioral health and community resources
  - Provided taxi vouchers to medical appointments and identified alternate transportation resources
  - Extensive support and advocacy moving to self management of medical and behavioral issues

Member Transition Plan



Be actively involved in mental health counseling



Continue to be compliant with medications and medical treatment plan



Knowledge of community resources



Ongoing management of chronic illnesses



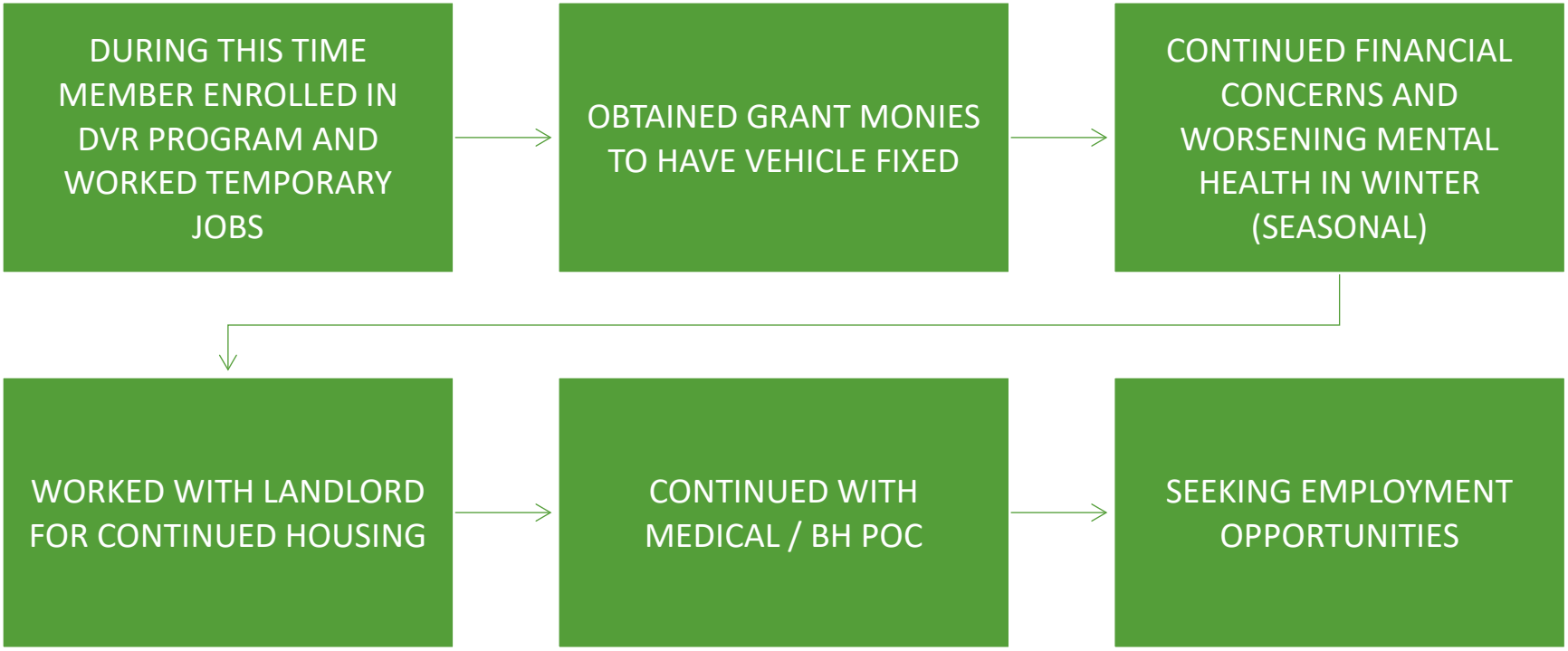
Development of work skills to support income



Move to self management

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Member Outcomes



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Partners

- Access Alaska
- Alaska Aging and Disability Resource Center
- Alaska Behavioral Health (Formerly Anchorage /Fairbanks Community Mental Health)
- Alaska Heart & Vascular Institute
- Alaska Native Medical Center
- Alaska Regional Hospital
- Alaska State Hospital and Nursing Home Association
- Anchorage Coalition to End Homelessness
- Anchorage Community Mental Health Services
- Anchorage Neighborhood Health Center
- Brother Francis Shelter
- Catholic Social Services
- Central Peninsula Hospital
- Choices
- Division of Behavioral Health
- Downtown Hope Center Soup Kitchen
- Fairbanks Memorial Hospital
- Henry House
- Ideal Options
- Independence Medical Primary Care
- Mat-Su Regional Hospital
- Peak Neurology
- Peninsula Community Health Services
- Providence Family Medicine Clinic
- Providence Primary Medical Group
- Providence Alaska Medical Center
- Rural Alaska Community Action Program
- South Peninsula Hospital
- State of Alaska, Office of Public Advocacy, Public Guardianship

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Member Comments

"he was very patient with me and really gave me a positive look on combine health services. I felt like he was knowledgeable and caring"

"My overall health is better due to the work you all have done and suggestions you have made. Thank you."

"Thank you for your service, it has been greatly appreciated."



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Referrals



AMCCI accepting referrals to Comagine for Anchorage, Matanuska-Susitna, Kenai and Fairbanks members with complex medical conditions; and members with complex behavioral / SUD within Anchorage



Send referrals Comagine Health

Fax To: (866) 891-5123

Attn: Grace Ingrim

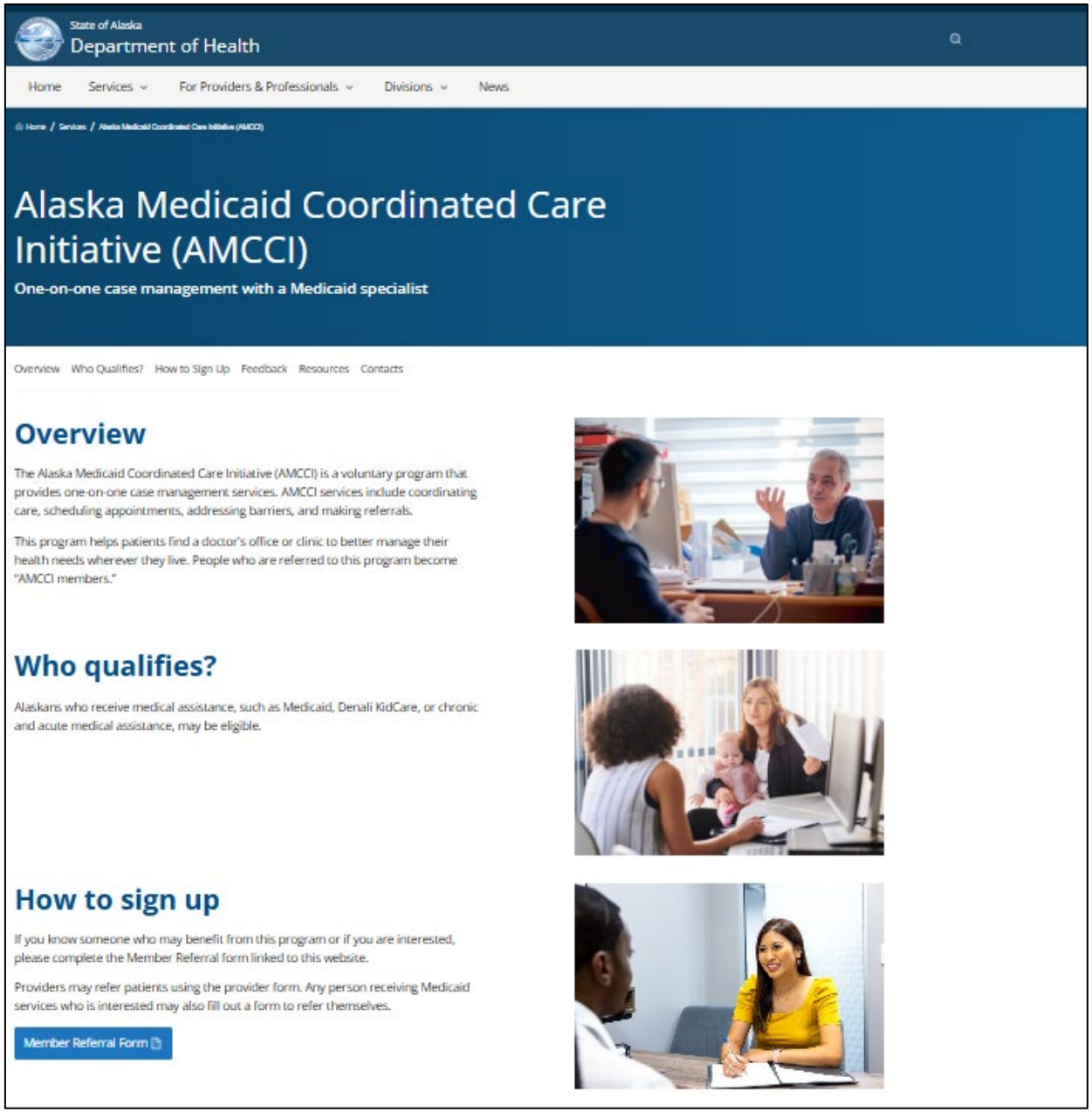


Referral forms available at: [Alaska Medicaid Coordinated Care Initiative (AMCCI) | State of Alaska | Department of Health]

*(website being updated)

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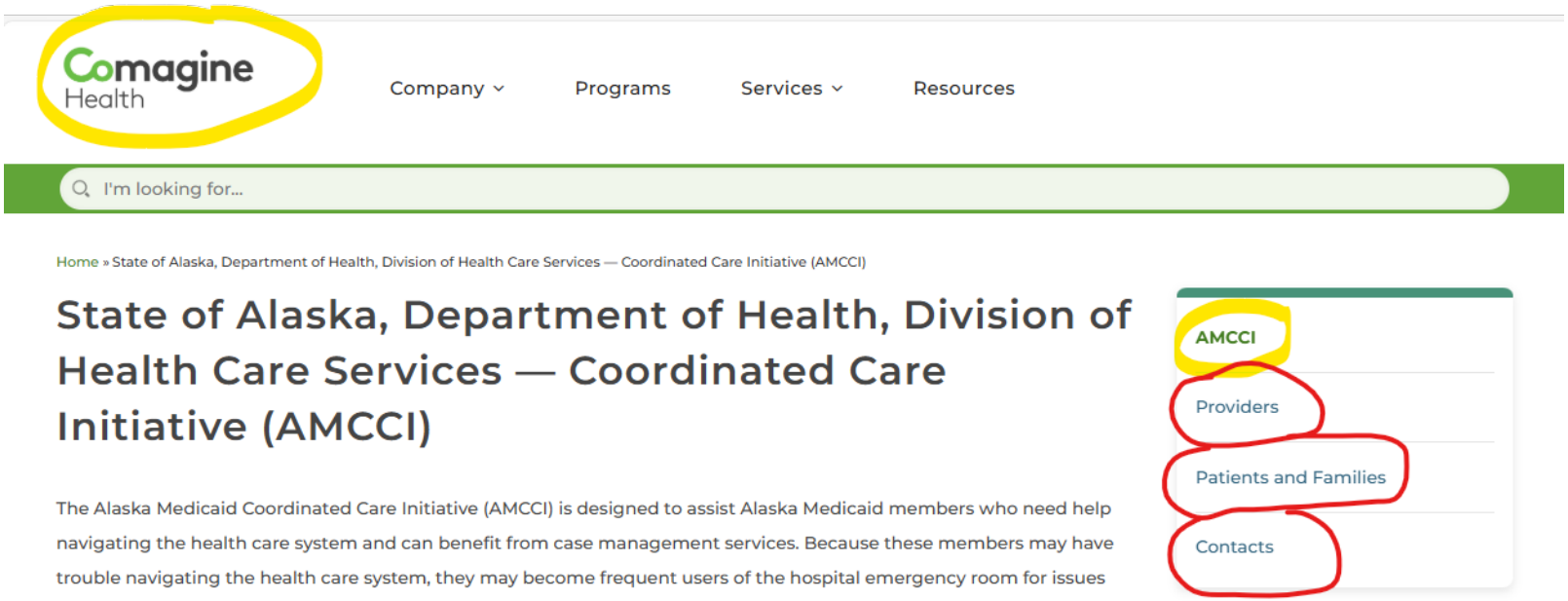
DOH Website



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Questions / Contact Information

- We want your feedback
- Comagine AMCCI contact
  Grace Ingrim (907) 205-9590
  gingrim@comagine.org
- DHCS AMCCI contact
  Elizabeth LaRue (907) 334-2400
  Liz.larue@alaska.gov

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Quyanaq



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Lunch Break

Please return at 12:30 AKT

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Care Coordination and CM Breakout Session

Kim Lawrence, MSW, LCSW, CCM — Care Coordination- Behavioral Health

Deon Westmorland, RN, BSN, CCM — Case Management-Complex- Physical Health

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Alaska Native Cultural Overview Presentation

Ann Hansell

Program Manager, Community Health Services Administration, Alaska Native Tribal Health Consortium

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Closing Remarks – Day One

Yvette Stratton, RN, BSN, CCM
Executive Director, Care Management

Please complete the survey

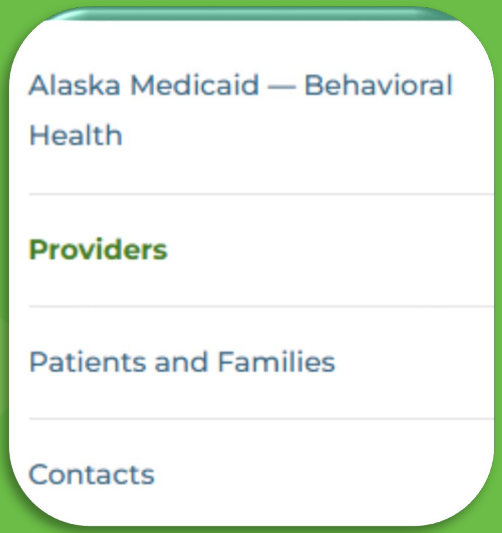
The survey only needs to be completed once.

Link:
https://uaa.co1.qualtrics.com/jfe/form/SV_0P5HWcko27RFpD8?Q_CHL=qr

QR Code:

Thank you for attending!

A recording of the presentation will be available on the Comagine Health website under Programs, Alaska Medicaid Behavioral Health, and Alaska Medicaid-Division of Health Care Services. Click on the Provider link for Provider Resources.





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