

2022 Fall Provider Educational Session

October 24, 2022

8:30 am – 4:40 pm AKST

Comagine Health

Comagine Health

Welcome and Introduction

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

Comagine Health

Keynote Speaker

Renee Gayhart
Division Director of Health Care Services

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Utilization Management Overview

Teresa Kirn, RN, IQCI

Comagine Health Manager, Clinical Care Management

Comagine Health is a national, nonprofit, health care consulting firm.

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

About Us

- Our services:
  - Care Management
  - Systemwide Quality Improvement
  - Consulting and Research
  - Health IT and Analytics
- Providing care management to Medicaid and private contracts since 1984
- Office locations in Alabama, Alaska, California, District of Columbia, Idaho, Nevada, New Mexico, Oregon, Utah and Washington state

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What We Do

- Contract with Alaska Medicaid to review for select services:
  - Imaging
  - Pre-service surgical procedures
  - Initial and Concurrent inpatient reviews
  - Retrospective inpatient and outpatient reviews
- Utilize InterQual® (IQ), state guidelines and organizational policies to conduct reviews
- Offer web-based and telephonic provider education

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What We Don’t Do

We do not receive financial incentives
to deny or limit services

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Objectives

- Review Comagine Health Provider Portal (CHPP) and Splash Page
- Authorizations: Imaging, Surgical, Transplants, Inpatient, Retrospective
- Review Reminders and Tips
- Doctor to Doctor, Additional Information and Appeal Requests
- Jiva Upgrade and Enhancements

Utilization Management

- Review for medical necessity, appropriateness of treatment(s) and select procedures
- Utilize evidence-based criteria and organizational policies
  - 2020 InterQual® criteria
  - Organizational policies
    - Developed by a multidisciplinary team (Physicians, Multidisciplinary team, Clinical reviewers, Directors)
    - Support local and contractual expectations
- Screen for Case Management (CM) referral

Utilization Management Process

- Submit reviews within the CHPP
  - Communication
  - Additional Information Requests
  - Review Episode Status



State of Alaska, Department of Health and Social Services, Division of Health Care Services

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From our Anchorage office, we collaborate with Alaska's Medicaid - Health Care Services. Our staff is composed of Alaskans who serve their fellow community members with services specifically tailored to the needs of Alaska residents. We are privileged to continue performing this vital work.

Contact Us

Initiate a Review

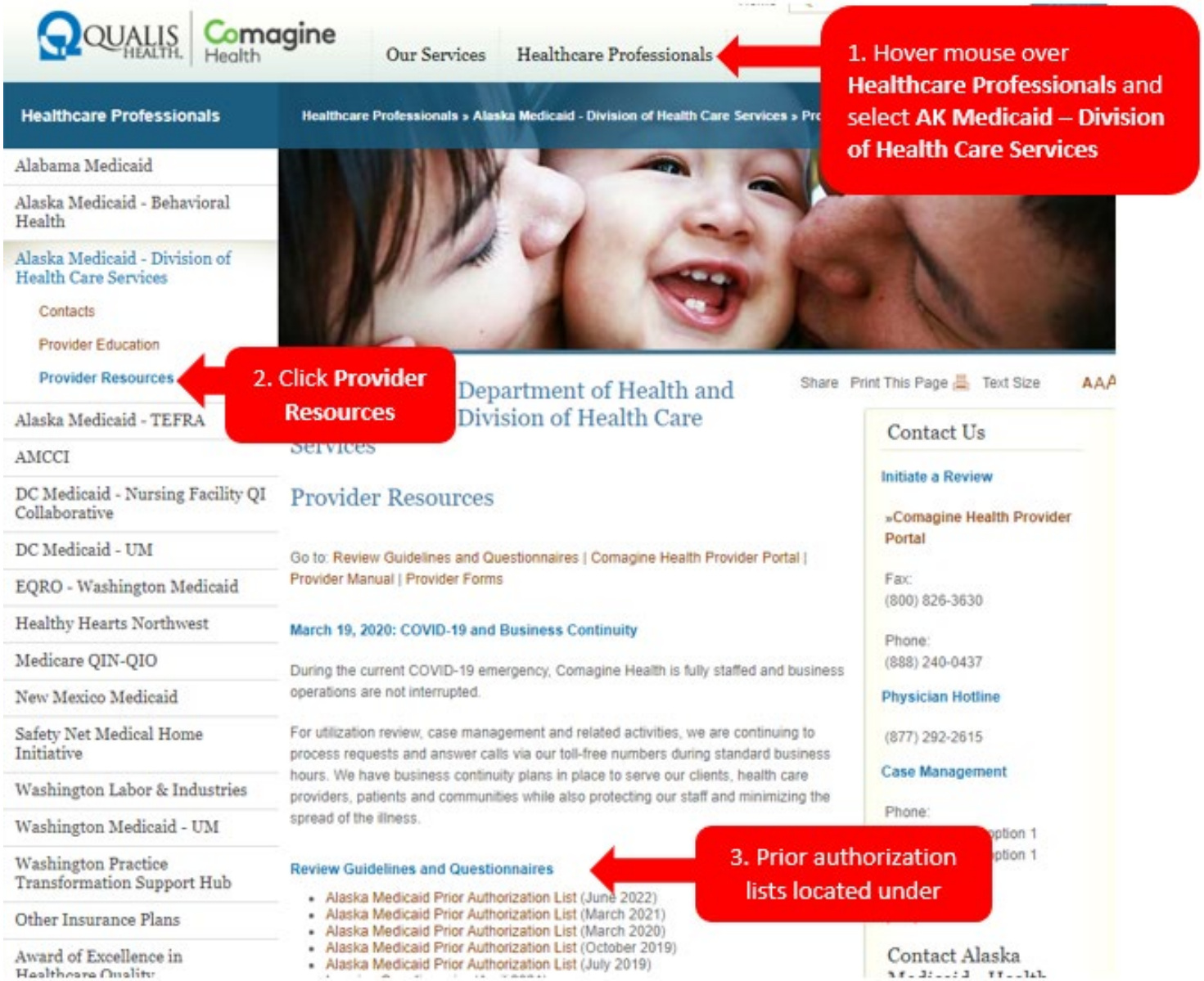
»Comagine Health Provider Portal

Fax:

When to Submit a Review?

- Alaska Medicaid prior authorization (PA) list
  - Contains procedures and services requiring PA
  - Available at www.comagine.org
  - Revision date located on PA list
- Three-day benchmark
- Imaging (IMG)
- Retrospective

Locating Prior Authorization List



Imaging Requests

Timeframe:

- Valid for up to four months from the requested date of service
- Provider can set the timeframe on each request up to four months

Assessments

- Assessment and trigger assessments completed with details
- Fillable assessment form on Comagine.org

Imaging Requests, continued

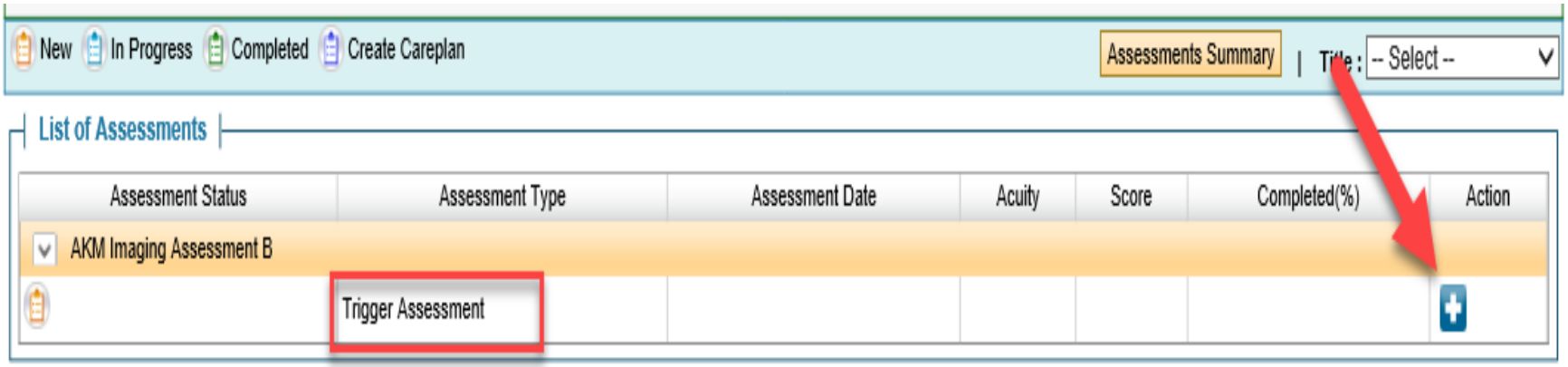
Request details

- Repeat IMG details
- Multiple IMG procedures allowed on one PA request if scheduled for the same date of service (DOS)
- One IMG request per assessment questionnaire
- If additional IMG is completed on DOS, a new retrospective review request is required
- Clinical information for all requested studies *must* be submitted in order to complete the review
- Correctly completed IMG questionnaires do not require any additional information or documentation
- Additional clinical documentation may be submitted via the CHPP

Imaging Assessment Example

Assessment Summary Report	
1. Is the imaging procedure being requested, for a work-related injury? :	No
2. Is the imaging procedure for an injury? :	No
3. What imaging procedure is being requested? (select ONE) :	MRI
4. Imaging procedure being requested to assess: (select ONE) :	Lumbar Spine
5. Reason for the requested imaging procedure: (include follow-up, pre/postop, accident, rule out dx, differential dx, etc.) :	Back pain started about 6 weeks ago after helping to position a pumpkin on a flat bed trailer before the state fair. Possible herniated disk.
6. Previous Care completed: (select all that apply) :	HEP (Home Exercise Program) Imaging Medications Physical/Occupational Therapy
Date HEP was completed: :	09/16/2019
Was HEP effective in reducing your symptoms? :	No
Date imaging was completed: :	08/05/2019
What type of imaging test? :	X-ray
What body part and results: :	Lumbar ray- non diagnostic for etiology of pain, no fractures
Type of medication: :	NSAIDS (nonsteroidal anti-inflammatory drugs) or Acetaminophen
NSAIDS or Acetaminophen - date medication was completed: :	09/16/2019
NSAIDS or Acetaminophen - duration and results: :	Patient has been seeing his primary care provider since the injury. Immediately started on NSAIDs and PT. He has been working at a modified/light duty status since injury. He has been taking NSAID daily since injury (for the past 6 weeks). They take the edge off the pain only.
Date therapy was completed: :	09/16/2019
What body part and how many weeks duration? :	Pto for back for hte past 6 weeks lumbar spine for the past 6 weeks at ABC PT office
Was therapy effective in reducing your symptoms? :	No
7. Current treatment: (select all that apply) :	HEP (Home Exercise Program) NSAIDs or Acetaminophen Ordered
8. Brief description of the patients plan of care and any other information to be considered for this imaging review (Example: symptoms and duration, surgery/procedure planning, ruling out a diagnosis) :	Patient is still taking NSAIDS and completing this HEP daily. Patient reports that the PT and HEP take some of the soreness away only. Walking with a cane for stability. Exam: lumbar ROM decreased, c/o stiffness after sitting/sleeping, + SLR on the right, no incontinence of B/B, no saddle anesthesia, tingling and numbness down right leg and in right calf. Plan: MRI since no improvement after 6 weeks of conservative care. ESI planned next.
9. Are you requesting additional imaging services in this episode? :	No
Score:	

Imaging Trigger Assessment Example



Assessment Summary Report	
1. Has the patient presented with new or changing symptoms or findings? :	Yes
2. Is the requested imaging for diagnosis? :	Yes
3. Is the requested imaging procedure required for treatment planning? :	Yes
Affirm that the submitted clinical documentation supports the requested stay/service(s) and are medically necessary and consistent with the recipients current level of impairment. :	I affirm
Acknowledge the services are subject to post payment review of medical necessity and completeness of documentation according to Medicaid program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules. :	I acknowledge
Acknowledge that approval of this authorization request does not guarantee payment. :	I acknowledge

Surgical Requests

Timeframe

- Valid for 4 months once decisioned and approved

Request Details

- No assessment needed
- Detailed surgical plan required with all requests
- Staged surgeries on same admission vs separate admissions
- Observation vs IP status
- Code changes and adjustments post surgery with operative report

Transplant Requests

Timeframe

- Valid for 6 months on OP auths once decisioned and approved

Request Details

- No assessment needed
- Outpatient (OP) auth for waitlist
- Inpatient (IP) auth for actual transplants

LTACH and Rehab Requests

Timeframes

- Admissions are valid for 7 days from approval to admit
- Follow next review date (NRD) information for length of approval

Request details

- No assessment needed in Jiva
- Clinical within 1-2 days of request
- Targeted clinical for review

Acute Inpatient Prior Authorizations

Timeframes

- Admissions exceeding the three-day benchmark
- All codes included on the Alaska Medicaid PA List

Request details

- Initial IP requests require an assessment to be completed with supportive clinical details

Assessment Summary Report	
I affirm that the recipient's Medicaid eligibility has been confirmed. :	Yes
1. Which one of the following scenarios apply to the patient post 72 hours of admission? (Select all that apply) :	Is the patient admitted with a respiratory diagnosis and requiring chest tube placement or active chest tube management? Is the patient in an ICU, CCU, or IMCU? Is the patient requiring IV fluids to maintain volume status or blood pressure?
Affirm that the submitted clinical documentation supports the requested stay/service(s) and are medically necessary and consistent with the recipients current level of impairment. :	I affirm
Acknowledge the services are subject to post payment review of medical necessity and completeness of documentation according to Medicaid program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules. :	I acknowledge
Acknowledge that approval of this authorization request does not guarantee payment. :	I acknowledge

Concurrent Review

Timeframe

- Follow next review date (NRD) information in request

Request details

- Targeted clinical for NRD
- Facility confinement reaches the review date and discharge (DC) is unlikely or unknown
- Changes in clinical presentation
- Discharge date

Retrospective Reviews

Timeframe

- After services rendered
- After discharge of IP services
- Within timely filing status

Review details

- Split bill authorizations
- Urgent requests
- Allows for timely Case Management (CM) referrals
- Entire chart is not to be submitted

Tips and Helpful Information for Requests

- Submit targeted clinical information with date, current interventions, changes in plan of care, expected length of stay (LOS) and discharge date
- Entire chart is not required for any request
- Word documents, PDFs and JPGs are acceptable attachment formats.
  - Image format files (.tif) are not accepted
- Prevent decertification due to insufficient clinical information by responding to web requests for additional information

Appeals and Options Following Non-Certification

All options	Details and information
Doctor-to-Doctor (DTD) consultations	• DTD is offered at the time of denial • Does not affect appeal rights • Also called a Peer-to-Peer consult • Request within 60 days of notice letter
Additional Information (previously called additional information in lieu of a DTD)	• Does not affect appeal rights or the right for a DTD • For denials based on lack of information • Request within 60 days of notice letter

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Appeals

Options	Details and Information
Expedited Appeal	• ONLY in a case involving urgent care • Person must be inpatient (IP) status • Provider to submit request via the provider portal • Decision within 72 hours • Entire record is not to be submitted
Standard Appeal	• Submit via the CHPP (preferred) • Are completed internally and externally (peer matched) • Must decision within 30 days • Entire record is not to be submitted

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Appeals, continued

Options	Details and Information
Second-level appeal to the Division of Health Care Services (DHCS)	• Written and postmarked to the State of Alaska within 60 days of the date of the first level appeal decision by Comagine Health
Fair Hearings	• Recipients' responsibility to request

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Utilization Management & Case Management Integration

- Most CM referrals are initiated from UM reviews
  - Medically complex patients
  - Support the DC plan
  - Long acute inpatient stays
- Potential non-certifications are referred to CM



Comagine Health Website Provider Resources

1. Go to http://www.comagine.org
2. Programs and choose Alaska Medicaid-Division of Health Care Services
3. Hover mouse over **Healthcare Professionals** (top of page)
4. Select **Alaska Medicaid - Division of Health Care Services**

State of Alaska, Department of Health Services, Division of Health Care Services | Comagine Health

Comagine Health Provider Portal Web-Based Utilization Management

- Registration and CHPP support
  - CHPP registration packet located on our website
    - Fax to (800) 826-3630
  - CHPP support contact

Comagine Health Phone: (800) 783-8606	Email
Teresa Kirn RN IQCI Clinical Nurse Manager	TKirn@comagine.org
Yvette Stratton Executive Director, Care Management	YStratton@comagine.org

Jiva Upgrade and Enhancements

- Coming in 2023
- Provider education to be provided



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Comagine Health Contact Information

Utilization Review

Toll-free phone
(800) 783-9207

Toll-free fax
(800) 826-3630



Utilization Review Hours

6:30 am to 5:00 pm Alaska Time
Monday through Friday

Utilization Management Questions



UTILIZATION REVIEW	CASE MANAGEMENT	PRESERVICE REVIEWS	Additional information, Doc to Doc and Appeals
100	100	100	100
200	200	200	200
300	300	300	300

Thank you!

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Break

Back in 15 minutes

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Alaska Medicaid – Patient Travel Updates

Liz LaRue
Program Specialist, Department of Health, Division of Health Care Services



Alaska Medicaid

Arranging Patient Travel

Presented by:

Elizabeth LaRue

Alaska Medicaid Transportation Program Manager



Reasons for Travel

- Travel from remote villages to a larger community to receive medical care that is unavailable locally
- Travel to a larger community to receive more in-depth health care
- Travel for pregnant women to await delivery



Transportation and Accommodation Services Overview

Medicaid-Covered Transportation

- Non-Emergency Transportation Travel to Another Community
- Non-Emergency Transportation Within the Community of Residence
- Emergency Transportation



Non-Emergency Travel to Another Community



Travel to Another Community

Alaska Medicaid covers both in-state and out-of-state travel to another community for medical services that are not available locally.



Travel Services

Types of Transportation and Accommodation Services
Air
Ferry
Bus
Taxi
Wheelchair Accessible Van
Hotel and Meals



Service Authorization (SA) Requirements

The recipient must be eligible for Medicaid during the entire travel period.

The recipient must be eligible for a category of Medicaid that provides coverage for travel.

- Refer to Provider Billing Manual or the Recipient Handbook for Eligibility Codes.
- SA must be requested by the referring or receiving health care provider or community health aide (CHA/P)

Services must be medically necessary and covered by Alaska Medicaid.



Service Authorization Requirements (cont.)

Travel is approved to the closest/most appropriate enrolled facility or provider that can render necessary services.

Indian Health Services (HIS) beneficiaries may travel to the nearest HIS facility.



Service Authorization Requirements (cont.)

Travel is approved for the length of time necessary to meet the health care need.

Travel must be approved before the travel occurs.

An escort will be approved for minors and may be approved for adults when medically necessary.



Travel Escorts

Alaska Medicaid will cover the travel expenses of a travel escort to accompany a Medicaid-eligible child and, if medically necessary, a Medicaid-eligible adult.

Who is Eligible for An Escort?	
Children	Under the age of 18 years
Adults	If Medically necessary, and the recipient is: • Unable to ambulate on own with a cane or walker • Confined to a Wheelchair • Blind • Significantly cognitively or physically disabled



Travel Escorts (cont.)

- The escort must be:
  - Physically and mentally able to assist the recipient
  - At least 18 years of age
- Escorts are not compensated for their time by Alaska Medicaid
- Authorization for travel, lodging and meals:
  - The recipient and escort are expected to share a hotel room
- Escort travel is not covered when the recipient is transported by ground or air ambulance



How to Obtain a Service Authorization

Step 1

- Health care provider determines travel is necessary for the recipient to receive medical care

Step 2

- Referring or receiving provider or CHA/P contacts Conduent, ANTHC, YKHC, or TCC to obtain a SA



How to Obtain a Service Authorization

Conduent	907.644.6800, option 5 or 800.770.5650 (toll-free in Alaska), option 1, 2 Monday - Saturday – 8:00am – 5:00pm Sunday – 12:00pm – 4:00pm Fax: 907.644.5982
ANTHC	tmomedicaid@anthc.org 907.729.7720, option 1 or 866.824.8140 (toll-free in Alaska), option 1. Monday - Sunday – 8:30am – 5:30pm Fax: 907.729.2403
YKHC	priorauth@ykhc.org 907.543-6625 855.543.6625 (toll-free in Alaska) Monday - Sunday – 8:00am – 5:30pm Fax: 907.543.6007
TCC	907.451.6682, option 4 or ext. 3711 800.478.6682, ext. 3711 (toll-free in Alaska) Monday - Friday – 8:00am – 5:00pm Saturday – 10:00am – 2:00pm 907.459.3927



How to Obtain a Service Authorization (cont.)
Tribal Beneficiaries

- Must be an Alaska Native/American Indian beneficiary
- Beneficiary must live within ANTHC, YKHC, or TCC service area



How to Obtain a Service Authorization (cont.)

Step 3

- Requesting provider communicates medical appointment dates/times, the reason for travel (diagnoses and services to be performed), medical justification for travel & who is traveling.

Step 4

- Upon approval, the requesting provider will be given a SA number and travel/accommodation details.

Step 5

- Requesting provider completes and gives the recipient the hotel/meal and taxi vouchers needed.



Travel Reservations



Travel Reservations – Air or Ferry

After authorization is obtained, the recipient or escort must contact one of the Medicaid travel offices to make air/ferry reservations.



Travel Reservations – Air or Ferry (cont.)

If travel was authorized by **Conduent**, contact:

- Alaska **Medicaid Travel Office (MTO)** at 800.514.7123
  Mon-Sun 8:00am – 5:30pm Alaska time

If travel was authorized by **ANTHC**, contact

- **ANTHC Travel Office** at 866.824.8140, option 1, or 907.729.7720
  Mon – Sun 8:00am – 5:30pm Monday - Sunday

If travel was authorized by **YKHC**, contact

- **YKHC Travel Office** at 855.543.6625 or 907.543.6625
  Monday – Sunday 8:00am – 5:30pm

If travel was authorized by **TCC**, contact

- **TCC Travel Office** at 800.478.6682, ext. 3711 or 907.451.6682, ext. 3711
  Monday – Friday 8:00am – 5:30pm
  Saturday 2:00pm



Travel Reservations – Hotel

- After the authorization is obtained, the recipient or escort must contact an enrolled hotel to make reservations

  To obtain a list of enrolled hotels

  - Medicaid Recipient Helpline at 800.780.9972
  - Provider Inquiry at 907.644.6800 (option 1, 1) or 800.770.5650 (option 1, 1, 1)

- The recipient or escort must give the hotel the Transportation Authorization and Invoice (AK-04) voucher as a form of payment
- One unit of lodging is a one-night stay
- Hotels may require a credit card or cash for a deposit



Meals

- Meals are provided if the Medicaid recipient is staying at an enrolled hotel with an enrolled on-site restaurant
- Meals reimbursement is limited to $36 per day
  - One unit of meals equals three consecutive meals
  - Meals are authorized per person per unit of lodging
  - The escort is expected to share food with a recipient who is under two years of age



Taxi/Wheelchair Van

A Medicaid recipient will need a taxi/wheelchair van voucher for each one-way trip.

Examples:

- Airport to hotel
- Hotel to medical appointment
- Medical appointment to airport

Prior to travel, the Medicaid recipient should be aware of which taxi companies are enrolled with Alaska Medicaid.



Air Travel Cancellations



Travel Cancellations

When a patient's and/or escort's travel plans change or they cannot make a scheduled flight, the patient, escort, or provider MUST call the entity that scheduled the flight BEFORE their flight departs.

- Alaska Medicaid Travel Office 800.514.7123
- ANTHC Travel Office 907.729.7720
- YKHC Travel Office 855.543.6625
- TCC Travel Office 800.478.6682, ext. 3711

If it is after hours, patient and/or patient's escort will need to call the after-hours number and follow all the phone prompts.



Travel Cancellations (cont.)

If a missed flight is not cancelled prior to departure, the remainder of the itinerary will be cancelled by the airline and Alaska Medicaid will NOT pay to rebook the flight.



Non-Emergency Transportation Within the Community of Residence



Requirements for Local Ground Transportation

- The recipient is eligible for Medicaid with an eligibility code allowing transportation.
- The appointment must be a covered Medicaid service.
- The appointment must be medically necessary.
- This service is only available to recipients that have no other transportation available to them.



Obtaining Authorization for Local Ground Transportation

Step 1

- The health care provider determines that the recipient needs assistance with transportation to their appointment.

Step 2

- The health care provider contacts the appropriate Medicaid Travel Arranger to obtain a service authorization.

Step 3

- The contacting provider conveys the needed medical service and clinical information to support medical necessity.



Obtaining Authorization for Local Ground Transportation (cont.)

Step 4

- The health care provider will be asked to verify if the recipient has other means of transportation available to them.

Step 5

- Once SA is approved, the health care provider will supply the travel voucher for taxi or wheelchair van voucher.

Step 6

- The recipient will contact their enrolled taxi/wheelchair van provider to arrange the pick-up for their appointment.



Service Authorization Denials

Recipients are notified by mail when transportation services are denied. The notification informs the recipient of their right to a fair hearing. Fair hearing requests can be made to:

Conduent

Attn: Fair Hearing Representative

PO Box 240808

Anchorage, AK 99524-0808

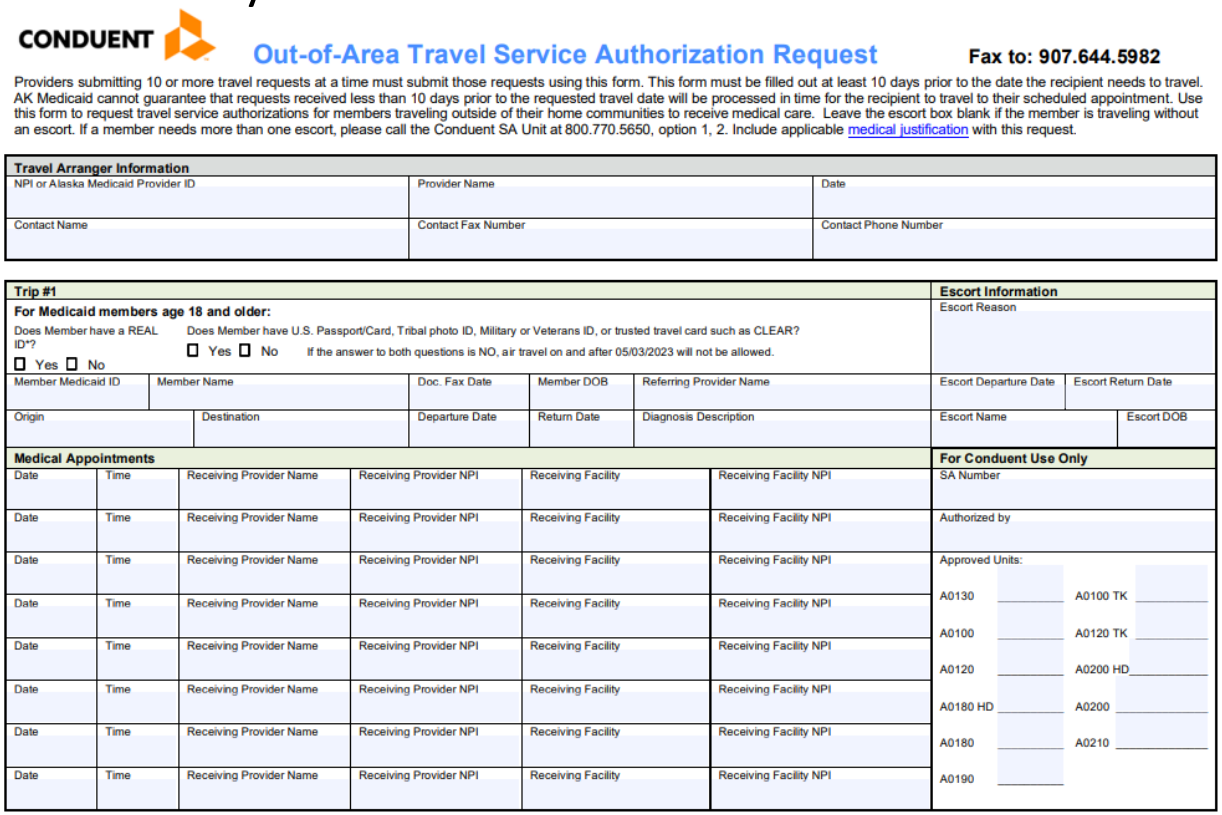
Additional Fair Hearing information is available at http://dhss.alaska.gov/dhcs/Documents/publications/Fair_Hearings.pdf



Alternate Options for Requesting Service Authorizations for Travel

Obtaining a Service Authorization for Out-of-Area Travel – Fax Option

Use Out-of-Area Travel Service Authorization Request form when requesting travel for a member that requires medically necessary services outside of their home community.



CONDUENT

Out-of-Area Travel Service Authorization Request

Fax to: 907.644.5982

Providers submitting 10 or more travel requests at a time must submit those requests using this form. This form must be filled out at least 10 days prior to the date the recipient needs to travel. AK Medicaid cannot guarantee that requests received less than 10 days prior to the requested travel date will be processed in time for the recipient to travel to their scheduled appointment. Use this form to request travel service authorizations for members traveling outside of their home communities to receive medical care. Leave the escort box blank if the member is traveling without an escort. If a member needs more than one escort, please call the Conduent SA Unit at 800.770.5650, option 1, 2. Include applicable medical justification with this request.

Travel Arranger Information

NPI or Alaska Medicaid Provider ID	Provider Name	Date
Contact Name	Contact Fax Number	Contact Phone Number

Trip #1

For Medicaid members age 18 and older:

Does Member have a REAL ID*? ☐ Yes ☐ No

Does Member have U.S. Passport/Card, Tribal photo ID, Military or Veterans ID, or trusted travel card such as CLEAR? ☐ Yes ☐ No

If the answer to both questions is NO, air travel on and after 05/03/2023 will not be allowed.

Member Medicaid ID	Member Name	Doc. Fax Date	Member DOB	Referring Provider Name

Origin	Destination	Departure Date	Return Date	Diagnosis Description

Escort Information

Escort Reason

Escort Departure Date	Escort Return Date

Escort Name	Escort DOB

Medical Appointments

Date	Time	Receiving Provider Name	Receiving Provider NPI	Receiving Facility	Receiving Facility NPI

For Conduent Use Only

SA Number

Authorized by

Approved Units:

A0130		A0100 TK	
A0100		A0120 TK	
A0120		A0200 HD	
A0180 HD		A0200	
A0180		A0210	
A0190			



Obtaining Authorization for Local Ground Transportation – Fax Option

Use the Local Travel Service Authorization Request form when requesting one or more appointments for a single recipient within a calendar month.

CONDUENT

Local Travel Service Authorization Request

Fax: 907.644.5982

Use this form to request a service authorization (SA) for a member traveling within their home community to receive medical care. Request travel to and from medical appointments within a single calendar month. For additional appointments beyond those listed on the form, attach additional pages of this form. For updates to already-approved travel, use the Transportation Authorization Update Form. Include applicable medical justification with this request. This form must be filled out at least 10 days prior to the date the recipient needs to travel. AK Medicaid cannot guarantee that requests received less than 10 days prior to the requested travel date will be processed in time for the recipient to travel to their scheduled appointment. The Conduent SA Unit may contact the provider to request additional documentation (i.e., plan of care).
*Requests without required information will be returned to provider.

Travel Arranger Information

NPI or Alaska Medicaid Provider ID	Provider Name	Date
Contact Name	Contact Fax Number	Contact Phone Number

Member Information

Member Medicaid ID	Member Name	Member DOB	Diagnosis Description	Location
Referring Doctor	Referring Location	Appointment Type	Transportation Type	Escort Information
PA #	PA # Authorized till	Plan of Care Authorization Dates	POC Fax to Conduent Date	*Has patient exhausted all means of transportation? Yes ☐

Medical Appointments						Authorized?		For Conduent Use Only
Date	Time	Receiving Provider Name	Provider NPI	Facility	Facility NPI	Yes	No	SA Number
Date	Time	Receiving Provider Name	Provider NPI	Facility	Facility NPI	Yes	No	Approved by:
Date	Time	Receiving Provider Name	Provider NPI	Facility	Facility NPI	Yes	No	
Date	Time	Receiving Provider Name	Provider NPI	Facility	Facility NPI	Yes	No	A0130 _____
Date	Time	Receiving Provider Name	Provider NPI	Facility	Facility NPI	Yes	No	A0100 _____
Date	Time	Receiving Provider Name	Provider NPI	Facility	Facility NPI	Yes	No	

Update to Transportation Service Authorization – Fax Option

To request a change to an approved transportation service authorization, complete the Transportation Authorization Update form and fax to the Medicaid Travel Arranger that approved the service authorization.

CONDUENT

TRANSPORTATION AUTHORIZATION UPDATE FORM

To request a change to an approved transportation authorization, please complete the following form and fax to Conduent. This form must be submitted at least 1 day prior to the date of service being added. For unexpected changes or changes that have already taken effect, call Conduent for prior authorization updates. Issue updated vouchers to recipients once you fax the completed form. Conduent's Travel Authorization Fax Number: **877.438.8942**

Provider Name:_____ **Contact Person:** _____ **Contact Phone Number:** _____

Transportation Authorization Updates To Be Keyed				
Recipient ID	**Service Authorization Number**	**Updates Required/Approved**	**Medical Need for Change or Update***	**Conduent Use Only: Updates Sent to MTO? (Y/N)**
Sample: 0600XXXXXX	Sample: PXXXXXXXXX	Sample: Extend end date from 10/14/13 to 10/16/13 at header and for all lines. Add 2 units of A0150, A0150 TK, A0160, A0160 TK for a new total of 4 units on each code.	Sample: Physician has scheduled labs and additional appointments on 10/14, 10/15 and 8:00 a.m. 10/16. Patient can return 10/16	



One and Done Travel Request!

Providers will be able to set up travel of routine appointments with only one request for the entire duration of the members treatment plan / plan of care, not to exceed one year.

Required documentation:

- Treatment plan / plan of care
- Appointment dates

*Must still comply with Medical Justification Requirements for Travel



Transportation Authorization and Invoice Form AK-04



Transportation Authorization and Invoice Form AK-04

- This invoice is also known as the **AK-04** form and travel **voucher**
- The AK-04 is available, in bulk, from Conduent.
- The AK-04 is completed by the health care provider who obtained the Service Authorization
- Transportation and accommodation providers must receive the AK-04 to be reimbursed for services rendered.
- The recipient must carry these during travel and present to taxi drivers and the hotel.



Transportation Authorization and Invoice Form AK-04 (cont.)

- Hotel and Meal vouchers will be authorized the same number of units. (See provider guidance)
- Taxi vouchers should only have 1 unit per recipient and escort per voucher.
- Services will not be reimbursed if services are not prior approved.
- The recipient will need additional vouchers if travel is extended.

Alaska Department of Health & Social Services



ELIGIBILITY CHECKED ☐

INITIALS _____ DATE _____

CLAIM CONTROL NUMBER * FOR FISCAL AGENT USE ONLY

TRAVEL VOUCHER
ALASKA MEDICAID

T 0000000

PATIENT (RECIPIENT) INFORMATION

1. PATIENT'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	2. PATIENT'S DATE OF BIRTH	3. WAS CONDITION RELATED TO A. PATIENT'S EMPLOYMENT ☐ YES ☐ NO B. AN ACCIDENT/INJURY ☐ AUTO ☐ OTHER
4. RECIPIENT IDENTIFICATION NUMBER	5. PATIENT'S SEX MALE FEMALE	
6. ADDRESS (STREET, CITY, STATE, ZIP CODE) TELEPHONE NUMBER	7. EPSDT REFERRAL ☐ YES ☐ NO 8. PRIOR AUTH. NUMBER 10. AUTHORIZED BY:	9. TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT. SIGNATURE OF PERSON REQUESTING AUTHORIZATION _____ DATE _____

PATIENT				ESCORT				
11. TRANSPORTATION	12. ROUND TRIP	13. ONE WAY		14. TRANSPORTATION	15. ROUND TRIP	16. ONE WAY		
ORIGIN	DEPARTURE DATE	DEPARTURE DATE		ESCORT NAME	DEPARTURE DATE	DEPARTURE DATE		
DESTINATION	RETURN DATE				RETURN DATE			
17. PROCEDURE CODE	18. DESCRIPTION	19. UNITS	20. CHARGES	21. PROCEDURE CODE	22. MODIFIER	23. DESCRIPTION	24. UNITS	25. CHARGES
TRAVEL OFFICE NUMBERS located on back of page								
CONFIRMATION CODE:								
A0130	WHEELCHAIR VAN							
A0100	C. GROUND TAXI			A0100	TK	J. GROUND TAXI		
A0120	D. OTHER TRANSPORTATION			A0120	TK	K. OTHER TRANSPORTATION		
A0180 HD	E. PREMATERNAL HOME			A0200	HD	L. PREMATERNAL HOME		
A0160	F. LODGING			A0160		M. LODGING		
A0190	G. MEALS			A0210		N. MEALS		

26. ACTUAL PATIENT SERVICE DATES FROM ___/___/___ THROUGH ___/___/___		27. ACTUAL ESCORT SERVICE DATES FROM ___/___/___ THROUGH ___/___/___	
28. TOTAL DOCUMENT CHARGES	29. AMOUNT PAID* This is to record money paid by other insurance	30. AMOUNT DUE	31. TICKET NUMBER/ACCOUNT NUMBER

THE PURPOSE OF THIS FORM IS TO VERIFY THAT THE PERSON(S) LISTED ARE AUTHORIZED TO RECEIVE THE SERVICE(S) LISTED WITHIN THE DESIGNATED TIME FRAME. IN ORDER TO RECEIVE REIMBURSEMENT THE PROVIDER MUST DO THE FOLLOWING:
1. BE ENROLLED IN ALASKA MEDICAID PROGRAM.
2. SUBMIT CORRECT CLAIM WITH ALL PERTINENT INFORMATION AS DESCRIBED IN NON-EMERGENT TRANSPORTATION PROVIDER BILLING MANUAL.
3. PROVIDE ONLY SERVICES FOR WHICH ENROLLED.
4. RETAIN ORIGINAL TRAVEL VOUCHER AND SUPPORTING DOCUMENTS NECESSARY TO SUPPORT THE SERVICE BEING REIMBURSED.
5. COPIES OF TRAVEL VOUCHERS ARE NOT REIMBURSABLE.

PROVIDER SIGNATURE _____ DATE _____

PROVIDER NAME, ADDRESS, AND TELEPHONE

* PROVIDER MEDICAID I.D.#

REQUIRED FOR GROUND TRANSPORTATION ONLY:

PICK-UP LOCATION	DATE	TIME		DROP-OFF LOCATION	DATE	TIME	
		:	AM/PM			:	AM/PM

FORWARD THIS FORM TO: CONDUENT, P.O. BOX 240708, ANCHORAGE, ALASKA 99524-0708

DO NOT USE FOR MEDICARE PAYMENT.

AK - 04
(5/19)

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.

Travel Tips for Alaska Medicaid Recipients

Before you travel outside your home community:

- Be sure that your travel has been approved before you go. Medicaid cannot pay for travel, taxi rides, or a hotel room that was not properly authorized.
- Prepare to travel only for the length of time needed to complete your medical care. Medicaid does not cover weekend travel or extra days that are not related to your medical care.
- Get all approved travel vouchers from your health care provider. You will need to know your appointment dates and times at your destination.
- Once travel is approved, make airline or ferry reservations through the Medicaid Travel Office (MTO) that approved your travel (see **Medicaid Travel Offices** below) If you do not know which Medicaid travel office to call, ask your referring provider. Do **not** contact air carriers directly.
- Make lodging arrangements with an Alaska Medicaid-enrolled hotel or motel. Call Conduent Member Services and ask for a list of available hotel providers at **907.644.6800**, option 6, or **800.770.5650**, option 2 (toll-free in Alaska). Give **exact date** you will be checking in.
- Make sure that you arrive at the airport in time to check in and proceed through security. Except in unavoidable situations, Medicaid will not pay to rebook a missed flight.

When you travel, take with you:

- All travel vouchers from your health care provider (Copies of travel vouchers will NOT be accepted)
- Personal identification and your Medicaid card/coupon or Denali KidCare (DKC) card. You are responsible for giving a coupon or showing your card for all your appointments.
- Money for things that are not covered by Medicaid. Medicaid does not cover room service, tips, phone calls, pay-per-view movies, or other extra services. If you order these things, you will need to pay for them. Medicaid will not pay for security deposits that are required by some hotels.

At your destination:

- Use meal vouchers at the in-hotel restaurant only
- Use taxi vouchers with an Alaska Medicaid enrolled taxi provider to travel from the airport to your place of lodging, medical appointments, referrals for medical services, and back to your place of lodging and the airport.
- Do not use taxi vouchers for personal travel such as visiting family or friends or for shopping. Using a Medicaid taxi voucher improperly is an erroneous benefit and must be paid back to the Department of Health and Social Services.

If your travel plans change:

- If your travel plans change, or you cannot make a scheduled flight that was paid for by Alaska Medicaid, you MUST call the Medicaid travel office that arranged your travel (see **Medicaid Travel Offices** below) BEFORE your flight departs. If you do not know which Medicaid travel office to call, ask your referring provider.
- If you miss a flight without cancelling in advance, the remainder of your itinerary will be cancelled and Alaska Medicaid may NOT pay to rebook your flight(s).
- If weather or mechanical issues delay your flight, the air carrier will reschedule your flight. Your health care provider should call Conduent or appropriate MTO for approval of additional lodging, meals, or transportation, if required.
- If your travel plans change and you have a hotel booked, call the hotel to update your reservation with any changes.

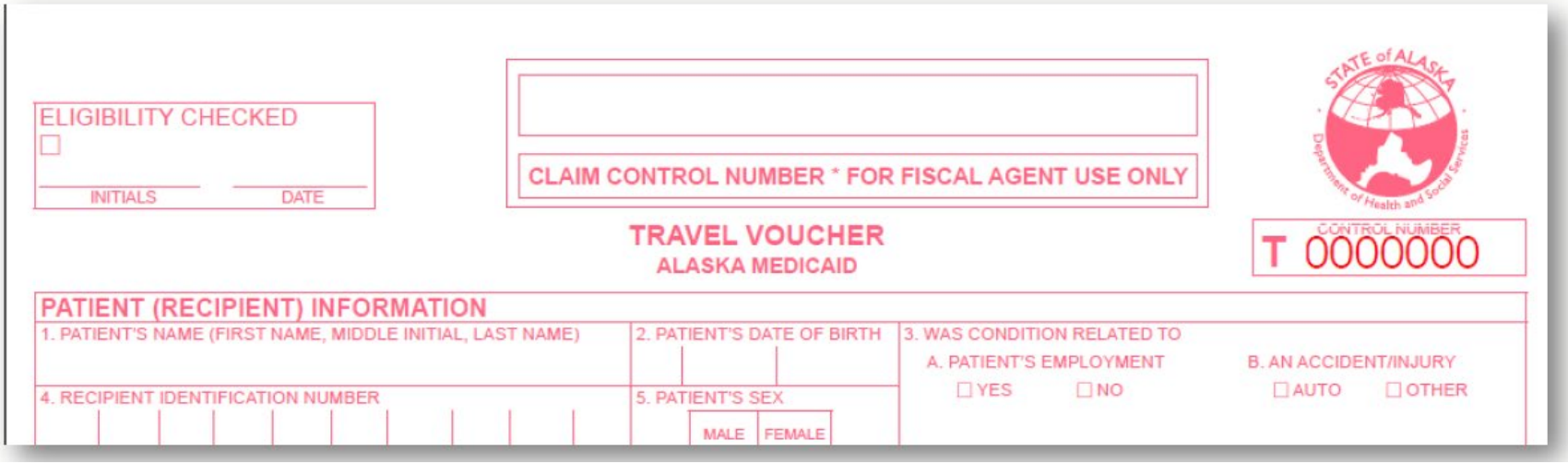
Medicaid Travel Offices

Alaska Medicaid Travel Office **800.514.7123** https://us.travelctm.com/medicaid/ 8:30 a.m. – 5:30 p.m., Mon – Sat 12:00 p.m. – 4:00 p.m., Sun	**YKHC Medicaid Patient Travel** **907.543.6625** **855.543.6625** (toll-free in Alaska) 8:30 a.m. – 5:30 p.m., Mon – Sun
ANTHC Travel Management Office **907.729.7720,** option 1 **866.824.8140,** option 1 (toll-free in Alaska) 8:30 a.m. – 5:30 p.m., Mon – Sun	**TCC Patient Travel** **907.451.6682,** ext. 3711 **800.478.6682,** ext. 3711 Mon – Fri 8:00 a.m. – 5:00 p.m. Sat 10:00 a.m. – 2:00 p.m.
Do not contact air carriers directly	

Alaska Medicaid Member Helpline: 800.780.9972

Transportation Authorization and Invoice Form Completion - Step A

- Check for **Eligibility**. Check the box, initial on the line, and enter date verified
- **Patient's Name** (field 1): Enter the patient's first name, middle initial and last name
- **Patient's Date of Birth** (field 2): Enter the patient's date of birth in MM/DD/YYYY format
- **Was Condition Related To** (field 3): Check appropriate boxes for patient's condition
- **Recipient Identification Number** (field 4): Enter patient's 10-digit Alaska Medical Assistance identification number
- **Patient's Sex** (field 5): Select appropriate box indicating patient's gender





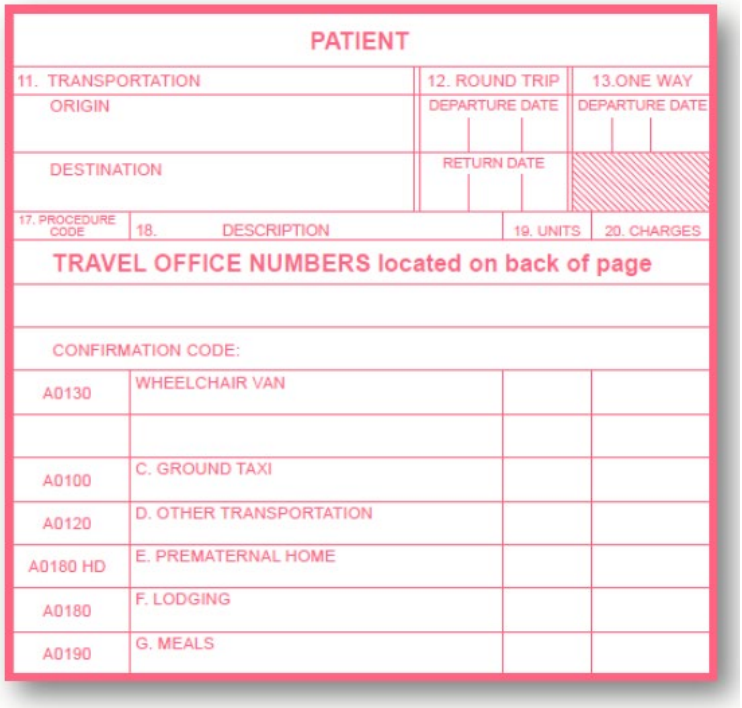
Transportation Authorization and Invoice Form Completion - Step B

- **Address** (field 6): Enter patient's address and telephone number
- **EPSDT Referral** (field 7): If travel arrangements are being made because of an EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening, select **Yes**
- **Prior Auth Number** (field 8): Enter the approved service authorization number
- **Authorized By** (field 10): Enter the name of the person at the authorizing agency that authorized the services. If you submitted the request through Health Enterprise, enter the User ID next to "A-Approved" status
- **Acknowledgment** (field 9): The individual submitting the travel service authorization must sign and date in this field, whether called in or submitted via Health Enterprise

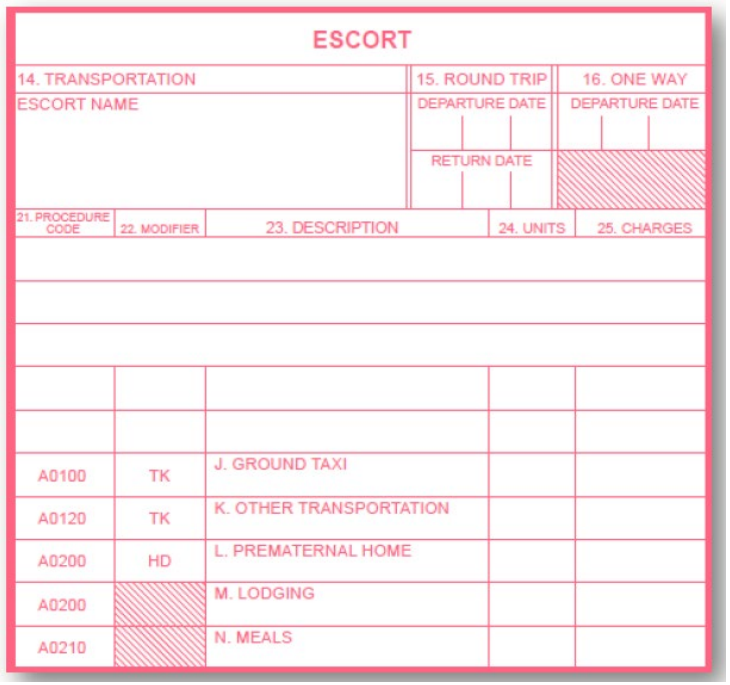
6. ADDRESS (STREET, CITY, STATE, ZIP CODE) TELEPHONE NUMBER	7. EPSDT REFERRAL ☐ YES ☐ NO 8. PRIOR AUTH. NUMBER	9. TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.
	10. AUTHORIZED BY:	SIGNATURE OF PERSON REQUESTING AUTHORIZATION — DATE

* The Service Authorization number and Authorizing individual **must** be annotated for transportation/accommodation providers to get reimbursed!

Transportation Authorization and Invoice Form Completion - Step C



PATIENT				
11. TRANSPORTATION		12. ROUND TRIP	13.ONE WAY	
ORIGIN		DEPARTURE DATE	DEPARTURE DATE	
DESTINATION		RETURN DATE		
17. PROCEDURE CODE	18. DESCRIPTION	19. UNITS	20. CHARGES	
TRAVEL OFFICE NUMBERS located on back of page				
CONFIRMATION CODE:				
A0130	WHEELCHAIR VAN			
A0100	C. GROUND TAXI			
A0120	D. OTHER TRANSPORTATION			
A0180 HD	E. PREMATERNAL HOME			
A0180	F. LODGING			
A0190	G. MEALS			



ESCORT				
14. TRANSPORTATION		15. ROUND TRIP	16. ONE WAY	
ESCORT NAME		DEPARTURE DATE	DEPARTURE DATE	
		RETURN DATE		
21. PROCEDURE CODE	22. MODIFIER	23. DESCRIPTION	24. UNITS	25. CHARGES
A0100	TK	J. GROUND TAXI		
A0120	TK	K. OTHER TRANSPORTATION		
A0200	HD	L. PREMATERNAL HOME		
A0200		M. LODGING		
A0210		N. MEALS		

Provider Notice: Do not complete the **Charges** column, (column 20). This is reserved for the transportation/ accommodation provider after services have been rendered.

Transportation Authorization & Invoice Form – Provider Completion

26. ACTUAL PATIENT SERVICE DATES		27. ACTUAL ESCORT SERVICE DATES	
FROM 05/13/2019	THROUGH 05/13/2019	FROM / /	THROUGH / /
28. TOTAL DOCUMENT CHARGES	29. AMOUNT PAID* *This is to record money paid by other insurance*	30. AMOUNT DUE	31. TICKET NUMBER/ACCOUNT NUMBER
$23.17		$23.17	

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5. COPIES OF TRAVEL VOUCHERS ARE NOT REIMBURSABLE.

PROVIDER SIGNATURE _____ DATE _____

PROVIDER NAME, ADDRESS, AND TELEPHONE

Awesome Taxi Company
123 4th Ave, Anchorage, AK
907-123-4567

* PROVIDER MEDICAID I.D.# 8675309

REQUIRED FOR GROUND TRANSPORTATION ONLY:

PICK-UP LOCATION	DATE	TIME		DROP-OFF LOCATION	DATE	TIME	
AK Heart Institute	5/13/19	3:15	AM/PM	Airport	5/13/19	3:40	AM/PM

Transportation Authorization & Invoice Form – Member Information

Travel Tips for Alaska Medicaid Recipients

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When you travel, take with you:

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ANTHC Travel Management Office **907.729.7720**, option 1 **866.824.8140**, option 1 (toll-free in Alaska) 8:30 a.m. – 5:30 p.m., Mon – Sun	**TCC Patient Travel** **907.451.6682**, ext. 3711 **800.478.6682**, ext. 3711 Mon – Fri 8:00 a.m. – 5:00 p.m. Sat 10:00 a.m. – 2:00 p.m.
Do not contact air carriers directly	

Alaska Medicaid Member Helpline: 800.780.9972

Requesting Vouchers

- Email request with all required information to Aktravelvoucher@conduent.com
- Call Provider Inquiry to request forms at 907.644.6800 (option 1, 1) or toll-free at 800.770.5650 (option 1, 1, 1)
  - Follow the prompts to order vouchers
  - If you are calling outside of business hours, leave a voicemail and you will receive a response within 1 business day
- Fax your request to 907.644.8126
- Mail to: Conduent | PO Box 240808 | Anchorage, AK 99524-0808



CONDUENT

P.O. Box 240808
Anchorage, AK 99524-0808
(907) 644-6800
http://medicaidalaska.com

TRAVEL VOUCHER (AK-04) ORDER REQUEST

Please order at least a 2-month supply.

Complete and submit this form via one of following:

Call: 907.644.6800, option 1 or
800.770.5650, option 1, 1

Email: AKtravelvoucher@conduent.com

Fax: 907.644.8126

Mail: Conduent
P.O. Box 240808
Anchorage, AK 99524-0808

Provider Name: _____

Ship to: _____

_____

_____

Contact Name: _____

Phone Number: _____

AK Medicaid Provider ID: _____

Allow approximately 4 weeks for delivery.

Form Requested		Quantity				
Number	**Description**	**50**	**100 (pack)**	**200**	**2,500 (box)**	**Other**
AK-04	Travel Voucher	☐	☐	☐	☐	☐

For Conduent Use Only

Requested via: ☐ Email ☐ Phone ☐ Mail ☐ Fax

Request Date & Time: _____

Certified Letter #: _____

_____

CRN#: _____

Voucher Control Number Range: _____

Submitted By: _____ Date: _____



Voucher Processing

- Conduent will review all travel voucher requests and will:
  - Check for completeness and accuracy of the voucher log forms
  - Communicate discrepancies to the requesting organization with in 10 business days
  - Reconcile the request with prior shipped travel voucher volumes
  - Prepare, log and send shipments within 10 business days

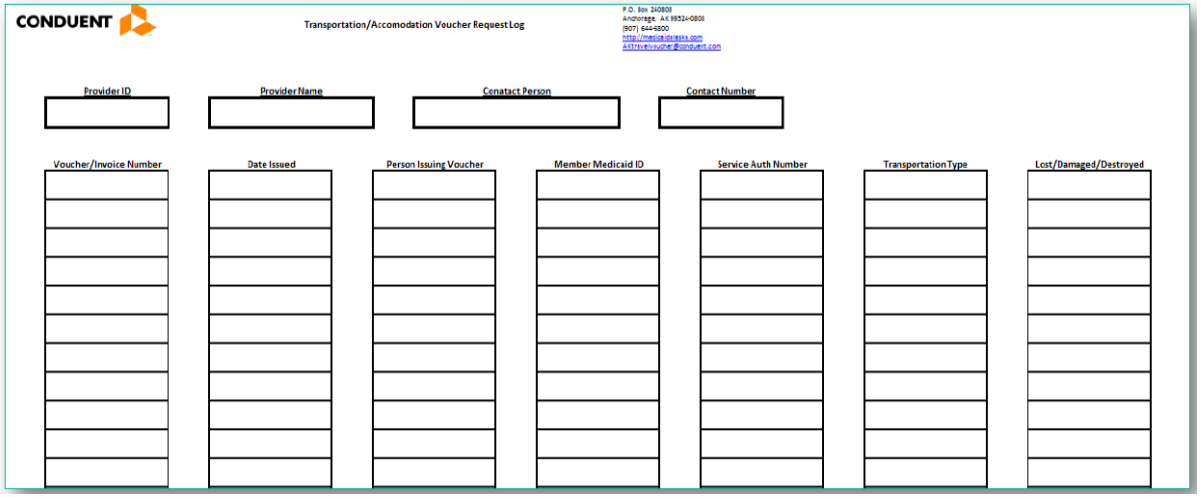
- If voucher log forms are not included with new voucher requests, the provider will need to attend retraining and submit a statement as to why the issued vouchers were not documented

Voucher Log - Documentation Requirements

Providers should use the Transportation/Accommodation Voucher Request Log spreadsheet to record information about the vouchers they are issued.

The following information **must** be submitted with requests for additional vouchers:

- Voucher or Invoice Number
- Date Issued
- Who issued the voucher
- Medicaid member ID
- Applicable prior authorization number
- Service type (Hotel/Taxi)
- Additional column for lost, damaged or destroyed voucher
- Patient account number (on Excel form)



CONDUENT

Transportation/Accomodation Voucher Request Log

P.O. Box 240808
Anchorage, AK 99524-0808
(907) 644-6800
http://medicaidalaska.com
AKTravelVoucher@conduent.com

Provider ID	Provider Name	Conatact Person	Contact Number

Voucher/Invoice Number	Date Issued	Person Issuing Voucher	Member Medicaid ID	Service Auth Number	Transportation Type	Lost/Damaged/Destroyed



EPSDT/Well Child Transportation



Requirements for EPSDT Transportation

Recipient must be eligible for Medicaid with an eligibility code allowing transportation

Under 21 years of age and/or receiving pregnant women's Medicaid

The travel request must be made prior to the date of travel



Requirements for EPSDT Transportation (cont.)

EPSDT Transportation is Used for the Following Services

Well child exams to include immunizations

Flu-shots

Preventive for dental and/or eye care

Any referrals for medical, dental, counseling, or therapy

Prenatal care and post-partum follow-up

Picking up prescriptions related to an EPSDT appointment

WIC appointments



Authorization of Escort for EPSDT Transportation

Who is Eligible for An Escort?	
Children	Under the age of 18 years
Adults	If Medically necessary including but not limited to: • Wheelchair bound • Blind • Cognitively impaired • Physically disabled

- Escorts will be authorized to ride with the recipient in the taxi or given a bus pass for 1 day, 1 week or 1 month.
- Escorts are not reimbursed for their time.



Obtaining Authorization for EPSDT Transportation

Step 1

- After the medical appointment is scheduled the recipient or the recipient's health care provider can make the travel request.
  - Anchorage recipients – Contact HCS at 907.269.4575
  - All other recipients – Contact their local Public Health Center

Step 2

- Requestor will provide the recipient's name, Medicaid ID #, date & time of appointment, pickup location & drop off location.

Step 3

- 1 of 2 modes of transportation will be approved
  - Bus pass good for 30 days to cover multiple appointments.
  - Taxi service for the individual appointment



Common Travel Issues



Common Travel Issues – Transportation Providers

- Unable to receive reimbursement
  - Incomplete/Incorrect information on travel voucher
  - Extensions that are not medically necessary
  - Untimely travel service authorization extensions



Common Travel Issues – Recipient's/Escort's

- Limited availability of enrolled hotels
- Missed flights



Emergency Transportation



Emergency Transportation – Overview

A medical condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part



Emergency Transportation (cont.)

Alaska Medicaid will pay for medically necessary emergency ground or air transportation to the nearest facility that provides emergency care or to the nearest IHS facility.

Alaska Medicaid will not reimburse emergency transportation services to return the recipient to a residence.



Emergency Transportation – Ground Ambulance

Alaska Medicaid reimburses for ground ambulance service based on the level of care furnished to the recipient.

BLS Levels of Service	**Non-Emergency BLS:** BLS level transport of a recipient to a Medicaid-enrolled location for a covered Medicaid service in a non-emergency situation.	**Emergency BLS:** BLS level transport when an immediate (emergency) medical response is required.
ALS Levels of Service	**ALS 1:** Includes BLS plus the provision of one medically necessary ALS intervention. ALS 1 may be reimbursed at either an emergency or non-emergency level.	**ALS 2:** Is always an emergency situation and includes the provision of medically necessary supplies and services involving: • At least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or • At least one of these ALS 2 procedures: Manual defibrillation/cardioversion | Endotracheal intubation | Central venous line | Cardiac pacing | Chest decompression | Surgical airway | Intraosseous line



Emergency Transportation – Air Ambulance

- Alaska Medicaid will pay for air ambulance services only if:
  - The recipient is being transferred to a higher level of care, and
  - The recipient is accompanied by appropriately credentialed medical personnel.
- Alaska Medicaid will not reimburse for an escort.



Resources



Provider Resources

http://medicaidalaska.com

Here you'll find information required for successful billing, including

- Medicaid provider billing manuals
- Fee schedules
- Provider updates
- Provider resource materials
- Monthly Provider Newsletters



Recipient Resources

Medicaid recipients may contact the Medicaid Recipient Helpline for travel concerns

Recipient Helpline

800.780.9972

Medicaid Recipient Handbook

http://www.dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf



Contacts

Provider Inquiry: 907.644.6800, option 1, 1 or
800.770.5650 option 1, 1, 1

Elizabeth LaRue
Alaska Medicaid Transportation Program Manager
Liz.larue@alaska.gov or 907.334.2183



Thank you for the services you provide to Alaska Medicaid recipients!

Questions?

Zero Suicide Initiative and 988

Charity Lee
Program Coordinator, Department of Health, Division of Behavioral Health, Prevention Section

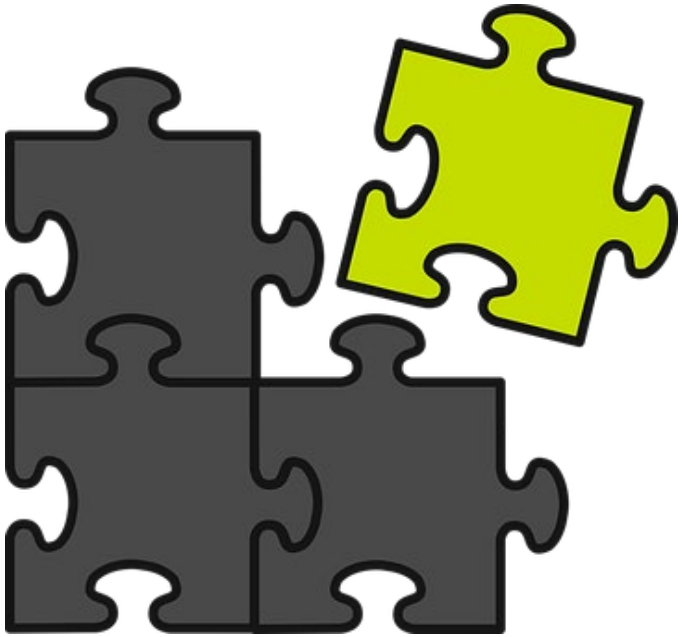
Comprehensive Suicide Care in Alaska's Healthcare System

Charity Lee, Zero Suicide Program Coordinator
Division of Behavioral Health

Topics Covered

- Where Zero Suicide falls in relation to other work being done in Alaska
  - 988
- What is Zero Suicide
- Why Zero Suicide is needed in Alaska/Reflecting on best practices in suicide care
- Alaska's Division of Behavioral Health's Environmental Scan of Suicide Care Practices in Alaska
- Alaska Division of Behavioral Health's Zero Suicide Initiative

Zero Suicide within the Continuum of Suicide Work





Where the Work Intersects

- Crisis continuum of care
  - 988
- Joint Commission NPSGs






988 is here for all Alaskans
Need mental health support?
Call or Text 988, or chat 988lifeline.org
988.alaska.gov
988
SUICIDE
& CRISIS
LIFELINE



- 24/7 free and confidential access to a trained professional who can provide immediate support and connect you to resources
- In 2021, the call center in Alaska received 20,000 calls
- Stakeholders across Alaska contributed to 988 implementation efforts

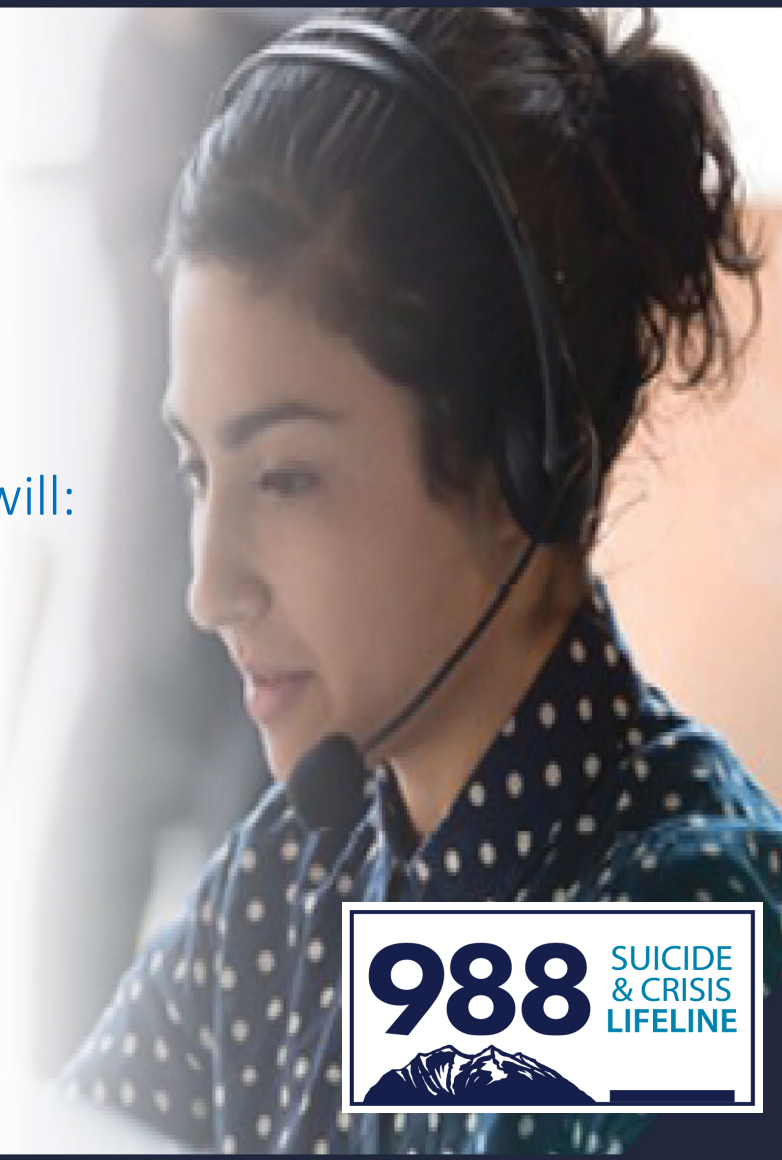
988 SUICIDE & CRISIS LIFELINE

DEPARTMENT OF HEALTH

What happens when I call 988?

You will reach a trained professional who will:

- Listen non-judgmentally
- Provide immediate support
- Share resources



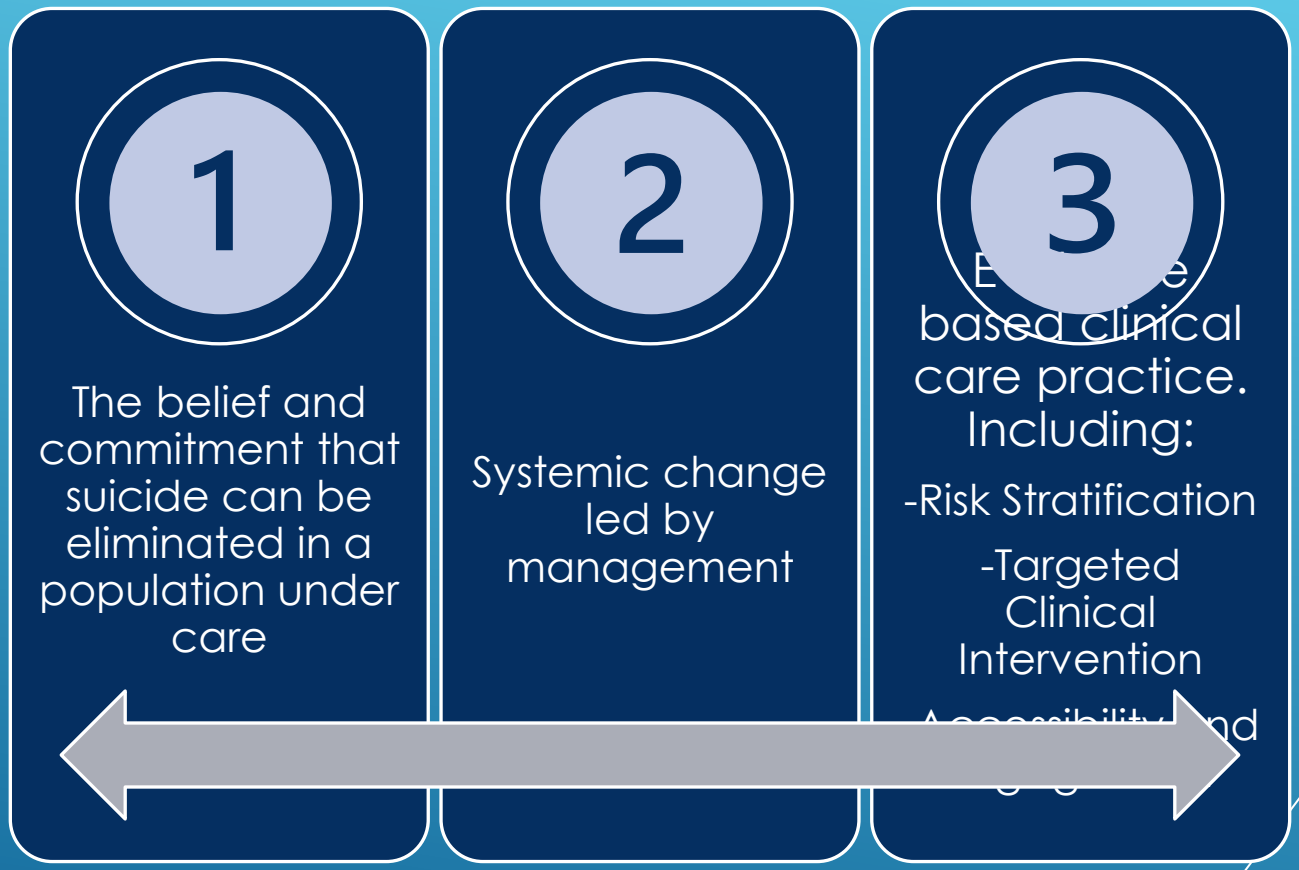
Does the Lifeline really help?

Lifeline callers are significantly more likely to feel **less depressed, less suicidal, less overwhelmed, and more hopeful** after speaking to a Lifeline Crisis Counselor.

Almost 98% of people who call, chat or text the 988 Lifeline get the crisis support they need and do not require additional services in that moment.

In Alaska, less than 1% of calls result in an emergency dispatch.

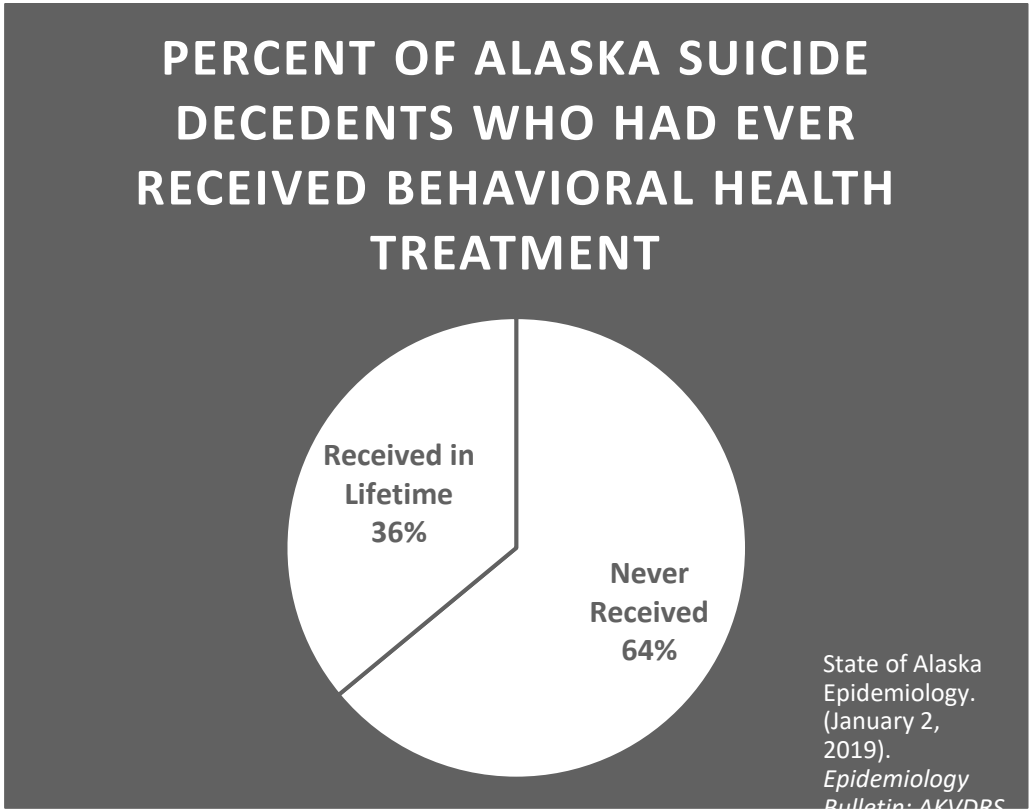



1
The belief and commitment that suicide can be eliminated in a population under care
2
Systemic change led by management
3
based clinical care practice. Including:
-Risk Stratification
-Targeted Clinical Intervention

The Framework of Zero Suicide



Why Identify?



What happens after a positive screen?

- Need for Clinical Care Pathways
- Safety Plan
- Counseling on Access to Lethal Means



Why Treat Directly?

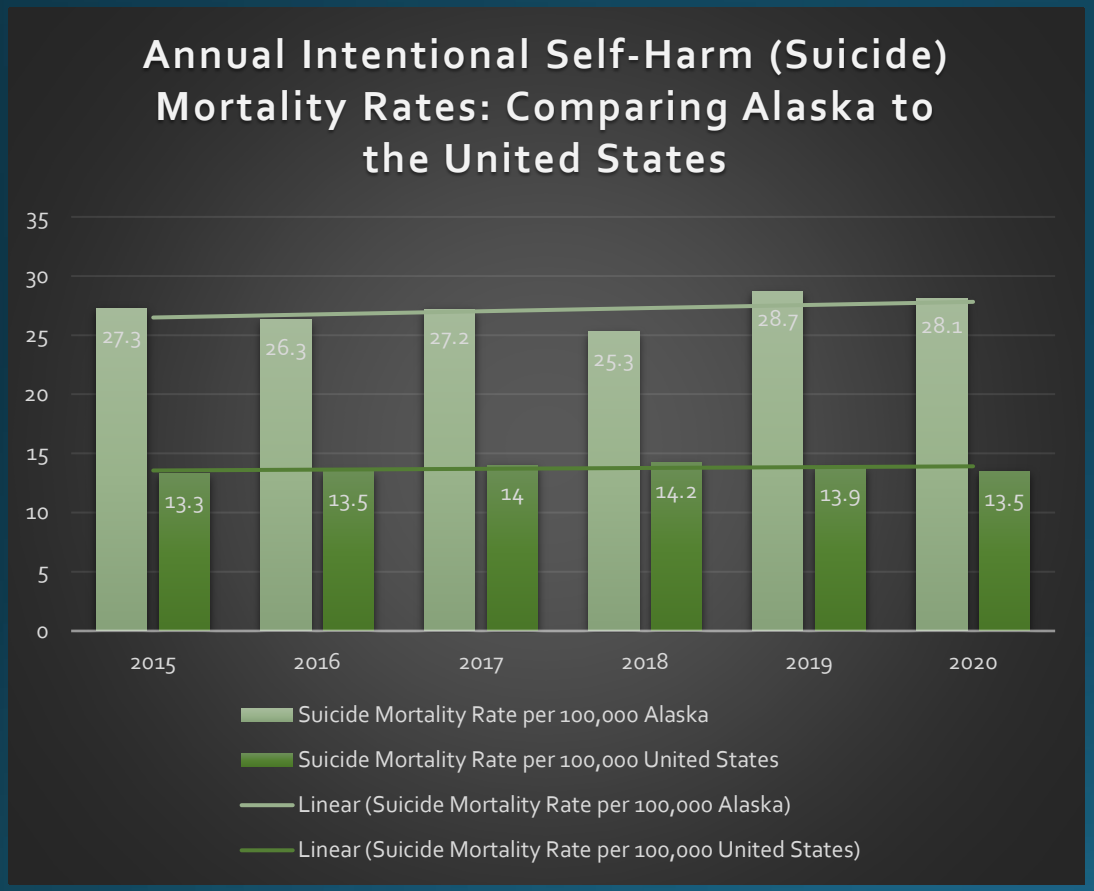
Approximately 1 in 7 of your patients are experiencing significant suicidal thoughts, likely more

Importance of Transitions

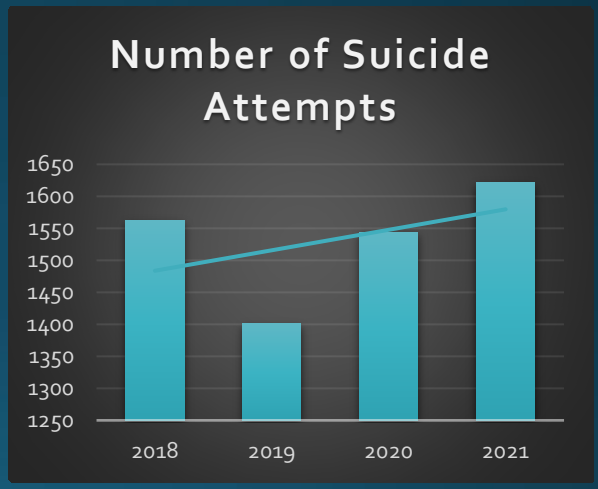
- Only half of patients hospitalized for suicide risk complete follow-up care after discharge
- Research on supportive contacts has demonstrated an associated decrease in suicide deaths



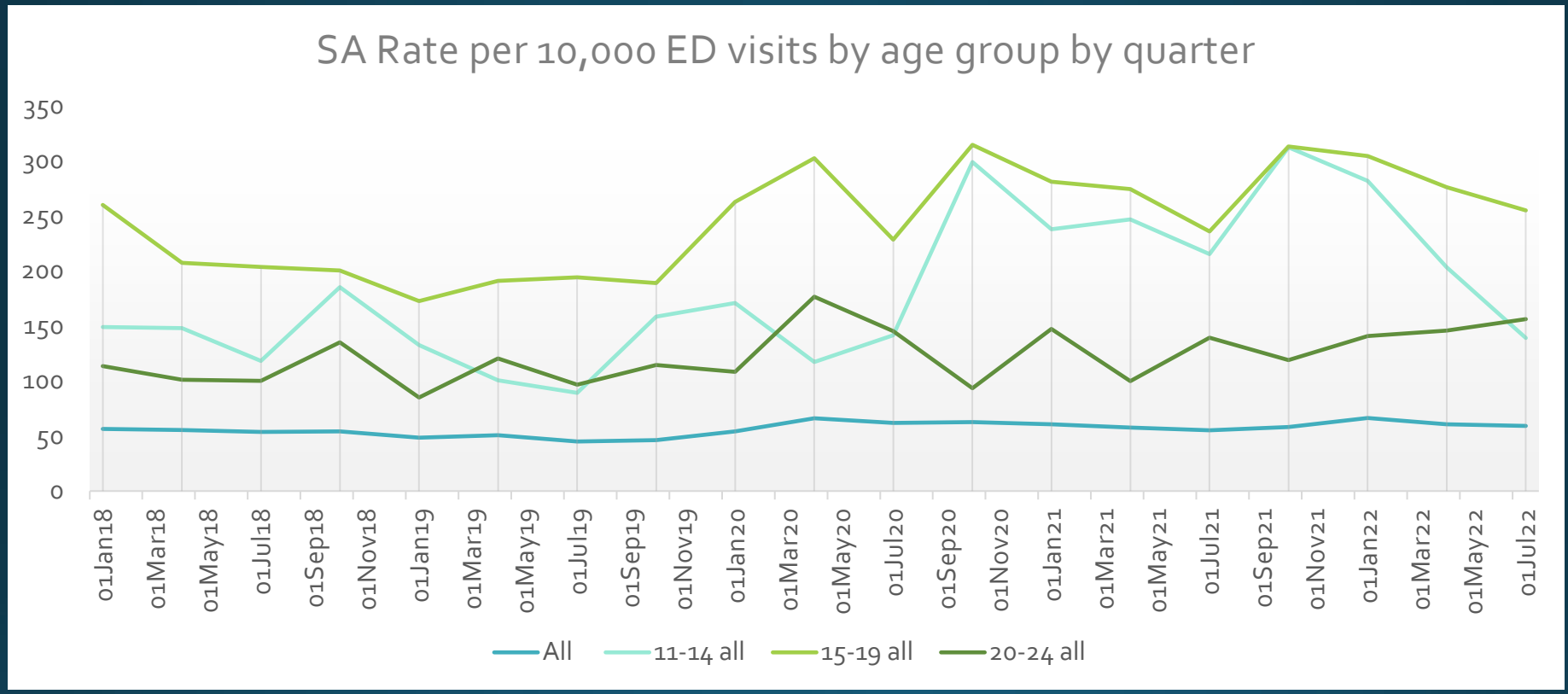
Suicide Mortality and Attempt Data



Source: AK Data: Alaska Health Analytics and Vital Records Section
US Data: CDC/National Center for Health Statistics/Vital Statistics Cooperative Program



Source: Alaska Public Health, Epidemiology Section



Alaska's Youth are the Most at Risk

We Know the Why, But What About the How?



- Implementation Tools
  - Organizational Self-Study
  - Work Plan Template
  - Data Elements Worksheet
  - Workforce Survey
  - Financing Suicide Care



- Trainings
  - Discipline specific, population specific
  - Range of settings, mediums, time commitments, costs



- Innovations/Ongoing improvement
  - Digital Resources
  - Expanding populations
    - Youth
    - Cultural applicability of tools
  - Listserv



- Education and Development Center (EDC) Resources
  - Academy
  - Workshop
  - Community of Practice
  - AMSR
  - Consultation and Implementation Support

STATE of ALASKA
Department of Health and Social Services

Environmental Scan of Suicide Care Practices at Alaska's Hospitals

Alaska Division of Behavioral Health

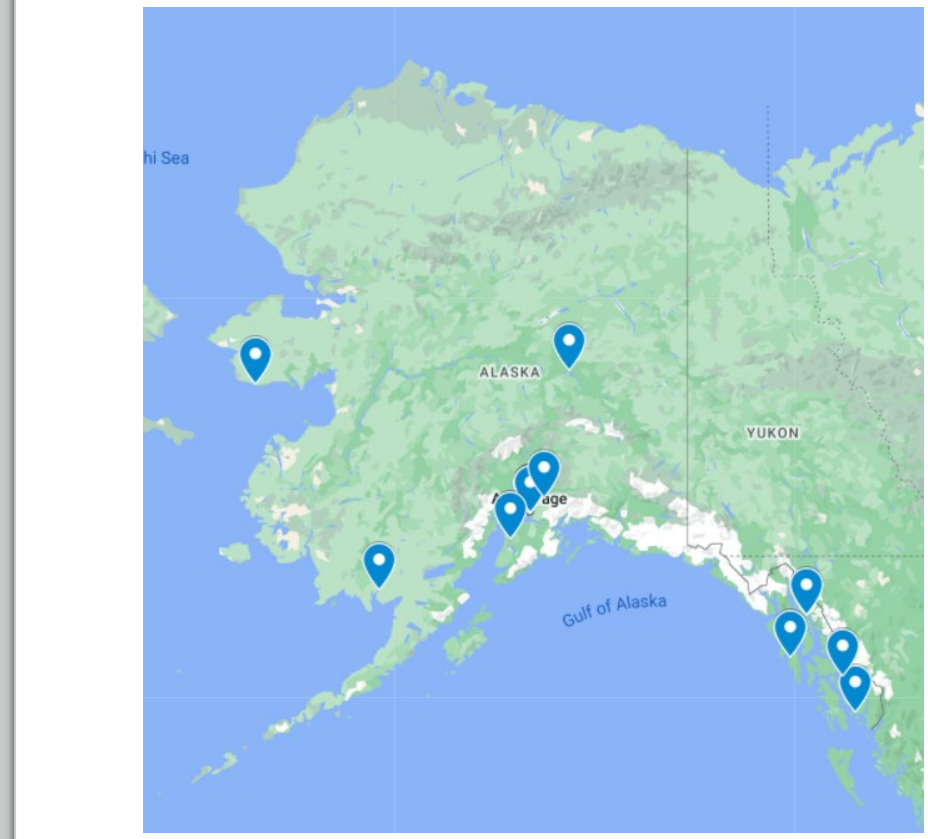


Thank You

- Alaska Native Medical Center
- Providence Alaska Medical Center
- Alaska Psychiatric Institute
- Mat-Su Regional Medical Center
- South Peninsula Hospital
- Central Peninsula Hospital
- Bartlett Regional Hospital
- PeaceHealth Ketchikan Medical Center
- SEARHC Mt. Edgecomb Hospital
- SEARHC Wrangell Medical Center
- Kanakanak Hospital
- Fairbanks Memorial Hospital
- Norton Sound Regional Hospital

Process

- Voluntary response sample
- 13 hospitals participated in hour long interviews.
  - Included: Every Public Health region of the state, both rural and urban hospitals
  - Excluded: Military hospitals
- Interviews were organic and did not include structured questions



Data Processing

- Data was coded deductively for the seven elements of the Zero Suicide framework: **Lead, Train, Identify, Engage, Treat, Transition, and Improve**
  - And then inductively within those seven areas



I don't see people leaving our facilities doing great. I see them leaving not emergent.

There is not transparency and there's not a lot of coordination

If people don't know, then change doesn't happen

And at the same time that we, as the hospital, are frustrated, I know that the patient has to be frustrated too.

It is far and away the biggest gap and need that I perceive in our care of these patients

TRANSITIONS

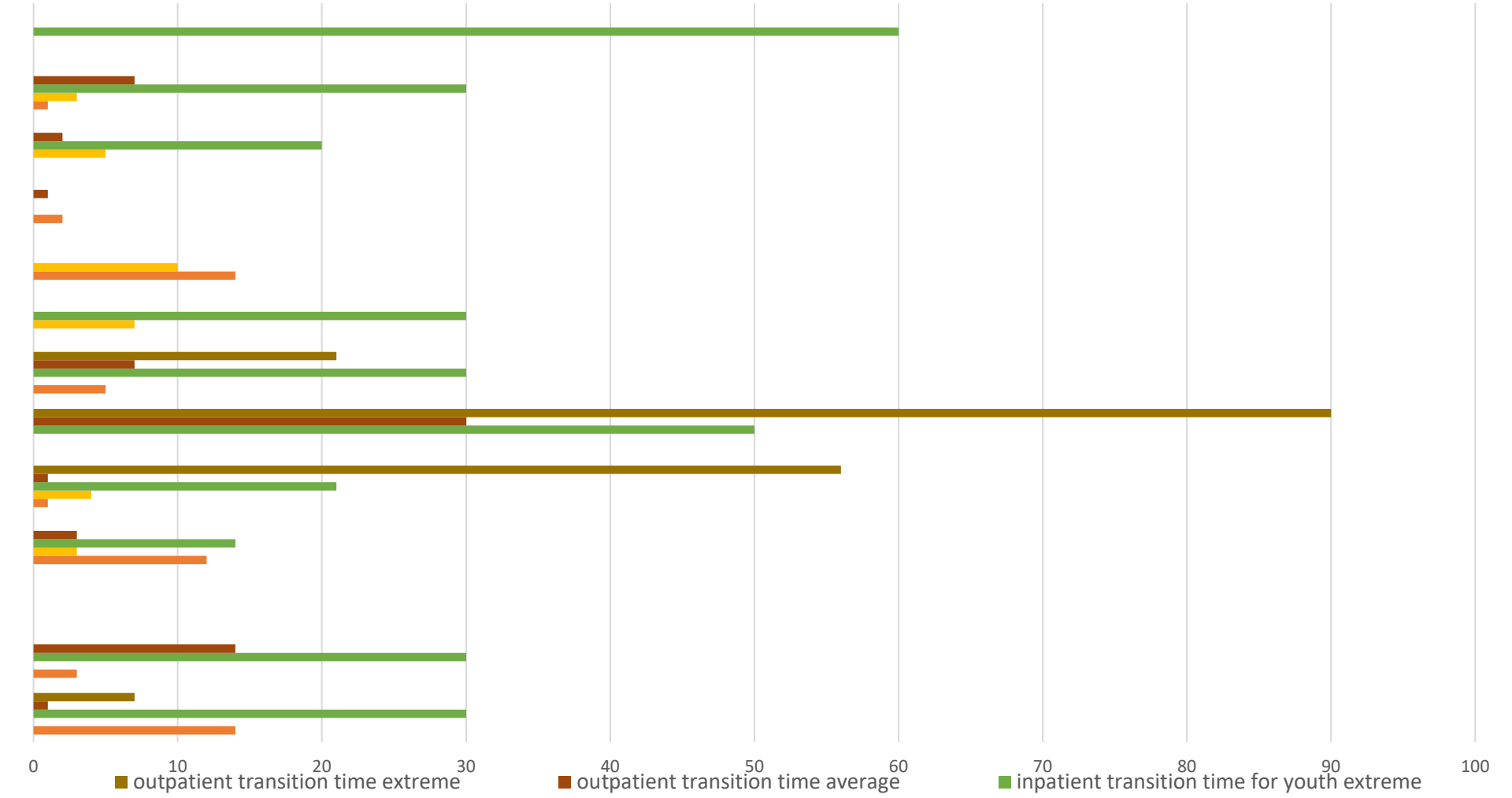
Asked all hospitals

- Time to get into services
- Post-discharge communication

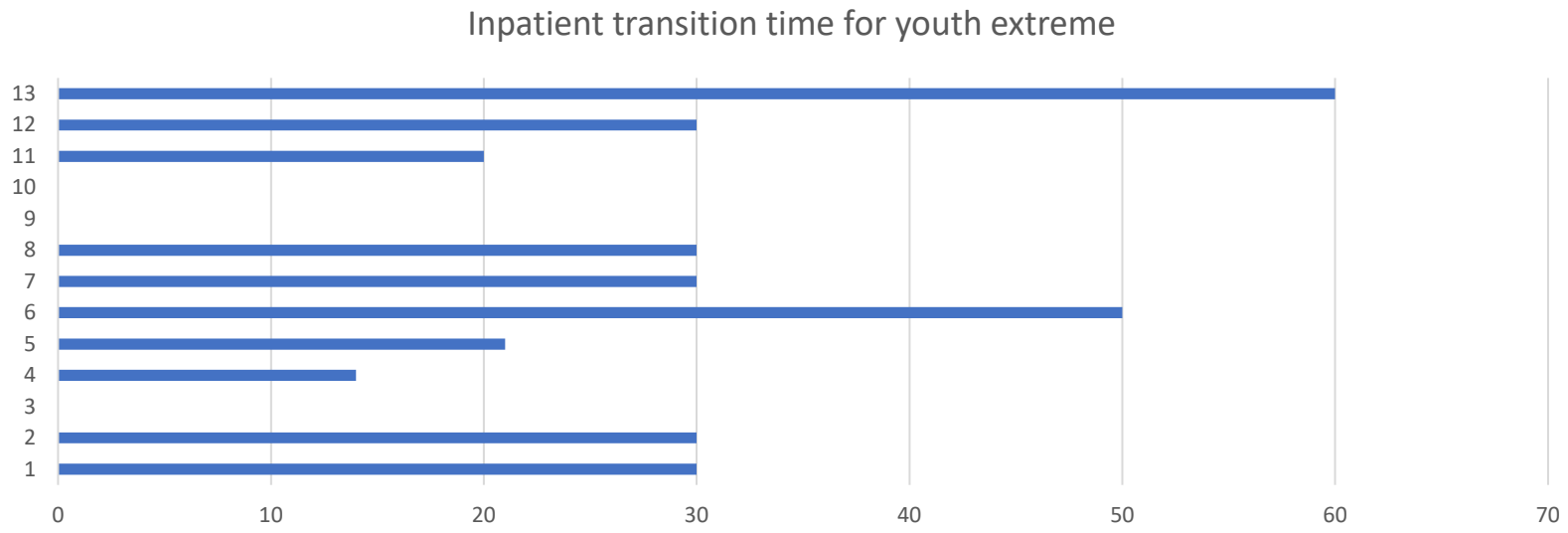
Themes that emerged

- Difference in transitions when it is an integrated system or when there is an established relationship with an outpatient provider
- Hospital as a dumping ground
- Lack of resources
- Communication between facilities
- Increased difficulty for patients from rural areas
- Medicaid vs. private insurance
- Differences for OCS involved youth

Adolescents


0
10
20
30
40
50
60
70
80
90
100
outpatient transition time extreme
outpatient transition time average
inpatient transition time for youth extreme

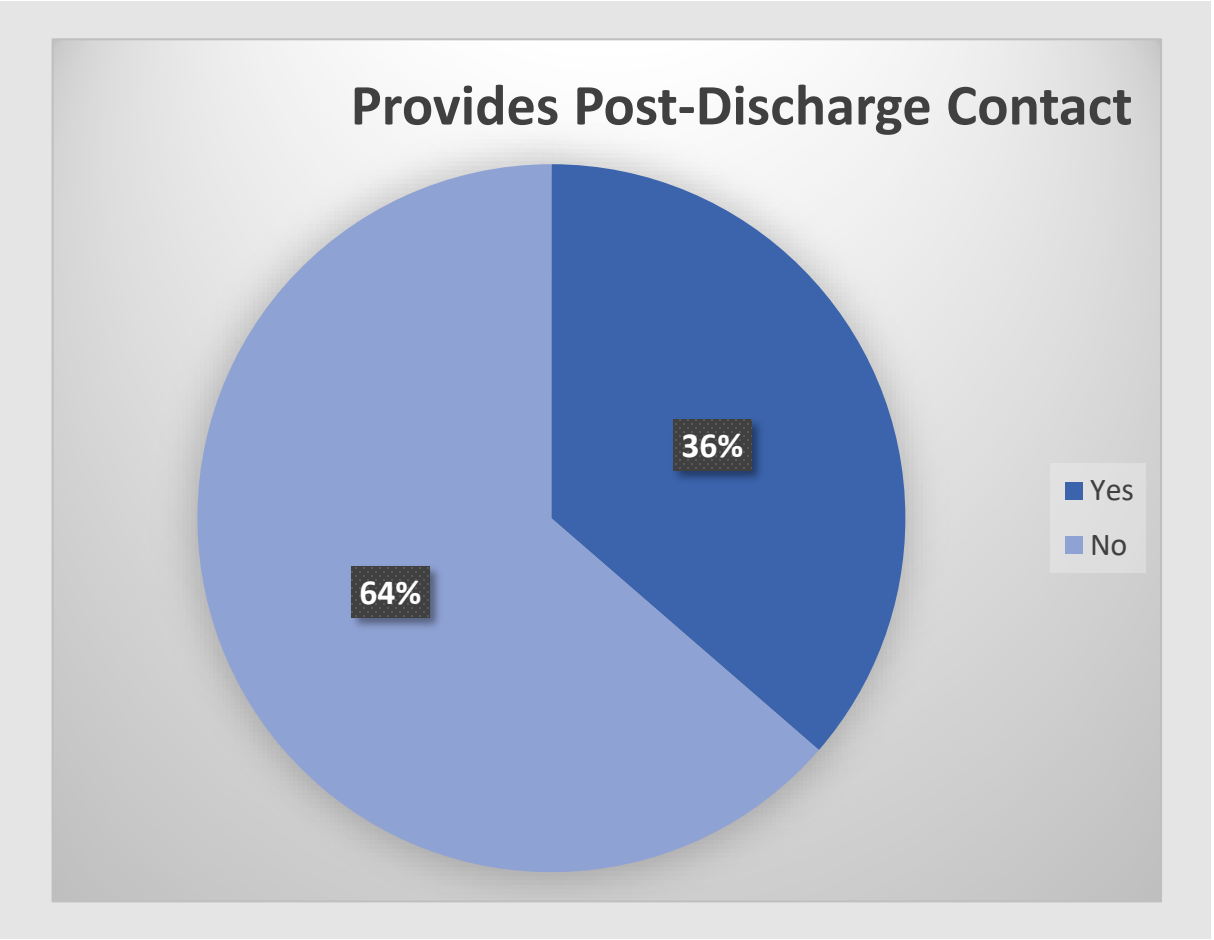
Inpatient Transition Time for Youth (Days)



Regional Averages of Inpatient Transition Times for Youth

Row Labels	Average of inpatient transition time for youth extreme
Interior	30
Northern	60
Southcentral	29
Southeast	30
Southwest	20
Grand Total	**31.5**

Post-Discharge Contacts?



Integrated System/Established Relationship with Outpatient Provider

- 54% of hospitals reported that they are either an integrated system or that they have established relationships with outpatient providers

Integrated/ Established Relationship	Average of outpatient transition time-average	Average of outpatient transition time-extreme
Yes	3.166666667	28
Did not indicate	15.66666667	90
Grand Total	7.333333333	43.5

Hospital as a Dumping Ground

- 38% of hospitals mentioned this theme
- This theme was brought up 12 separate times in interviews

"The ER is kind of the fallback for where people get brought. Kids get dropped."

"When they're sitting, by day five they're escalated. They're frustrated, nursing is frustrated, hospitals are frustrated. We don't know when they're going or where they're going."

"We're often in the role of a safe holding place for patients….we don't want to be a holding place. It's not appropriate."

Lack of Resources

- 54% of hospitals mentioned this theme
- Lack of resources was brought up 15 times

"There's just not enough beds to go around."

"And for family, for the parents, they want a solution right now, because they have no idea. There isn't a solution right now."

"I definitely find that we have just a lack of resources, I believe, for adolescents and adults."

COMMUNICATION BETWEEN FACILITIES



54% of hospitals mentioned this theme

This theme was mentioned on 20 occasions

- Communication topics included communication while trying to get a patient into inpatient services
  - "This is where you're dealing with multiple agencies and all different policies and everything like that."
  - "I think the transfer process can be very challenging and everybody knowing what the transfer processes are."
- Communication while discharging from inpatient and returning to the home community
  - "Oftentimes people just show up in the community and they have returned."
  - "The communication and coordination when a person is released from mental health services is extraordinarily poor in this state."
  - "The capacity of the system to follow-up is really minimal."
- One provider spoke positively about communication
  - "I mean the hospital community and the healthcare community and how everybody seems to work together."

Rural Barriers

- 31% of hospitals mentioned this theme
- This theme was brought up a total of 7 times

Of course, if they're going to a more rural or remote area and they don't already have pre-existing services set up, then it becomes pretty dicey in terms of how long it takes before a provider gets up there.

"Obviously, it's a little more challenging because like the case management department…they're having to reach out to see what's available in that community. So that oftentimes is pretty limiting depending on the size of the Community."

"If you're sending them with no services and into a remote community and relying on a community health aid to fill a script that the community might not have the ability to do. You're still not getting it done."

MEDICAID VS. PRIVATE INSURANCE

- 23% of hospitals mentioned this theme
- It was discussed a total of 4 times
  - "So if they have private insurance, we've been able to have a little bit more success. If they have Medicaid, there isn't a provider here… So if you're a Medicaid recipient you're out of luck."
  - "Sometimes if it's somebody who is able to pay and has insurance, we'll refer them to community providers…There is definitely a lot of work to be done."

OCS Involved Youth

- 31% of hospitals mentioned this theme
- It was mentioned on 10 occasions

- "You have the hospital that's calling OCS saying you need to come get this kid. And you have OCS saying we're doing every single thing we can do to get this kid, but we have no place to send them. And it feels bad, but both things are true. OCS is working as hard as they can, and they have no place for these kids to go."

- "The kids I've seen that it works out where they were able to remain in the home, in the community have a really good support system at the home."

Row Labels	Count of OCS
Interior	
Northern	1
Southcentral	3
Southeast	
Southwest	
Grand Total	4

Adolescents

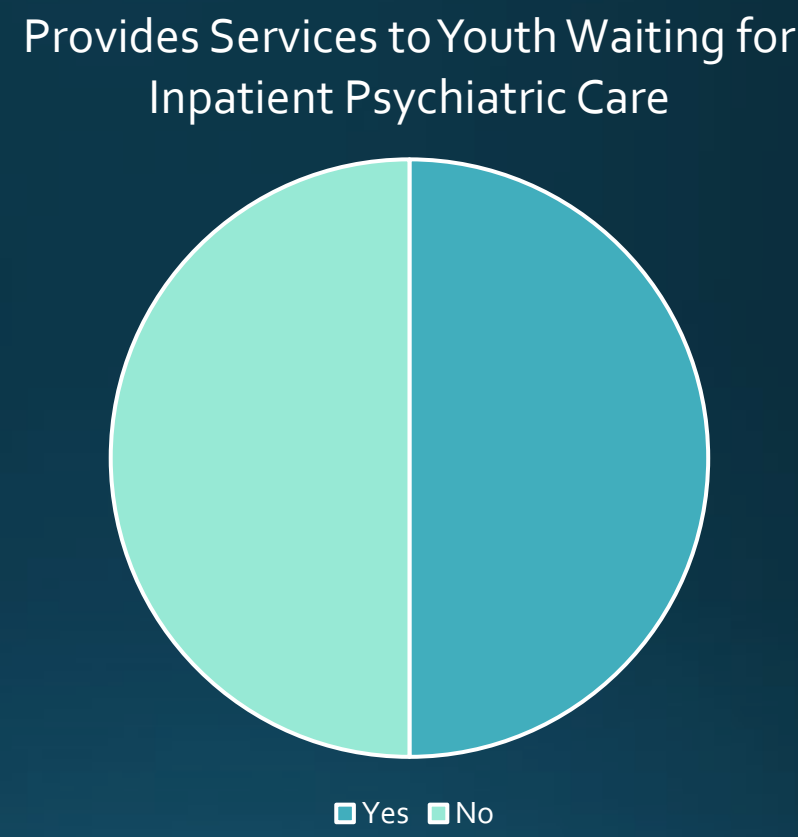
- “So, especially with teens, you know. Acute placements for them are almost never. And if they are, they’re just super far out. And so it becomes really hard if you’re a provider and you’re trying to, you know, help someone and it’s really discouraging with not having resources available to provide that service. It’d be like having an emergency room doctor without any type of medications or medical instruments do diagnostic and surgery.”

- “And if the patient feels like they’re getting passed around and that nobody really wants them, you know, then what are we talking about in terms of suicidality, you know? And if you have a kiddo who is in OCS custody after they attempted self harm. And then you stick them somewhere, in a hospital that doesn’t want them. And you tell them that no foster parent wants them. Of course, then they have more, you know, suicidal ideation behaviors.”

Adolescents

- 12 of the 13 hospitals were asked directly about youth
- Some providers reported providing some form of intervention while the youth is waiting for an inpatient psychiatric placement
- Some providers identified only inpatient transitions as more challenging with youth
- Themes
  - Youth discharging home without receiving any intervention
  - Loss of a youth service
  - Rapid re-admittance
  - Worsening during the pandemic and/or recently
  - Seeking out of state care
  - The transfer process to inpatient care is confusing/challenging

What is it like while youth are waiting in hospitals?



Where does the increased challenge with youth exist?

Inpatient/Outpatient?	Count of Difficulty identified with inpatient/outpatient
Both	33.33%
Inpatient	41.67%
Neither	25.00%
(blank)	0.00%
Grand Total	**100.00%**

Themes:

Youth Discharging Without Receiving Services

- Four hospitals mentioned this theme
- Brought up on five instances

"So what we're seeing is that a kid will come into the emergency room, be admitted, be suicidal, not have a safe discharge plan, and sit anywhere from five to twenty days and eventually we'll have to come up with some community safety plan while they're still waiting for an acute bed."

Themes:

- Loss of a youth service
  - Reported by 2 hospitals
    - *"We have a number of youth in our facility right now just seeing outpatient because there isn't anywhere to see them. Youth service programs have like…they stopped doing youth services basically a couple of years ago."*

Themes:

Rapid Re-Admittance

- Three hospitals mentioned this theme on four occasions
  - Time frames referenced included 24 hours and 2-3 days after discharge
  - *"We see those kids turn around…and they're back so fast. You know it's the same, a lot of the same folks over and over."*
  - Two of the three hospitals discussed the difference in escalation between the secure environment of a hospital and returning to the community
    - *"Oftentimes in an emergency department, they tend to be on their best behavior. There's no triggers. So you have a kiddo, you know, taken out of a really tough environment. Maybe they don't like their foster family, maybe they do. But they're not having to do chores, they're not having to go to school, they're not having to do any of those stressors that can impact mood."*
    - *"Because being successful in a hospital is so much different than being successful in, you know, a home."*

Themes:

Situation with Youth Worsening During Pandemic/Recently

- This theme was mentioned by five hospitals

"The anecdotal experiences that we were having seeing more kids in the ED, things like that, transitions are definitely still difficult."

"But we were just seeing, especially during the pandemic, so many additional adolescents that were coming in with serious suicide attempts and overdoses. We just saw really a huge uptick in that."

Themes

Seeking Out of State Care

- Reported by five hospitals (41.6% of respondents)
- *“We oftentimes, for young people, have to look across the country.”*
- *“The pediatric population has become more and more of a challenge, I would say, like in the last six months or so. Placement options are more limited for those patients, and we have had to send some of them out of state, which is obviously not our first choice, particularly those who are in OCS custody.”*



Themes:

Transfer process to inpatient confusing/challenging

- Two hospitals mentioned this theme a total of four times

> *"I think the transfer process can be very challenging and everybody knowing what the transfer processes are. It can delay things…It would be nice to have a common understanding of what the transfer processes are, so you don't miss certain forms or have different people with different understandings of what's required. That's been a challenge."*

How are we responding?

Zero Suicide is a significant part of the answer





Division of Behavioral Health's Zero Suicide Initiative

- Intentions of the initiative
  - Provide widescale access to implementation support
  - Increase number of organizations with fully implemented Zero Suicide practices
- Goals of the initiative
  - Increase access to suicide specific psychotherapy
  - Improve identification of those at risk of suicide
  - Improve risk assessment practices
  - Establish relationships between hospitals and outpatient BH
  - Increase knowledge of and interest in Zero Suicide

The Zero Suicide Initiative

Fiscal Year 2022

- New position of Zero Suicide Program Coordinator created and filled
- Environmental Scan of Suicide Care Practices within Alaska's Hospitals
- Established Zero Suicide Stakeholder group and Zero Suicide Community of Learning
- Trainings for providers: Collaborative Assessment and Management of Suicidality, Connect Suicide Prevention in Primary Healthcare, Connect Suicide Prevention for Mental Health Providers
- Promoting Initiative

The Zero Suicide Initiative

Fiscal Year 2023-2024

- Education and Development Center-Zero Suicide Institute services
  - Zero Suicide Workshop
  - Zero Suicide Community of Practice
  - Pilot Site support
  - Consultation and implementation support for the Division of Behavioral Health
- Continued trainings for providers
  - CAMS Community of Learning

Garrett Lee Smith

- Includes Zero Suicide focused programs/activities
  - 6 pilot sites (2 acute care, 2 outpatient behavioral health, 2 primary care)
  - Piloting telephonic transition services for the acute care sites
  - Training for Behavioral Health and Primary Health providers
  - Post discharge contacts for youth discharging from emergency departments

Comments/Questions?

ThankYou



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Lunch Break

Back in one hour

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AMCCI, TEFRA and DSDS Waiver Overview

Grace Ingrim, RN BSN CCM,
Comagine Health Manager
AMCCI, TEFRA and DSDS Waiver

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Alaska Medicaid Coordinated Care Initiative (AMCCI)

Grace Ingrim, RN BSN CCM,
Comagine Health Manager
AMCCI, TEFRA and DSDS Waiver

Alaska Medicaid Coordinated Care Initiative (AMCCI)

- Provides case management and care coordination services
- Initial focus on “Super Utilizer” hospital emergency room use
- Additional focus on complex health cases & high utilization cases

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Service Model

- Comagine Health
  - Face-To-Face Model (telephonic /video currently due to Pandemic Measures)
  - Anchorage, Matanuska-Susitna, Kenai and Fairbanks population
  - Super Utilizers, high risk, complex conditions, and/or high utilization

AMCCI Goals

- Reduce unnecessary ER visits & costs
- Early barrier identification & management
- Improve treatment plan compliance



- Integrate behavioral health & social needs and resources into care planning
- Early chronic condition identification & management
- Improve health outcomes

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AMCCI Services

- Member Case Selection
- Initial Health Screening
- Clinical Assessment
- Care Planning
- Health Empowerment & Promotion
- Coordination & Access to Care
- Facilitating access to community services
- Care Transition

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Comagine Results thru June 2022

Between 11/2015 and 6/2022 Comagine Health served 183 AMCCI members and achieved the following outcomes:

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

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Comagine Health AMCCI Case Study

- Candidate Selection
- Claims analysis identified as potential
    - Jane Doe 32-year-old female
    - 7 Emergency room (ER) visits in last year
    - Medical Diagnoses: Undiagnosed abdominal pain, Type 2 Diabetes
    - Behavioral Health Diagnosis : PTSD, Depressive Disorder

Comagine Health

“The Member’s Story”

- Initial Contact, Screening, and Assessment
    - Was living in an apartment with partner and children; isolated without other family or close contacts in community
    - Partner controlling finances and access to services and vehicle
    - Domestic violence and past history of sexual abuse
    - Lack of personal transportation
    - Food stamps; dependent on partner’s income
    - Needing to establish with Primary Care Physician (PCP),Gastroenterologist, and Behavioral Health

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“The Member’s Story” (cont.)

- Physical limitations:
    - Abdominal pain
- Barriers:
    - Dependent & fearful situation with issues of access
    - Trauma history
    - Knowledge /lack of community resources
    - Did not see way out but willing to engage with AMCCI

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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
  - Support member to continue to manage diabetes and obtain medical and mental health evaluations
  - Encourage and support member to obtain counseling for issues of trauma
  - Provide resources for DV; safe living
  - Develop an independent transportation plan
  - Education on appropriate ER utilization

Member Care Plan (cont.)

- Interventions:
  - Completed ongoing complex assessments, adjusting plan of care as needed
  - Coached member on available medical, behavioral health and community resources for safe living and issues of DV
  - Provided taxi vouchers to medical appointments and identified alternate transportation resources
  - Extensive support and advocacy moving to self management of medical and behavioral issues; safe living environment for herself and children

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
- Move to self manage

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Member Transition Plan

- During this time partner lost his job creating financial pressures and escalating threatening behaviors
- Involvement of police and OCS
- With support from AMCCI member elected to move from home to shelter with children
- Shelter provided legal supports, help with children, and transitional housing

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Member Outcomes

- Diabetes controlled with diet and no longer requiring medication
- Discovered hernia during ER visit for pain, obtained surgical referral for hernia repair with abdominal pain resolved
- Established with mental health and trauma counseling to include medication management
- Compliance with medications and treatment plan
- Member and children are living safely
- Obtained vehicle and is employed part time
- Enhanced knowledge of community /legal resources

Referrals

- AMCCI accepting referrals to Comagine for Anchorage, Matanuska-Susitna, Kenai and Fairbanks members with complex health conditions

- Send referrals Comagine Health

  Fax To: (866) 891-5123

  Attn: Grace Ingrim

- Referral forms available at: http://dhss.alaska.gov/dhcs/Pages/amcci/providers.aspx

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AMCCI Website

The AMCCI website has additional information about:

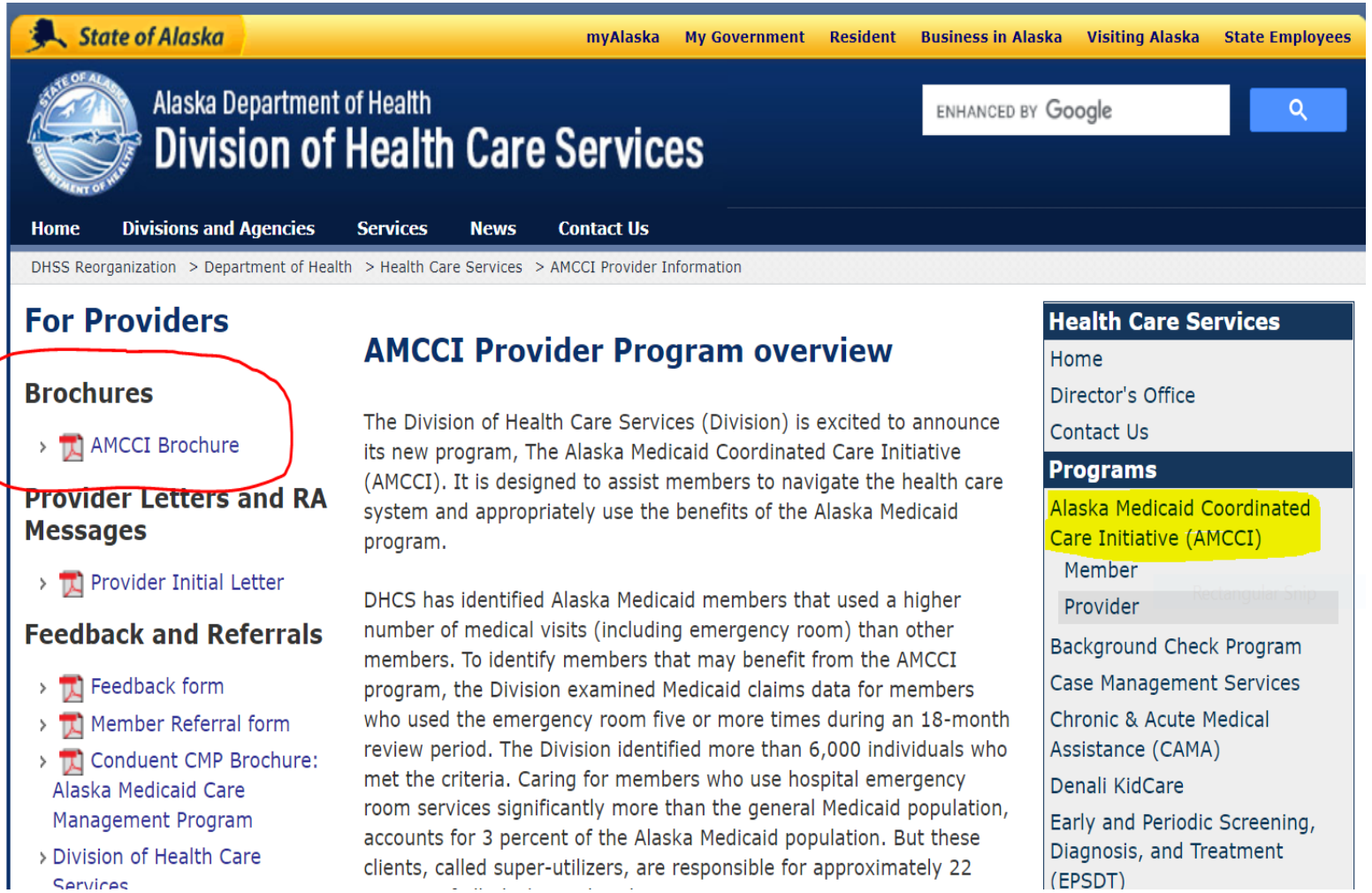
- The AMCCI Program
- Comagine Health
- Brochures
- Referral forms
- Feedback forms
- AMCCI contacts

For more information go to:

http://dhss.alaska.gov/dhcs/Pages/amcci/default.aspx

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Website Information



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Questions?

- We want your feedback
- Comagine AMCCI contact
  - Grace Ingrim (907) 205 – 9590
  - gingrim@comagine.org
- DHCS AMCCI contacts
  - Jason Ball (907) 334 – 2186
  - jason.ball@alaska.gov

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Tax Equity Fiscal Responsibility Act (TEFRA)

Grace Ingrim, RN BSN CCM,
Comagine Health Manager
AMCCI, TEFRA and DSDS Waiver

TEFRA
(Tax Equity Fiscal Responsibility Act)

- Medicaid program for children (under 19) with significant medical/psych/developmental needs
- Comagine Health contracted with Division of Public Assistance (DPA) to perform reviews
- Comagine Health also assists care coordinators, families and state agencies to complete the application process within specified timeframes

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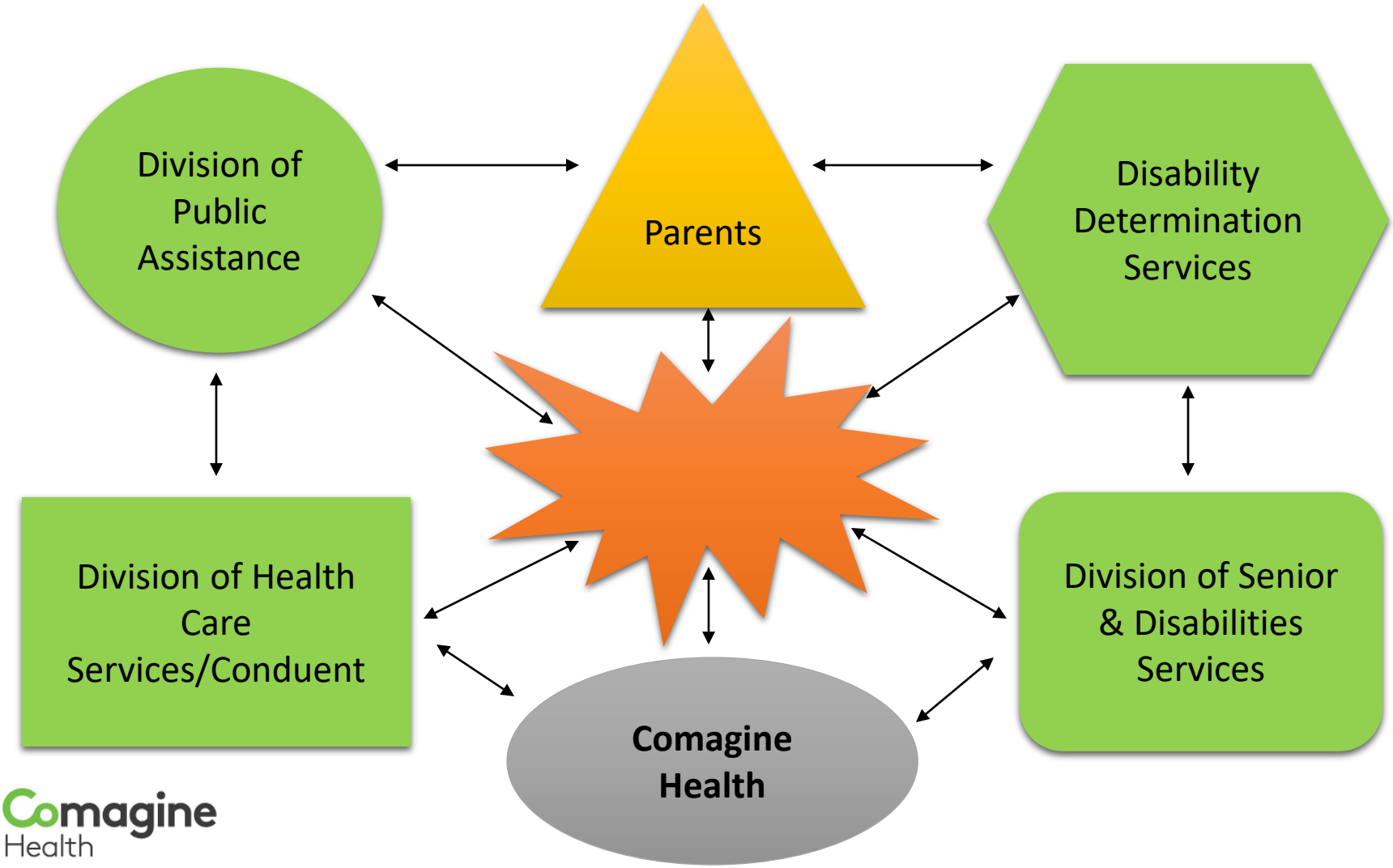
TEFRA Eligibility Requirements

- Eligibility is determined by DPA
- Financial eligibility based on the child's income and resources; parents' income and resources are not counted
- Meet a Social Security definition of disability according to the Disability Determination Services Unit
- Meet Level-of Care per State criteria

TEFRA Eligibility Requirements, cont.

- Live in the home of the parent/guardian
- Meet one of three LOC categories
  - Nursing Facility (NF)- medical
  - Inpatient Psychiatric Hospital (IPH)- psych
  - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Who's Involved in TEFRA?



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Comagine Health Role

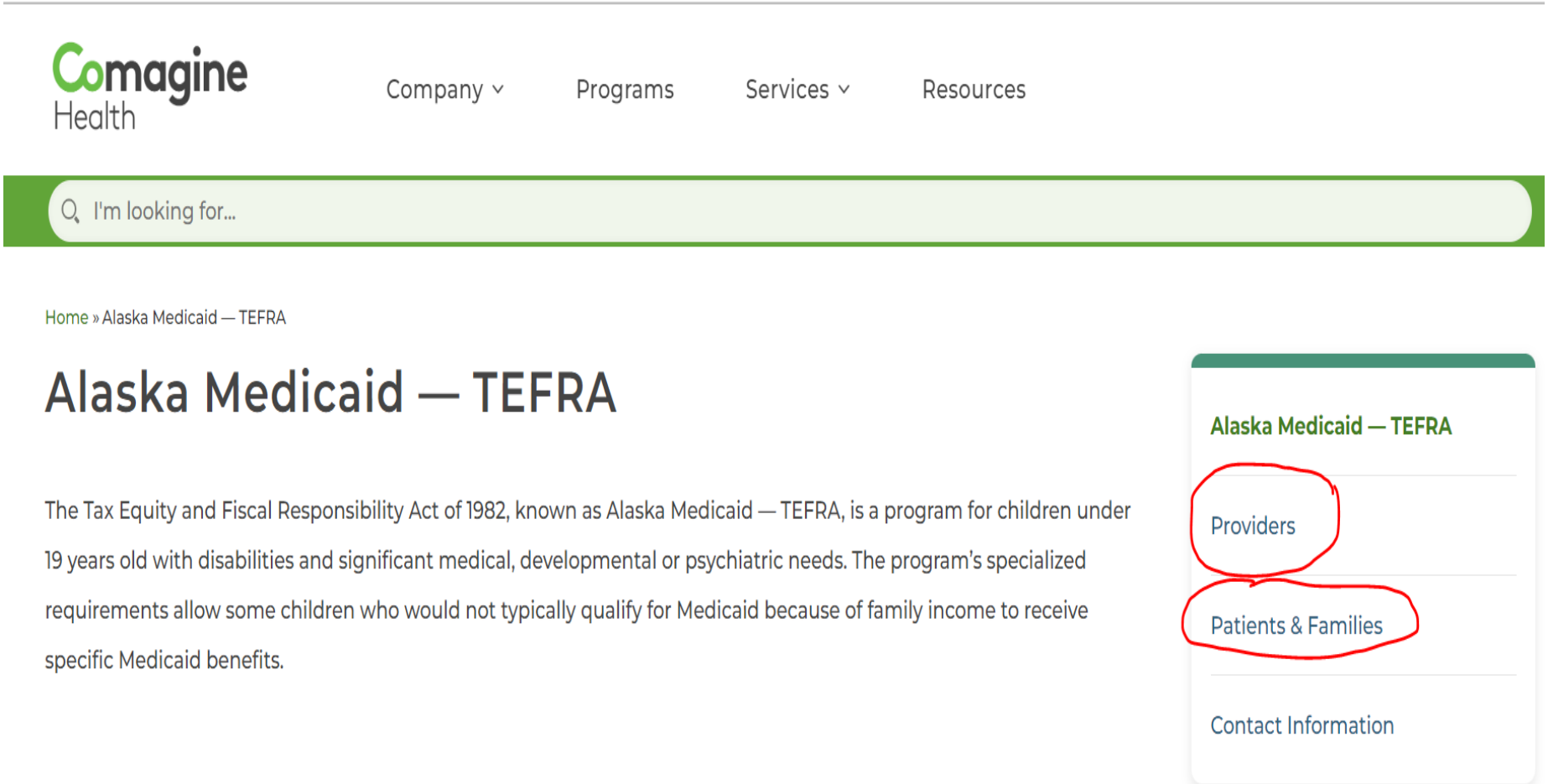
- Link for families, care coordinators, and state agencies to:
  - Provide administrative management and oversight throughout the application and renewal processes
  - Tracking timeframe processes
  - Maintain TEFRA website
- Review documentation for:
  - NF/IPH- LOC, POC, COC
  - ICF/IID- POC, COC
- Physician consultation
- Support hearing processes



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Online Resource Comagine Health

https://comagine.org/program/alaska-medicaid-tefra



Does TEFRA Medicaid Offer Additional Coverage?

- No. TEFRA Medicaid provides the same coverage as Denali KidCare, MAGI Medicaid, or as a child receiving SSI-related Medicaid
- No additional services are paid for by TEFRA Medicaid
- Check the DPA website (http://dhss.alaska.gov/dpa/) for additional information and resources on programs and services

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Waiver/ 3rd Party Reviews

Grace Ingrim, RN BSN CCM,
Comagine Health Manager
AMCCI, TEFRA and DSDS Waiver

Medicaid Waivers

- Senior and Disabilities Services (SDS) programs/policies/authorizations for services
- Offers choice between home and community-based services verses institutional care for those meeting criteria
- Waiver programs cover seniors, adults and children
- Provides Medicaid services plus additional add on services



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Waiver Programs

- Waiver Programs
  - Adults Living Independently (ALI-21 yrs and older)
  - Adults with Physical Disabilities (APDD-21 yrs and older with physical and developmental disabilities)
  - Children with Complex Medical Conditions (CCMC- children and young adult under age 22)
  - Intellectual & Developmental Disabilities (I/DD)
  - The Individualized Supports Waiver (ISW) was developed to replace the Community Developmental Disabilities Grant (CDDG) program, which ended June 30, 2018. The ISW will also extend support to individuals who were not covered by the CDDG

Waiver Services

- Environmental Modifications
- Respite care
- Residential Supported Living
- Specialized Medical Equipment
- Care Coordination
- Other

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Waiver Resources











https://health.alaska.gov/dsds

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Comagine Health Role

- 3rd Party Review Denied Reassessments
- Case Managers refer and support applications for Waiver programs and services
- Collaborate with Waiver Care Coordinators

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3rd Party Review Denied Reassessments

- Additional contract 3rd Party Review of Denied Reassessments
- Initial & second review of denial by the State; Comagine Health review of denial using State criteria



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3rd Party Review Denied Reassessments, cont.

- RN/QIDP reviewers
- Physician consultation
- Provide hearing support
- Administrative support

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Comagine Health Contact Information

TEFRA

- Toll-free phone (888) 578-2547
- Fax referral form to (877) 265-9549



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TEFRA/Waiver Services - Questions



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Thank you for the services you provide to Alaska Medicaid recipients, and for your continued efforts on their behalf.

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Break

Back in 15 minutes

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Crisis Now Initiative and Updates

Eric Boyer
Program Officer
Alaska Mental Health Trust

ALASKA CRISIS SYSTEM OF CARE

Alaska Medicaid Fall Provider Educational Session

Eric Boyer, Senior Program Officer

October 24, 2022

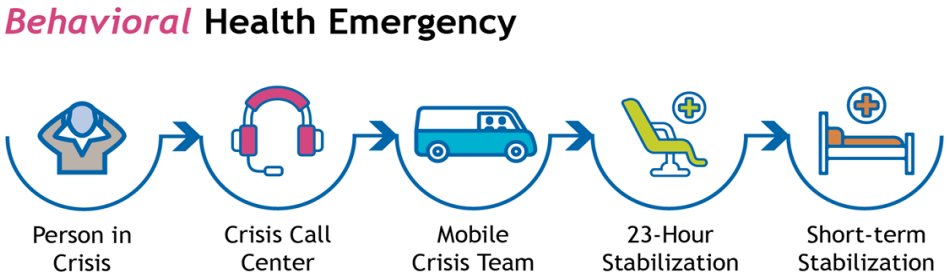
Trust

Alaska Mental Health Trust Authority

CRISIS NOW

Vision, Goals + Guiding Principles

Improved safety and wellbeing for all.



Implementation Project Goals

1. Design and implement a behavioral health crisis response system analogous to the physical health system.
2. Integrate new crisis response services with existing health care and social supports and ensure long-term sustainability.

What is the Crisis Now Framework?

Someone to Talk to, Someone to Respond and a Place to Go

- SAMHSA National Guidelines for Behavioral Health Crisis Care



Crisis Call Center



Mobile Crisis Team

Behavioral Health Crisis Stabilization Center



23-hr Crisis Stabilization



Short-term Residential Beds



Essential Principles & Practices

SAMHSA's National Guidelines for Crisis Care – A Best Practice Toolkit outlines minimum expectations and best practices for the design, development and implementation of a behavioral health crisis care continuum.

Crisis Now Implementation Planning by the Numbers

12 Community workgroup meetings in Anchorage, Fairbanks and Mat-Su

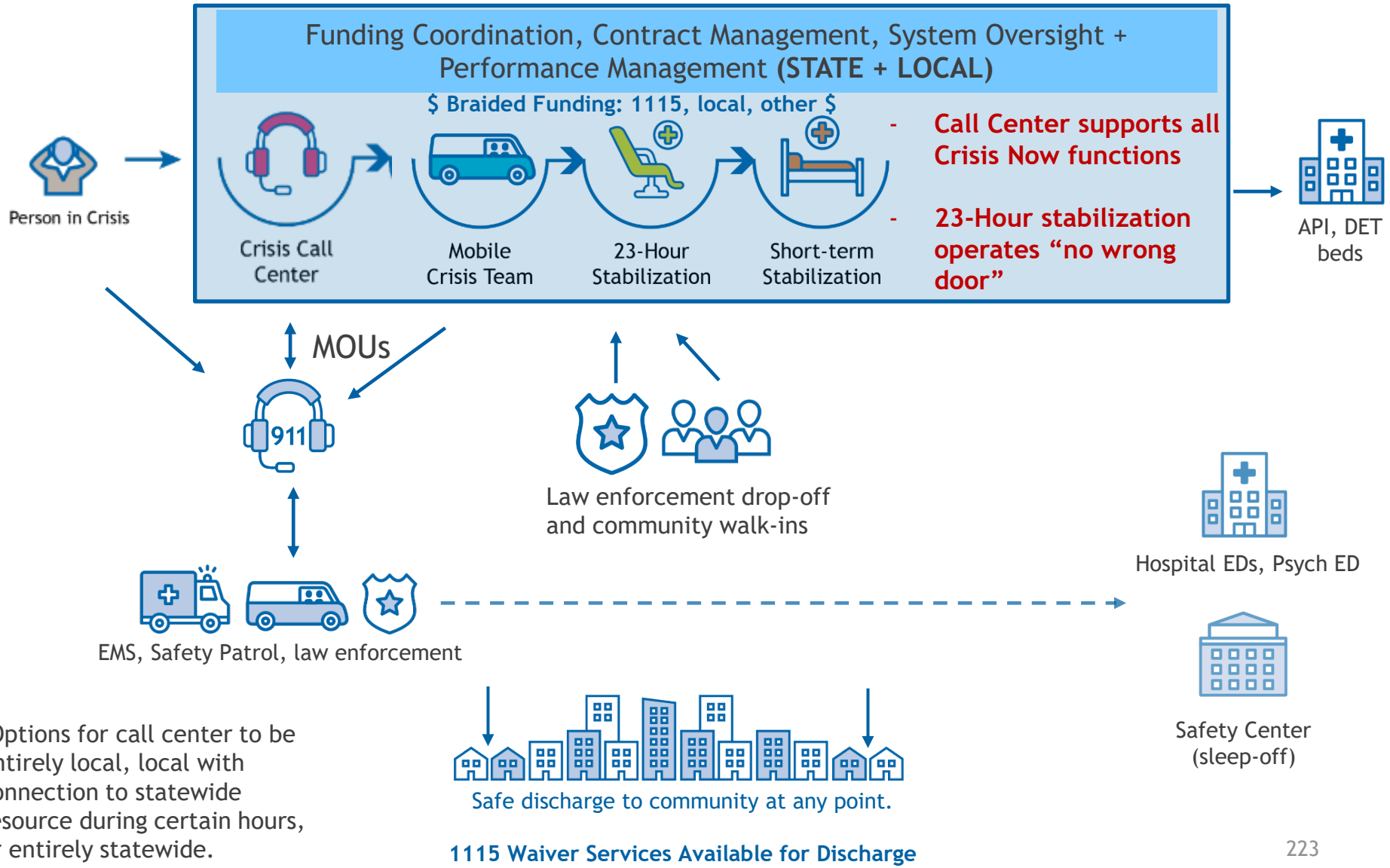
266 Community members engaged, representing **80+** organizations

20 Requests for business modeling tool

6 Systems-focused teams addressing implementation issues across State divisions and departments

$11.6 million
In Trust funds, allocated for crisis work, FY21-23

Full “Care Traffic Control” Connectivity Throughout



*Options for call center to be entirely local, local with connection to statewide resource during certain hours, or entirely statewide.

Bartlett Regional Hospital (Juneau) Stabilization Center Construction

Crisis Stabilization – “A Place to Go”



23-hour



Short-term stabilization



Katie, Eric and Karen Forrest, Bartlett’s Chief Behavioral Health Officer at the new facility site this spring

Crisis Now Statewide Objective

Continue work towards complete implementation.

“Wide front door, covered back porch.” Dr. Balfour

Questions?

Comagine Health

Case Management Overview- Case Prevention

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Case Management Overview

- Integrated approach for clients with catastrophic illness and injury within and outside the state of Alaska
- Team-oriented approach
- Voluntary program utilizing evidence-based practices



Case Management Referrals



Who should be referred?

- Eligible for Alaska Medicaid or Denali KidCare
- Complex care needs
- Catastrophic illness or injury
- High health services utilization and cost

How Can I Refer a Patient?

Case Manager	Toll-free
Becky Foster	1-800-949-7536 x7611
Jane Bloom	1-800-949-7536 x7615

- Refer directly to a case manager
- Call Comagine Health at (888) 578-2547
- Fax referral form to (877) 265-9549
- www.comagine.org

Case Management Referral Form

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CASE MANAGEMENT REFERRAL FORM

From:

RE:

Patient Name

Patient SSN

Address

City State

Zip DOB

Phone (W) (H)

Subscriber Name

Subscriber Number - -

Plan

Date of Referral

Contact

Phone

Primary Diagnosis

Secondary Diagnosis

Current issues

Primary Care Physician

Phone

Physician Specialist if applicable

Specialty Phone

Reason for referral

Expectations

Other

Utilization and Case Management Integration

- Majority of referrals come from Utilization Management (UM)
- UM/Case Management (CM) staff at healthcare facilities for support of discharge needs
- State agencies
- Fiscal agent
- Community providers
- Self-referral /family members

Referral Indicators

- Diagnosis of complex/multiple conditions such as cancer, stroke, heart failure, diabetes
- Specialized medical/surgical procedures such as transplants and implants
- Factors of care complexity with multiple providers, need for out-of-state travel coordination, high utilization of services, and living in remote areas with limited resources



Case Management Process

- Comprehensive assessments
- Development of plan of care
  - Short term goal
  - Long term goal
  - Identification of barriers / solutions
- Implement interventions
- Evaluate outcomes and need for change
- Assess for case closure
  - Goals met
  - Self management

Evidence-Based Interventions

- Collaboration with primary physician and the healthcare team
- Medication Reconciliation
- CM contact during Care Transitions
- Motivational Interviewing (MI)
- Patient Activation Measure (PAM)

Team Approach Enhances Care



Care Transitions

- Patient moving between different levels of care
- Failed transition may result in readmission, substantial costs, increased morbidity and mortality
- Contact within 72 hours post-discharge to review and reinforce instructions, meds, and follow-up appointments and services

Medication Reconciliation



Medication Reconciliation, cont.

Utilization Review Accreditation Commission (URAC) defines medication reconciliation as it has been defined by the Institute for Healthcare Improvement (IHI):

> *The process of creating the most accurate list possible of all medications a patient is taking—including drug name, dosage, frequency, and route—and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points.*

Medication Reconciliation, cont.

- Medication-related errors result in high costs to healthcare providers; patient injuries and deaths
- Particularly vulnerable times during care transitions
- Several tools to support patient safety and efficacy in medication administration



Case Manager's Role in Medication Reconciliation

- Case managers conduct a medication safety review that includes the following:
  - Assessing patient knowledge and adherence to medication regimen
  - Assessing the need for medication reconciliation
  - Reviewing and updating the medication list
  - Education and coaching to support the patient toward self-management

Medication Reconciliation Touch Points

- During care transitions
- With medication and/or practitioner changes
- At defined intervals to capture patients who do not enter the inpatient facility setting
- At regular intervals to ensure medication reconciliation is occurring

Continued Effects of Covid-19

- Participants were fearful about Covid-19 and delayed care; therefore patients seen in case management are sicker with greater complications
- Medication adherence-difficulty with refilling prescriptions led to issues with adherence
- Participants continued lack of understanding of Covid-19, testing, vaccination and boosters.
- Initial expansion of telehealth was helpful, then it was discontinued
- Covid-19 created a barrier of care for participants especially needing to access care out of their community



Case Presentation

- 54-year-old single, female living alone in Seward, Alaska
- Dog musher, active, outdoor lifestyle
- Healthcare avoidance
- With multiple comorbidities, hx of ovarian and endometrial cancer, presenting with lump in left breast
- Recent bilateral knee replacement
- Occasional PVC’s and need for cardiac monitoring

Case Management Needs Identified

- Encouragement for patient adherence to appointments and medical follow-up
- Education related to ongoing multiple comorbidities
- Access to multiple specialists not available in the home community

Case Management Interventions

- Reviewed patient's history and confirmed treatment plan
- Obtained verbal and written consent for case management services.
- Provided education regarding post-op bilateral total knee replacement
- Collaborated with hospital discharge planners and supported patient choice in discharge plans

Case Management Interventions (cont.)

- Assisted with timely access to medical care needs
- Provided ongoing telephone contact for education and ongoing support
- Implemented a patient safety plan for independent living

Case Management Wrap-up

- Case management is a benefit to Alaska Medicaid recipients, and we take referrals from multiple sources
- Case management is voluntary
- Case management utilizes evidence-based practices
- Case managers look for opportunities to assist recipients during care transitions and medication safety review

Case Management Questions



Thank you for the services you provide to Alaska Medicaid recipients, and for your continued efforts on their behalf.

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Closing Remarks – Conference Wrap Up

Yvette Stratton, RN, BSN, CCM

Executive Director, Care Management

Thank you for attending!

Please be sure to complete the survey:
https://www.surveymonkey.com/r/CMZZ3MQ

A copy of the presentation will be available here:
https://www.qualishealth.org/healthcare-professionals/alaska-medicaid-health-care-services/provider-resources

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